

## **Inspection Report 2009/2010**

### **BMI The Princess Margaret Hospital**

**42 Osbourne Road**

**Windsor**

**Berkshire**

**SL4 3SJ**

#### ***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***

BMI The Princess Margaret Hospital is a 90-bedded acute hospital set on a main road just outside the centre of Windsor. The hospital has parking to the front and rear and all access to the main entrance is step-free so persons using wheelchairs or with sensory impairments have safe access.

The hospital is ranged over three main floors with out-patient and consulting rooms on the ground floor and patient bedrooms and administration offices on the first and second floor. The hospital has four operating theatres and employs the services of over 200 consultants. The hospital also has physiotherapy, endoscopy and oncology departments, a two-bedded high-dependency unit, a diagnostic imaging department and a pharmacy.

This inspection was carried out following a review of the hospital's annual self assessment and covered a number of the National Minimum Standards for Private and Voluntary Healthcare.

This inspection took place on 12 January 2010, and was announced.

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

BMI The Princess Margaret Hospital is providing a service that meets the needs of patients in an environment that is clean and well maintained. Equipment and facilities are of a good standard.

The hospital is meeting most of the Private and Voluntary Healthcare Regulations and the national minimum standards, but there are requirements for approvals in a number of areas. These include legal requirements for the employment of consultants, patient information, hospital policies, clinical audit, health, safety and infection control, staff files, storage of confidential patient records, and storage and administration of controlled drugs.

These matters were discussed with the senior management at the hospital both during and at the end of the inspection.

### **Registration Categories**

This registration is granted within the following categories only

Description	Service Category
Acute hospitals (with overnight beds)	AH
Prescribed techniques or prescribed technology: establishments using endoscopy	PT(E)
Class 3B/4 lasers (surgical)	PT(L)

### **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 may provide accommodation overnight for a maximum of 90 persons at any one time.	Met
This establishment is registered to provide treatment and care under the following service user categories only: - Acute Hospital services (with overnight beds) AH - Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) - Prescribed techniques or prescribed technology: establishments using endoscopy PT(E)	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 the establishment's Statement of Purpose.	Met
This establishment may only provide laser treatments to persons aged 18 years and over.	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	Standard almost met
C26	Medical Devices and Decontamination	Not inspected
A10	Infection Control	Standard met
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	Standard met
P3	Safe operation of lasers and intense pulsed lights	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	C25	9(6)	<p><b>Findings:</b> The hospital had a number of areas where the risk of acquiring a healthcare associated infection was not managed.</p> <p><b>Action required:</b> The responsible individual must ensure that all areas of the hospital where infection control must be paramount are assessed and brought into line with key infection control policies and procedures. This is to ensure that the risk to patients, staff and visitors of acquiring a health care associated infection are minimised.</p>	31 January 2010
2	C24	15(5)	<p><b>Findings:</b> The hospital has a number of errors, incomplete entries and unacceptable registers for the recording of controlled drugs.</p> <p><b>Action required:</b> The responsible individual must ensure that all controlled drug registers are reviewed by a qualified member of staff and training is provided to staff in accordance with the Misuse of Drugs Act and hospital policy</p>	Immediately

No	Standard	Regulation	Requirement	Time scale
			around the storage and administration of controlled drugs. This is to ensure that controlled drugs are stored, administered and destroyed appropriately.	

### **Clinical and cost effectiveness**

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Standard almost met
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
P2	Training for staff using lasers and intense pulsed lights	Not inspected

No	Standard	Regulation	Requirement	Time scale
3	C4	17(1)	<b>Findings:</b> The hospital does not carry out regular clinical audit. <b>Action Required:</b> The responsible individual must ensure that a programme of clinical audit is implement. This is to ensure that patients are assured that monitoring of the quality of treatment and care takes place.	31 March 2010

## Governance

Number	Standard	Assessment
C7	Policies and Procedures	Not inspected
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	Standard almost met
C16	Worker's Concerns	Not inspected
C28	Contracts	Not inspected
C29	Records Management	Standard almost met
C30	Completion of Health Records	Standard almost met
C31	Information Management	Standard almost met
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
P1	Procedures for use of lasers and intense pulsed lights	Not inspected

No	Standard	Regulation	Requirement	Time scale
4	C9	18(2)	<b>Findings:</b> The hospital mandatory training is not complete. <b>Action required:</b> The responsible individual must ensure that all mandatory training is completed and that periodic updates are undertaken in line with hospital policy. This is to ensure that patients receive care from appropriately trained staff.	12 April 2010
5	C9	18(2)	<b>Findings:</b> Staff files are not adequately organised to enable efficient interrogation to locate regulatory information. The hospital does not routinely audit staff files to ensure that all information is current and accurate. <b>Action required:</b> The responsible individual must ensure that staff files are well ordered and contain current and relevant information. This is to ensure that patients receive care from appropriately recruited staff.	12 April 2010
6	C9	18(2)	<b>Findings:</b> The employed staff are not receiving regular appraisal. <b>Action required:</b> The responsible individual must ensure that all employed staff are given a regular appraisal in line	21 April 2010

No	Standard	Regulation	Requirement	Time scale
			with hospital policy. This is to ensure that patients receive care from appropriately monitored staff.	
7	C9	19(1) 15(6)	<b>Findings:</b> Bank staff at the hospital have not received training in infection control. <b>Action required:</b> The responsible individual must ensure that all staff at the hospital receive mandatory training in infection control. This is to ensure that patients receive care from appropriately trained staff.	12 March 2010
8	C10	19(1)	<b>Findings:</b> The hospital records on medical practitioners granted practicing privileges remain incomplete. A number of CRB checks have not been carried out, contracts are not renewed every 2 years, appraisals are not provided, some GMC registrations are out of date and medical indemnities have expired. <b>Action required:</b> The responsible individual must ensure that its records of all medical practitioners granted practicing privileges are complete, up to date, and reviewed in accordance with the legislation and hospital policy. This is to ensure that patients receive treatment from appropriately recruited, trained and qualified health care professionals.	For CRB checks – immediately For other information – 31 January 2010
9	C12	15(6)	<b>Findings:</b> The hospital policy around blood borne viruses is overdue to periodic review. <b>Action required:</b> The responsible individual must ensure that this policy is updated and that it reflects current practice. All clinical staff records must then be reviewed to ensure that any requisite tests comply with hospital policy. This is to ensure that patients and health care professionals are not infected by blood borne viruses.	28 February 2010
10	C30 C31	21(1)	<b>Findings:</b> Patient records at the hospital are not being fully completed by medical practitioners. <b>Action required:</b> The hospital and its medical practitioners have a legal obligation and a duty of care to ensure that all patient records are complete. The responsible individual must ensure that all staff who record patient notes fulfil this obligation. This is to ensure that patients have appropriately	Immediately

No	Standard	Regulation	Requirement	Time scale
			completed health records.	
11	C29	21(1)	<p><b>Findings:</b> Patient records are not being stored in line with the Data Patient Protection Act 1998.</p> <p><b>Action required:</b> The responsible individual must ensure that all patient records are stored safely and securely and that they can be accessed only by authorised personnel at all times wherever or howsoever they are stored. This is to ensure that patients are assured that records are stored to standards that meet legal and regulatory compliance.</p>	Immediately

### **Patient focus**

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

No	Standard	Regulation	Requirement	Time scale
12	C1	6	<p><b>Findings:</b> The statement of purpose does not contain the name and address of the registered provider and contains potentially misleading information around the results of the patient survey.</p> <p><b>Action required:</b> The responsible individual must ensure that the statement of purpose is amended so that it complies with the requirements of regulation 6 and schedule 1. This is to ensure that patients receive clear and accurate information about the hospital.</p>	31 January 2010
13	C1	7	<p><b>Findings:</b> The patient guide is lacking in almost all the information that is required.</p> <p><b>Action required:</b> The responsible individual must ensure that the patient guide is produced so that it complies with the requirements of regulation 7. This is to ensure that patients receive clear and accurate information about their treatment and its likely costs.</p>	31 January 2010
14	C27	35(1)	<p><b>Findings:</b> The resuscitation policy and</p>	28 February



No	Standard	Regulation	Requirement	Time scale
		18(2)	advanced directive policy are overdue for periodic review. Staff training in basic life support is not complete. <b>Action required:</b> The responsible individual must ensure that the resuscitation policy is revised and either review the advanced directives policy or ensure that it is correctly incorporated into the resuscitation policy and then remove it from the intranet. Mandatory training for staff in basic life support must be completed. This is to ensure that patients are resuscitated appropriately.	2010
15	C14	9(1)	<b>Findings:</b> The hospital complaints policy is overdue for periodic review. The hospital does not provide a comprehensive report to demonstrate where complaints were upheld, what action was taken in resolution and how it analyses and learns from complaints. <b>Action required:</b> The responsible individual must ensure that the complaints policy is reviewed and that a report is produced to show how complaints were resolved and analysed. This is to ensure that patients have an effective complaints process and that patients are assured that monitoring of the quality of treatment and care takes place.	28 February 2010

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

Number	Standard Topic	Assessment
C6	Patient's Views	Standard met

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

Number	Standard Topic	Assessment
C17	Health Care Premises	Standard almost met
C21	Health and Safety Measures	Standard met
A9	Health and Safety	Not inspected

No	Standard	Regulation	Requirement	Time scale
16	C17	25	<b>Findings:</b> The hospital roof has not been risk assessed following recent and recurring leaks. <b>Action required:</b> The responsible individual must ensure that a survey and risk assessment of the roof is carried out and any repairs are carried out. This is to ensure that patients, staff and visitors to the hospital are safe.	31 March 2010

No	Standard	Regulation	Requirement	Time scale
17	C17	25(2)	<p><b>Findings:</b> The windows above ground level are not all fitted with restrictors that prevent patients falling from windows. The windows that are unrestricted have not been risk assessed.</p> <p><b>Action required:</b> The responsible individual must ensure that a programme of planned work is produced to ensure that all windows are made safe and in the meantime must ensure that rooms without restrictors are risk assessed for use and that no vulnerable patients are accommodated in these rooms unsupervised at any time. The hospital accepts the risk to all other persons entering or being accommodating in these rooms or parts of the hospital. This is to ensure that patients, staff and visitors to the hospital are safe.</p>	31 January 2010
18	C17	25(2)	<p><b>Findings:</b> The hospital has number of areas of flooring that require attention and repair and a number of ward kitchen areas are hard to clean.</p> <p><b>Action required:</b> The responsible individual must ensure that all areas of flooring are safe and the areas that are hard to clean should be inspected and methods to minimise the collection of dust and dirt be implemented. Equipment that is clean must be marked as such in accordance with hospital policy. This is to ensure that patients, staff and visitors to the hospital are safe.</p>	12 April 2010

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