

Inspection Report 2008/2009

BMI The Princess Margaret Hospital

42 Osbourne Road

Windsor

Berkshire

SL4 3SJ

Introduction

Certain independent healthcare providers in England must be registered with the Healthcare 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 Healthcare 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 Princess Margaret Hospital, part of BMI Healthcare, is a 90-bedded hospital situated within one mile of the centre of Windsor.

Over 200 consultants use the facilities at the hospital which includes four operating theatres, an out patients department, an endoscopy unit and an oncology unit. In addition, the hospital has a two-bedded high dependency unit, a diagnostic imaging department, a pharmacy, a pathology department and a physiotherapy unit. The hospital also provides a travel clinic.

Resident Medical Officers (RMOs) provide 24 hour medical cover. Patients are cared for in single rooms with en-suite facilities, a television and private telephone.

This inspection was conducted as a risk based inspection and therefore only a limited number of the national minimum standards for independent healthcare were reviewed. The inspection was prompted by the recruitment of a new registered manager and the completion of a new fourth operating theatre.

This inspection took place on 27 January 2009, and was unannounced.

Main findings

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 an adequate

standard and the new surgical theatre was built to the required specification. Good child protection policies are available at different levels of the organisation and the hospital employs a nursery nurse to further ensure the needs of children are met. Patients expressed a high level of satisfaction with the services and the information provided to them by the hospital.

Areas which require improvement relate mainly to human resources procedures and auditing arrangements. Although there was evidence that staff are trained, the hospital does not have adequate monitoring arrangements in place to ensure all staff are trained appropriately. There are inadequate arrangements for the recruitment of medical consultants although the hospital did demonstrate that it was already taking steps to address this issue. Practising privileges agreements were in place, but the performance of medical consultants is not formally reviewed annually. There was no evidence that the hospital systematically monitors the training and qualifications of its medical consultants.

There was evidence of clinical audit, but there was insufficient documentary evidence to demonstrate how the hospital addresses any deficiencies they identified. Paediatric resuscitation practice drills take place but they are sporadic and need to be practised more frequently. Risk management systems are generally satisfactory but risk assessments in relation to the new operating theatre are not robust and need to take into account the broader range of risks associated with operating theatres.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Independent Hospital	IH
Acute Hospital (with overnight beds)	AH
Prescribed techniques and technologies: Class 3B/4 Laser (surgical)	PT(L)
Prescribed techniques and technologies: 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 as an Independent Hospital (IH) providing acute hospital services (AH), endoscopy (PT(E)), and laser surgery (PT(L)) to male and female patients from birth.	Met
The establishment may provide overnight beds for a maximum of 90 (ninety) persons at any one time.	Met
The prior written approval of the Healthcare Commission must be obtained at least one month prior to providing any treatment or service not detailed in the establishment's Statement of Purpose.	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 Healthcare 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 Healthcare 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 Healthcare Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Healthcare 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	Standard met
C18	Condition and Maintenance of Equipment and Supplies	Standard met
C20	Risk Management Policy	Standard almost met
C22	Medicines Management	Not inspected
C23	Ordering and Storage of Medicines	Not inspected
C24	Controlled Drugs	Not inspected
C25	Infection Control	Standard almost met
C26	Medical Devices and Decontamination	Standard met
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.	C20	25(1)(d)	<p>Findings: Risk assessments for theatre four were not comprehensive. They did not always identify the exact nature of the hazards or the risks nor did they fully document how risks are minimised. The risk assessments also did not cover the full range of risks associated with a surgical theatre.</p> <p>Action Required: The registered person must ensure comprehensive and robust risk assessments are in place for all surgical theatres. Risk assessments should cover a broad range of risks</p>	9 March 2009

No	Standard	Regulation	Requirement	Time scale
			<p>associated with surgical environments, clearly identify the risk, and record how the risk was or will be minimised. This is to ensure that all risks associated with surgery are identified, assessed and managed appropriately.</p>	
2.	C25	25(2)(c)	<p>Findings: There was evidence of cleaning arrangements for two of the hospital's three theatres (not including the new fourth theatre) and there was evidence that for these two theatres that arrangements are monitored. However, there was insufficient documentary evidence that all theatres, including the new fourth theatre, were subject to similar cleaning and monitoring arrangements.</p> <p>Action Required: The registered person must ensure that there are clear cleaning and monitoring arrangements for each of the four theatres. This is to ensure that all theatres are kept clean and meet appropriate standards of hygiene.</p>	9 March 2009

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	Standard almost met
A20	Documented Procedures for Surgery – General	Not inspected
A21	Documented Procedures for Surgery – Patient Care	Not inspected
A22	Anaesthesia and Recovery	Standard almost met
A23	Operating Theatres	Standard met
A29	Arrangements for Immediate Critical Care	Standard almost met
A30	Level 2 or Level 3 Critical Care within the Hospital	Not inspected
P2	Training for staff using lasers and intense pulsed lights	Not inspected

No	Standard	Regulation	Requirement	Time scale
3.	C4	17(1)	<p>Findings: There was evidence of regular audit although there was no documentary evidence of subsequent action plans.</p> <p>Action Required: The registered person must ensure that any deficiencies identified through audit are systematically monitored and addressed. This is to ensure the quality of services.</p>	6 April 2009
4.	A19	18(2)(a)	<p>Findings: Paediatric resuscitation simulation drills were held sporadically and the limited frequency of the drills did not comply with the hospital's own policy on practice resuscitation drills.</p> <p>Action required: The registered person must ensure that paediatric resuscitation simulation drills are held at least every two months. This is to ensure that staff maintain their skills in this area and that weaknesses are identified.</p>	6 April 2009
5.	A22	37(1)(d)(i)2	<p>Findings: The hospital's policy is that the</p>	

No	Standard	Regulation	Requirement	Time scale
			<p>anaesthetist or anaesthetist practitioner and the surgical team undertake a series of patient identification and site surgery checks. Patient records showed that these checks are not always recorded.</p> <p>Action Required: The registered person must ensure that all required patient identity and correct site surgery checks are undertaken and recorded prior to surgery in line with current professional guidance. This is to ensure that patients receive the relevant surgical treatment for which they are admitted to hospital.</p>	9 March 2009
6.	A22	37(1)(c)	<p>Findings: There was no system in place to ensure that all clinical staff and consultants involved in anaesthetics, surgery or recovery, are appropriately trained in basic, intermediate, or advanced life support.</p> <p>Action Required: The registered person must ensure that anaesthetists, anaesthetist practitioners, members of the surgical team and recovery staff have relevant and current life support training. There should be at least one member of staff during each surgery who is trained in advanced life support. This is to ensure the safety of all patients.</p>	9 March 2009
7.	A22	15(5)	<p>Findings: There was no documentary evidence of a protocol which allows the anaesthetist to delegate drawing up of drugs to an anaesthetist practitioner and which stipulates monitoring of such an arrangement.</p> <p>Action Required: The registered person must</p>	9 March 2009

No	Standard	Regulation	Requirement	Time scale
			ensure that there is a documented protocol for the delegation of anaesthetists' duties to an anaesthetist practitioner which includes supervision and monitoring arrangements for drawing up drugs. This is to ensure that the responsibilities and accountabilities of the anaesthetists and anaesthetist practitioners are clear.	
8.	A29	37(1)(d)(iv)	<p>Findings: Although there was a contract with a local acute hospital for the transfer of critically ill patients, the contract expired in December 2008.</p> <p>Action Required: The registered person must ensure that a current contract is in place for the transfer of critically ill patients to an acute hospital. This is to ensure that appropriate post-operative and emergency arrangements are in place for patients who undergo surgery.</p>	9 March 2009

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	Not inspected
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	Not inspected
C32	Research	Not inspected
A6	Resident Medical Officers	Not inspected
A7	Allied Health Professions	Not inspected
A8	Training, Experience and Qualifications of Staff	Standard not met
P1	Procedures for use of lasers and intense pulsed lights	Not inspected

No	Standard	Regulation	Requirement	Time scale
9.	C9	18(3)	<p>Findings: There was no documentary evidence that all staff have annual appraisals.</p> <p>Action required: The registered person must ensure that all staff have an annual appraisal which is documented. This is to ensure that patients receive treatment from appropriately trained and qualified staff.</p>	6 April 2009
10.	C10	19	<p>Findings: There was no evidence that practising privileges are regularly reviewed or that those with practising privileges have annual appraisals.</p> <p>Action required: The registered person must ensure that all staff with practising privileges have a practising privileges agreement in place which is reviewed at least every two years. The registered person must also ensure that those with practising privileges undergo an annual appraisal. This is to ensure that patients receive treatment from appropriately trained and qualified staff.</p>	6 April 2009

No	Standard	Regulation	Requirement	Time scale
11.	C10	19	<p>Findings: Recruitment checks and arrangements to verify the qualifications of those with practising privileges were inadequate.</p> <p>Action required: The registered person must ensure that all staff on practising privileges are appropriately recruited and that this is documented. Recruitment checks should include but not be limited to professional registration, indemnification, qualifications, criminal records bureau disclosure, interview, references, confirmation of identity, and CV. This is to ensure patients receive treatment from appropriately trained and qualified staff.</p>	6 April 2009
12.	C29	9(1)(f)	<p>Findings: A trolley containing confidential patient medical records was located in a non secure area.</p> <p>Action required: The registered person must ensure that confidential personal information is stored securely and that all staff are aware of the hospital's information management policy. This is to avoid unauthorised access to confidential patient information.</p>	9 March 2009
13.	C30	37(2)	<p>Findings: Risks and benefits of surgical treatment are not always clearly documented in patient consent records.</p> <p>Action Required: The registered person must ensure that the risks and benefits of any procedure or treatment are clearly explained to patients and documented. This is to ensure that clinicians obtain full and informed consent from all patients prior to treatment.</p>	9 March 2009

No	Standard	Regulation	Requirement	Time scale
14.	C30	21(1)(a)(ii)	<p>Findings: Documentation of patients' full medical history was not always present in patients' notes.</p> <p>Action Required: The registered person must ensure that there is a comprehensive medical record for each patient which includes a full medical history. This is to ensure that all medical risks associated with individual patients are recorded and assessed prior to the provision of any medical advice or treatment.</p>	9 March 2009
15.	A8	18(1)	<p>Findings: The hospital does not have a systematic approach to ensuring all staff and those on practising privileges are suitably trained and qualified to practise and reports are not produced, other than on request, to determine where training requirements exist.</p> <p>Action Required: The registered person must ensure that all staff and those on practising privileges are suitably trained and qualified to provide treatment to patients. This is to ensure that patient receive treatment from qualified and experienced clinicians.</p>	6 April 2009

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Standard met
C2	Patient Centred Care	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	Standard almost met
C21	Health and Safety Measures	Not inspected
A9	Health and Safety	Not inspected

No	Standard	Regulation	Requirement	Time scale
16	C17	25(4)(a)	<p>Findings: Operating instructions for one fire exit door was not clearly marked and one fire extinguisher was obscured by a curtain.</p> <p>Action required: The registered person must ensure that any fire exits which cannot be clearly and easily opened are labelled with instructions for opening. The registered person must also ensure that all fire extinguishers are visible and readily accessible. This is to ensure the safety of staff, patients and visitors in the event of fire or evacuation.</p>	2 February 2009

The Healthcare Commission exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

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