Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

BMI Gisburne Park Hospital

Gisburn Park Estate, Gisburn, Clitheroe, BB7 4HX

Tel: 01200445693

Date of Inspection: 25 June 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Requirements relating to workers	✗ Action needed
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	BMI Healthcare Limited
Overview of the service	BMI Gisburne Park Hospital is housed in a Grade I listed building set in parkland with 35 bedrooms all of which provide an ensuite facility, television and telephone. The hospital has two theatres, five consulting rooms, a physiotherapy suite and a radiology department. The hospital caters for a mixture of surgical and medical patients.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

Patients told us they were satisfied with the care and treatment they had received and confirmed they were involved in decisions about their care. One patient said, "They have been excellent in every way" and another patient commented, "I have been given every opportunity to ask questions and I have been kept well informed".

Patients' needs and wishes were considered and assessed appropriately and care pathway plans were developed depending on what treatment or procedure they required. Multidisciplinary progress notes were maintained in order to keep the staff informed of up to date information about patients' needs and circumstances.

Appropriate references and police checks were carried out before a new member of staff started work in the hospital. However, we found the policies and procedures for the recruitment of new staff had not been updated in line with current legislation and there was a gap of information in one of the staff's files checked.

Staff were given opportunities to update and extend their training in line with their roles. Staff spoken with were positive about their employment and told us they were well supported by the management team.

There were established and effective systems in place to monitor the quality and safety of the service which included the analysis of patient feedback.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 13 August 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's rights to privacy, dignity and independence were respected and upheld.

Reasons for our judgement

We spoke with seven patients and listened to their experiences about the care and treatment provided by the hospital. Patients told us they were involved in the planning of their care and confirmed their options had been fully explained and discussed with their doctor, including the risks and benefits of their treatment or investigation. Patients told us they had been given information about their specific procedure or treatment, which they said was useful and easy to understand. One patient told us, "I can't fault anything at all, everything has been first class from beginning to end" and another patient commented, "I have been supported completely, I couldn't have asked for anything better". We observed positive interactions between patients and staff and noted the staff were courteous, pleasant and unhurried.

All patients spoken with told us their rights to privacy and dignity were respected and upheld at all times. Wherever possible, patients were able to walk to the theatre in their own dressing gown and footwear. This practice enabled patients to cover their theatre gown. We also noted a patient's glasses were removed at the last moment and were put in place in recovery at an appropriate time. One patient told us, "All the staff have been so kind and understanding".

On the ward, patients were accommodated in single bedrooms with their own ensuite facility. Patients told us the nursing staff carried out frequent observations and they responded immediately if they activated their call bell. Patients also told us the staff and doctors gave them plenty of time and numerous opportunities to ask any questions about their treatment. We observed one patient was anxious about their impending surgery and noted they were able to speak with the anaesthetist who provided reassurance.

Staff encouraged patients to be as independent as possible and gave them time and reassurance to enable them to carry out tasks for themselves, for instance supporting

patients with exercises to improve their mobility. Patients were also provided with appropriate aids to assist their independence, such as walking frames and crutches.

Patients told us they were involved in all aspects of their care and treatment. Clinical records looked at showed that assessment and options for treatments had been described and explained to patients. From the records seen there was clear period of time between the initial consultation, with information being provided about the treatment, and the decision by the patient to proceed. We also noted patients were able to discuss their discharge arrangements and were given information about the recovery phase.

Patients were given the opportunity to complete customer satisfaction questionnaires which were collated by an external company. The results were published on the hospital's website. The questionnaires enabled patients to feedback their views on the service and make suggestions for improvements.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Patients experienced care and support that met their needs and protected their rights.

Reasons for our judgement

Patients made complimentary comments about their experiences of the care and treatment provided by the hospital. One patient said, "It's been wonderful, the staff have been marvellous". We spent time observing the practices in theatre and spoke with patients throughout the duration of their surgical procedure, including anaesthesia, surgery, and recovery. The pre operative checklist was completed by a nurse and this was checked in a timely way by staff in the anaesthetic department. The World Health Organisation (WHO) check was completed in theatre prior to the commencement of the operation, in order to double check the identity of the person and the procedure to be carried out. We also found all swab, needle and instruments were counted in line with protocols and these procedures were well embedded in practice.

However, the provider may wish to note that we found instances of incomplete documentation, for example, we observed the WHO checklist was verbally carried out prior to the surgical procedure for one patient but this was not documented in the patient's notes. We also found the route of anaesthesia was not documented on the consent forms and there was no signature update on consent from the preoperative assessment which was up to four weeks previously. These issues were discussed with the registered manager and the management team.

We found there were screening mechanisms in place to ensure that, where practicable no surgery anticipating the need for a high dependency unit was electively undertaken. (The hospital had no facilities for seriously ill patients and any emergencies were transferred to an NHS hospital via ambulance or air ambulance). All patients for prospective surgery were screened at the pre operative assessment clinic and staff raised any potential problems with the Theatre Manager or his deputy. Practical examples were given where patients were not accepted for proposed surgery due to a high level of risk.

Patients spoken with were familiar with their care pathway plans, which had been developed for a specific procedure or treatment. With their permission we reviewed three patients' medical files and noted the records were well organised and presented. Care pathway plans had been added to as the patients progressed through the stages of treatment, as such there were preoperative assessments, admission assessment, theatre pathway which included activities in theatre and the recovery phase, an anaesthetic

record and post operative care plan and record. Appropriate risk assessments had been carried out and actions were clearly identified in line with the level of risk. We also saw that patients had the relevant intervention as indicated by their risk assessments. Additional multidisciplinary notes were completed to record the patients' progress and provide staff with up to date information on their condition. Since our last inspection observation charts had been moved out of patients' files into their bedrooms. This meant staff could readily access this information and there was less potential for recording errors.

Requirements relating to workers ✖ Action needed

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

The recruitment procedures did not always include the relevant checks in order to ensure staff were suitably experienced and qualified for their work in the hospital.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Patients told us the staff were kind and caring and efficient in their work. One patient told us; "The staff have provided wonderful care throughout my whole stay and they always have time for a chat" and another patient commented; "They have been brilliant, very attentive and helpful".

We found there were policies and procedures in place to cover the selection and recruitment of new staff, which were underpinned with an equal opportunities policy. However, we found the policies and procedures had not been updated in line with the requirements of the current Regulations. This meant managers lacked up to date guidance on the type of checks required for all new staff.

We looked at the file of one member of bank staff and noted they had completed a basic application form giving personal details and submitted a CV (Curriculum Vitae). A manager explained it was normal practice to accept a CV for a bank member of staff; however, this meant there was the potential for applicants to omit important information. Further to this, we noted there were two gaps in the person's employment record. There was no written explanation of the gaps and we saw no evidence on the interview record that the gaps in employment had been discussed and explored in the person's interview. This meant there was no documentary evidence of the person's full history of employment.

Staff were issued with an appropriate job description at the time of application, so they were aware of the expectations of the role. We noted from the personal file looked at that two written references and appropriate Police checks had been carried out prior to the person commencing work in the hospital. Head office carried out checks with the Nursing and Midwifery Council for all new nursing staff and updated the check on an annual basis.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Patients were supported by staff who had received appropriate training and support for their role.

Reasons for our judgement

Patients spoken with made complimentary comments about the staff team including the doctors, nurses and other specialist medical staff and said they were well trained for the work they were doing. One patient told us; "I can't fault them in anyway" and another patient commented; "They have been very reassuring and I have felt at ease throughout". All members of staff spoken with articulated a strong commitment to patient care and providing patients with a good experience of the service. Staff were positive about their employment and told us how much they enjoyed their work.

Staff confirmed they were provided with ongoing training opportunities which were applicable to their role. Members of staff explained they were expected to complete a series of computer based courses known as e-learning and associated face to face training sessions to consolidate their knowledge. Since the last inspection staff told us they were able to complete their e-learning at home if they wished. This helped with the accessibility to computers at the hospital. Staff training covered mandatory topics such as moving and handling, infection control, fire safety and safeguarding children and vulnerable adults. All staff spoken with said they found their training beneficial, particularly the practical sessions. Completion of training was closely monitored by the heads of department and any non attendance was followed up. "BMI learn" system was being installed at the time of our visit. This identified training areas tailor made to the individual staff members and their role.

Staff informed us they had an annual appraisal of their work performance which was reviewed at regular intervals throughout the year. The appraisals focussed on staff behaviours and competencies and set out future objectives. However, we looked at one person's appraisal and the provider may wish to note that the objectives set were all generic and not specific to the individual. Staff informed us there was a good sense of teamwork and they were well supported by their line manager. Staff attended handover meetings on the ward at the start of each shift and attended monthly ward meetings. We saw a copy of the minutes from a recent ward meeting and noted a wide variety of topics had been discussed and actions had been agreed and allocated. Actions were reviewed at the next meeting. Information was also available to staff on notice boards and via regular newsletters.

Since our last inspection, a representative from each department met for a short meeting each morning to discuss the operation of the hospital. We attended this meeting on the morning of our visit.

There were established induction arrangements for new staff, which included the completion of an induction training programme and working supernumerary whilst they became familiar with their role. We saw examples of completed induction checklists during the inspection.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The quality and safety of the service was regularly assessed and monitored, as a means to protect patients against the risks of inappropriate or unsafe care and treatment.

Reasons for our judgement

Patients were consulted as part of the ongoing process of monitoring the quality of the service. We saw evidence of this in the form of satisfaction questionnaires, which were collated and analysed by an external organisation. We looked at the results for May 2013 and noted 97% of respondents indicated they were satisfied with the service. Comments made by patients were discussed at the monthly heads of department meetings and also reported in the BMI Healthcare's quality and risk report. However, whilst arrangements had been put into place to discuss patients' comments at a quality forum, we saw no evidence to indicate action plans had been drawn up to address the comments.

Since our last inspection, a quality and governance manger had been appointed to standardise the governance (quality monitoring) processes across the hospital. We saw an example of a clinical governance report during our visit. We also noted the hospital had launched Compassion in Practice and the 6C's, this initiative uses the core values of care, compassion, communication, courage, competence and commitment. A manager explained a sample of patients was asked on a daily basis about their experiences of the service in relation to the 6C's. The friends and family test had been added to the patient satisfaction questionnaire.

There was system and process in place for dealing with complaints. All complaints were logged and an acknowledgment letter was sent out to the complainant along with an information leaflet. We saw investigations had been carried out and action plans developed as necessary. An outcome letter was sent to all complainants, which meant people received feedback about their concerns. Similarly, there was a system in place to monitor accidents and incidents. Staff informed us they completed an internal form known as IR1 in the event of an incident. The quality and governance manager showed us a report which detailed a root cause analysis following receipt of an IR1 form. The report included a detailed chronology of events and a section on lessons learnt. This meant arrangements could be put in place to prevent or minimise the possibility of a reoccurrence. We also noted the analysis of incident forms was a permanent item on the agenda of the monthly staff meetings.

Staff training records had been updated since our last inspection and staff training was closely monitored. We were also informed the practical and e-learning training records had been integrated, to demonstrate the status of each member of staff's training.

There was an established system of audits, which were carried out at regular intervals, these included infection prevention and control, health and safety, patients' records and care pathways, falls and hand hygiene. We saw completed audits during the visit.

Outcomes from the quality monitoring processes were considered by the corporate quality and risk team, who carried out unannounced internal provider visits. We saw detailed reports produced following these visits and noted action plans were in place to address any identified shortfalls.

The organisation published an annual Quality Account, which gave an account of the quality of the service using recognised criteria and their priorities for future improvements. The Quality Account was made available to people using or considering using the service on the organisation's website.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	**Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010** **Requirements relating to workers**
	How the regulation was not being met: The recruitment procedures did not always include the relevant checks in order to ensure staff were suitably experienced and qualified for their work in the hospital. (Regulation 21 (a) (b)).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 13 August 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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