

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

BMI Sarum Road Hospital

Sarum Road, Winchester, SO22 5HA

Tel: 01962844555

Date of Inspection: 09 December 2013

Date of Publication: January 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Management of medicines



Met this standard

Details about this location

Registered Provider	BMI Healthcare Limited
Registered Manager	Miss Nicola Paula Aspinall
Overview of the service	BMI Sarum Road Hospital is a purpose built private hospital situated in Winchester, Hampshire. The hospital can accommodate up to 48 in patients and provides a range of out patient services.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Management of medicines	5
About CQC Inspections	7
How we define our judgements	8
Glossary of terms we use in this report	10
Contact us	12

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether BMI Sarum Road Hospital had taken action to meet the following essential standards:

- Management of medicines

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 9 December 2013, talked with people who use the service, reviewed information given to us by the provider and were accompanied by a pharmacist.

What people told us and what we found

We looked at the processes, procedures and records held by the service relating to the use and management of medicines. We observed that medicines were stored securely and at the correct temperatures at all times.

At the time of our inspection there were four in-patients and a further 12 to be admitted. We spoke to one of the in-patients who explained that due to an allergy their medication was changed and they were pain free. A nurse also explained that they can access a number of a medication website for additional information on medicines. They frequently access a website on the administration of medicines by injection.

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

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

Management of medicines

✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider does have appropriate arrangements in place to manage medicines.

The provider was meeting this standard.

Reasons for our judgement

Following an inspection in August 2013 the service was found to be non-compliant and was asked to take actions to meet this essential standard. Therefore, a pharmacist inspector looked at the use and management of medicines within the service.

Appropriate arrangements were in place for accessing medication on discharge when the pharmacy was closed. We reviewed the batch sheet records for "over-labelling" and from the records we were assured that the labels generated for each batch were checked against a master label. Therefore we were assured that medicines were labelled for patients as intended.

We checked the records of Accountable Officers published by CQC on our website and the records for this service were accurate. Therefore we were assured that the relevant measures were currently in place for Controlled Drugs as required by The Controlled Drugs (Supervision of Management and Use) Regulations

Medicines were stored safely and securely. We checked the medicines refrigerator records within theatres. These records included minimum and maximum temperatures; therefore we were assured that the medicines were stored within the required temperature range. The provider may wish to note that infusion fluids held on the ward were accessible by the public. We were assured that medicines were stored at the correct temperatures and securely prior to administration to patients and were therefore safe to administer.

Information about medicines was managed safely. We were advised that changes to medicines were explained to people and on discharge the Pharmacist or ward nurse would discuss the person's discharge medicines with them. The on-site Pharmacy held a number of pharmacy reference books; which were being updated as new editions were published. At ward level specific medicines information was sourced from the internet, and

the nurses had access to specific guidelines on the use and administration of injectable medicines, which they found very helpful. Therefore, people would receive the most up to date information concerning their medicines.

The service had introduced a Medicines Management group. The group reviewed medication incidents; safety alerts involving medicines and changes to medicines used with representation from all departments that store medicines. The process for the receipt, logging and tracking medication alerts had been reviewed. To allow for leave and sickness, these documents were received via two different emails. On receipt they were, logged on a local database and circulated. Once circulated and actioned, the records were reviewed by the Director of Nursing and closed. We found one medicine for which the use had been restricted by the Medicines and Healthcare Regulatory Agency, when the manager of the area was made aware they removed the medicine and the shelf label immediately. Therefore, we were assured that the service had processes in place to ensure people were receiving medicines in line with current guidance.

Appropriate arrangements were in place for the monitoring of the use and administration of medicines. Regular audits of activities involving medicines were being introduced. When we inspected the service had four in-patients, we spoke to one patient who advised us that due to an allergy the medical staff had treated their pain with alternative medicines and they were pain free. Therefore we were assured that the service people received was improving though the monitoring of the service provided.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
