

## Inspection Report 2009/2010

### **BMI The Foscote Hospital** *2 Foscote Rise Banbury Oxon OX16 9XP*

#### ***Introduction***

Certain independent healthcare providers in England must be registered with the Care Quality Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Care Quality Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

#### ***Background***

The hospital provides an inpatient service for people over the age of sixteen. The hospital offers a range of surgical procedures, diagnostic imaging, endoscopy and physiotherapy. There is one operating theatre and two out-patient consulting rooms. The hospital is staffed by registered nurses, a medical team and support staff. The patient rooms are on two floors and are accessible by a lift. There is a ramp to the main entrance leading from a small car park. The hospital is managed by BMI Healthcare. This inspection aimed to assess progress against the action plan as a result of the last inspection on 12 February 2009.

This inspection took place on 15 October 2009, and was unannounced.

#### ***Main findings***

The provider was able to demonstrate that progress has been made against the action plan generated following the last inspection in February 2009, though not all requirements and been completed in the identified time frame. Positive progress was particularly evident for the attendance, provision and monitoring of mandatory training.

Training in the provision of appraisals has been provided and appraisals are now being conducted but 41.5% of staff still need to complete their appraisal.

The standard of record keeping is being monitored through audit and though the latest audit results were not available a spot check of records, while not complete in their entirety did show attention had been given to the standard of record keeping.

All paper copies of corporate policies have been removed as they are available on the internet, there is now only one set of hospital policies, which are accessible to everyone, however there continues to be some duplication and it is not clear how area specific policies and procedure, hospital policies and corporate policies are linked.

Evidence of current registration, insurance and appraisal for consultants with practising privileges is not consistently available and biennial review of practising privileges have not been consistently undertaken.

### **Registration Categories**

This registration is granted within the following categories only

Description	Service Category
Acute hospitals (with overnight beds)	AH
Cosmetic surgery (overnight)	AH (Cosmetic)
Prescribed techniques or prescribed technology: establishments using endoscopy	PT (E)

### **Conditions of registration**

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

Condition	Assessment
This establishment is registered to provide treatment and care under the following service user categories only: Acute hospitals (with overnight beds) AH Prescribed techniques or prescribed technology: establishment using endoscopy PT (E)	Condition Met
Notification in writing must be provided to the Care Quality Commission at least one month prior to providing any treatment or service not detailed in your Statement of Purpose.	Condition Met
This establishment may provide overnight accommodation for a maximum of 16 patients.	Condition Met
This establishment may not provide treatment or services to patients under 16 years of age.	Condition Met
Children between the ages of 16 and 18 years can only be treated as day cases.	Condition Met

### **Assessments**

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Care Quality Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards

assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Care Quality Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

Standard met	Achieving the required levels of performance in all aspects of the standard
Standard almost met	Not achieving the required levels of performance in some aspects of the standard
Standard not met	Significant action is needed to achieve the required levels of performance
Not inspected	This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?

### ***Types of Standards***

Each standard number is prefixed by a letter denoting the type of standard it represents:

- C Core Standards
- A Acute Hospitals
- M Mental Health Establishments
- H Hospices
- MC Maternity Hospitals
- TP Termination of Pregnancy Establishments
- P Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
- PD Private Doctors

### ***Requirements***

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Care Quality Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Care Quality Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

# Assessments and Requirements

## Safety

Number	Standard Topic	Assessment
C13	Child Protection Procedures	Not inspected
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Not inspected
C22	Medicines Management	Not inspected
C23	Ordering and Storage of Medicines	Not inspected
C24	Controlled Drugs	Standard not met
C25	Infection Control	Not inspected
C26	Medical Devices and Decontamination	Not inspected
A10	Infection Control	Not inspected
A11	Decontamination	Not inspected
A33	Responsibility for Pharmaceutical Services	Not inspected
A34	Ordering, Storage, Use and Disposal of Medicines	Not inspected
A35	Administration of Medicines	Not inspected
A36	Self administration of Medicines	Not inspected
A37	Medicines Management	Not inspected
A38	Aseptic Dispensing, Non Sterile Manufacture and Repacking	Not inspected
A39	Storage and Supply of Medical Gases	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	C24	15 (5)	<p><b>Findings:</b> Controlled drugs that had expired in January 2009 and June 2009 were found stored along side in-date controlled drugs that were in use on the ward. The standard operating procedure for the destruction of controlled drugs does not reflect the procedure that was reported staff. The Accountable Officer has not identified a witness for the destruction of controlled drugs.</p> <p><b>Action required:</b> The registered person must ensure that expired controlled drugs are stored separately from in-date controlled drugs. The Accountable Officer must identify an individual to act as the witness for the destruction of controlled drugs and amend the standard operating procedure accordingly. This is to ensure that controlled drugs are stored and disposed off appropriately.</p>	14 December 2009

## ***Clinical and cost effectiveness***

Number	Standard	Assessment
C3	Management of Patient Conditions	Not Inspected
C4	Monitoring Quality	Not Inspected
A14	Meeting the Psychological and Social Needs of Children	Not Inspected
A15	Staff Qualifications, Training and Availability to Meet the Needs of Children	Not Inspected
A16	Facilities and Equipment to Meet the Needs of Children	Not Inspected
A17	Meeting Children's Needs During Surgery	Not Inspected
A18	Pain Management for Children	Not Inspected
A19	Transfer of Children	Not Inspected
A20	Documented Procedures for Surgery – General	Not Inspected
A21	Documented Procedures for Surgery – Patient Care	Not Inspected
A22	Anaesthesia and Recovery	Not Inspected
A23	Operating Theatres	Not Inspected
A24	Procedures and Facilities Specific to Dental Treatment under General Anaesthesia Facilities	Not Inspected
A25	Cardiac Surgery	Not Inspected
A26	Cosmetic Surgery	Not Inspected
A27	Day Surgery	Not Inspected
A28	Transplantation	Not Inspected
A29	Arrangements for Immediate Critical Care	Not Inspected
A30	Level 2 or Level 3 Critical Care within the Hospital	Not Inspected
A31	Published Guidance for the Conduct of Radiology	Not Inspected
A32	Training and Qualifications of Staff Providing Radiology Services	Not Inspected
A40	Management of Pathology Services	Not Inspected
A41	Pathology Services Process	Not Inspected
A42	Quality Control of Pathology services	Not Inspected
A43	Facilities and Equipment for Pathology Services	Not Inspected
A44	Chemotherapy	Not Inspected
A45	Radiotherapy	Not Inspected

## Governance

Number	Standard	Assessment
C7	Policies and Procedures	Standard not met
C8	Role and Responsibilities of the Registered Manager	Not Inspected
C9	Human Resources Policies and Procedures	Standard almost met
C10	Practising Privileges	Standard not met
C11	Compliance with Professional Codes of Conduct	Not Inspected
C12	Health Care Workers and Blood Borne Viruses	Not Inspected
C16	Worker's Concerns	Not Inspected
C28	Contracts	Not Inspected
C29	Records Management	Not Inspected
C30	Completion of Health Records	Standard met
C31	Information Management	Not Inspected
C32	Research	Not Inspected
A3	Qualifications of all Medical Practitioners	Not Inspected
A4	Qualifications and Experience of Medical Practitioners Undertaking Independent Private Practice (i.e. without supervision, commonly known as "Consultants")	Not Inspected
A5	Practising Privileges and the Medical Advisory Committee	Not Inspected
A6	Resident Medical Officers	Not Inspected
A7	Allied Health Professions	Not Inspected
A8	Training, Experience and Qualifications of Staff	Not Inspected

No	Standard	Regulation	Requirement	Time scale
2	C7	9	<p><b>Findings:</b> There is some duplication in corporate policies and hospital policies. Where policies differ there is no reference made to the corporate policy. Area specific policies/procedures have been developed and again there is no clear link between these and hospital or corporate policies.</p> <p><b>Action required:</b> The registered person must ensure that there is a uniform approach to the development of policies and procedures, that duplication is avoided and that it is clear where corporate policies, hospital policies and area specific policies/procedures are related or differ and that the operation of each policy is reviewed at least three yearly. This is so that there are policies and procedures in place to help ensure the quality of treatment and services that it is clear to everyone which is the correct policy</p>	15 January 2010

No	Standard	Regulation	Requirement	Time scale
			or procedure to apply and that the operation of each policy is reviewed.	
3	C9	18	<p><b>Findings:</b> Heads of departments have received training in appraisals and the process of conducting appraisal for all staff is being rolled out throughout the organisation. However only 53% of staff have completed their annual appraisal.</p> <p><b>Action required:</b> The registered person must ensure that all staff have completed an annual appraisal so that staff performance is monitored and development needs are assessed.</p>	31 December 2009
4	C10	19	<p><b>Findings:</b> Current evidence of registration with the General Medical Council, insurance and appraisal is not available for all consultants and in some instances consultants practising privileges are being reviewed with out this information being available.</p> <p><b>Action required:</b> The registered person must ensure that there is evidence of current registration with the General Medical Council, insurance and appraisal for all consultants with practising privileges and that this evidence is considered as part of the review of practising privileges. This is so that there is assurance that patients receive care from appropriately trained, qualified and skilled practitioners.</p>	14 December 2009
5	C10	19	<p><b>Findings:</b> Consultants who have been granted practising privileges have not had them reviewed consistently on a two yearly basis.</p> <p><b>Action required:</b> The registered person must ensure that Consultant's practising privileges are reviewed biennially. All out standing</p>	14 December 2009

No	Standard	Regulation	Requirement	Time scale
			practise privileges reviews are to be completed. This is so that there is assurance that patients receive care from appropriately trained, qualified and skilled practitioners.	
6	C10	18	<p><b>Findings:</b> Evidence of current appraisal is not constantly available for all consultants who have been granted practising privileges.</p> <p><b>Action required:</b> The registered person must ensure that there is evidence of current appraisal for all consultants with practising privileges. This is so that there is evidence of continued professional development and appraisal of practise.</p>	15 January 2010



### ***Patient focus***

Number	Standard	Assessment
C1	Information for Patients	Not Inspected
C2	Patient Centred Care	Not Inspected
C5	Care of the Dying	Not Inspected
C14	Complaints Process	Not Inspected
C15	Information for Patients about Complaints	Not Inspected
C19	Catering Services for Patients	Not Inspected
C27	Resuscitation	Not Inspected
A1	Information for Patients	Not Inspected
A2	Advertising	Not Inspected
A12	Resuscitation	Not Inspected
A13	Resuscitation Equipment	Not Inspected

### ***Accessible and responsive care***

Number	Standard Topic	Assessment
C6	Patient's Views	Not Inspected

### ***Care environment and amenities***

Number	Standard Topic	Assessment
C17	Health Care Premises	Not Inspected
C21	Health and Safety Measures	Not Inspected
A9	Health and Safety	Not Inspected

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