Inspection Report

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: 20 August 2013

Date of Publication: September 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✗ Action needed
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 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'.

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 announced 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 20 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider, were accompanied by a pharmacist and were accompanied by a specialist advisor.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

During our inspection we reviewed the care records relating to four inpatients. We spoke with eight inpatients, six outpatients and two relatives. We spoke with 18 staff including the Director of Nursing, three consultants, the head nurse, a physiotherapy assistant, nurses, ward staff and a member of housekeeping staff.

Inpatients told us that they were involved in decisions about their treatment. No one felt pressured into making a decision about their treatment and all said they had signed a consent form.

Post-operative care and treatment was planned and delivered in a way that was intended to ensure peoples safety and welfare. All patients were nursed in individual rooms with the exception of the High Dependency Unit (HDU) and recovery area.

People were not protected against the risks associated with medicines because the provider does not have appropriate arrangements in place to manage medicines. There was evidence that medicines were stored safely. However, pharmacy reference books were not the most up to date versions and the provider had not acted upon a National Patient Safety Alert (NPSA).

People who use the service and staff were asked for their views about their care and treatment and they were acted on. Feedback cards were available in outpatient waiting areas and one was left in every room. We saw the results for July 2013 which showed that 90% of patients had rated the hospital very good or excellent.

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 11 October 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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Patients discussed treatment options with their consultant. The consultant wrote to the patient and their GP outlining treatment and giving the patient time to think about their treatment and any options before consenting. Consent forms were signed in the presence of the consultant on the day of the treatment. We saw signed consent forms in four of the patient's records we reviewed during our inspection.

We spoke with eight inpatients and they all said that they were involved in decisions about their care and treatment. No one felt pressured to make decisions and all said they had signed a consent form. Everyone said the risks and benefits of the treatment were explained clearly to them and they understood what was involved.

We spoke with ward staff who told us that they supported patients and explained all aspects of their care and treatment. This included the patient's pre-assessment, operative consultation and their pre and post-operative care. A nurse in the oncology department said that if a patient was confused or rushed they would be offered another appointment on another day to give them time to think about the treatment and the possible side effects. Other staff told us that all patients signed a consent form for their treatment.

The Director of Nursing told us that the hospital had never operated on anyone who did not have the capacity to consent to the treatment being offered. She said there were procedures in place if the circumstances arose. We saw Mental Capacity Act toolkits and forms on the wards and staff told us they had received Mental Capacity Act training. This meant that the provider had acted in accordance with legal requirements.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

There were arrangements in place to deal with foreseeable emergencies. The hospital had an emergency call system and we saw emergency equipment trolleys in the ward areas. Staff said they had attended training courses which included basic life support and immediate life support. The four ward staff we spoke with were knowledgeable and confident about what to do if someone needed urgent medical attention.

During our visit one patient experienced a loss of consciousness and staff knew what actions to take. The nurse we spoke with said "Everyone including the doctor attended immediately and the patient received appropriate treatment, once you press that buzzer help comes straight away". We reviewed the patient's notes after this event; staff had documented what had taken place and how they had responded.

We saw from the four patients records we reviewed that the hospital was using the NEWS (National Early Warning Signs) recording system for vital signs monitoring. This meant that staff at the hospital all used the same nationally recognised approach for the first assessment of acutely ill patients, and the monitoring of patients' clinical progress. The NEWS chart was colour coded to provide both visual and numeric prompts to help staff identify any abnormalities. All the patients monitoring charts that we looked at including fluid balance charts were complete. The provider may find it useful to note that their patient monitoring policy did not reflect current practice as it said they were using a system called MEWS (Modified Early Warning Signs) patient monitoring system. This meant that patient's needs were being met as the hospital used the most up to date model but their policy had not been updated to reflect this.

Staff told us that the majority of patients visited the hospital before surgery for a pre-admission assessment. During or before the pre-admission visit they were asked to complete a pre-admission questionnaire. The information was then transferred to their medical records prior to their hospital stay. In the four records we reviewed these were complete and included details of allergies and general mobility questions. Staff said that they discussed the proposed surgery with patients and that they were given time to ask questions.

All patients who were expected to stay in hospital for over 23 hours had risk assessments completed. These assessments were used in conjunction with the patients care pathways. A care pathway is the anticipated care a patient will receive during their stay in hospital. Each care pathway indicates how frequently the patient's assessment should be carried out, however this may be superseded if clinical judgement determines otherwise. The frequency of assessment is indicated on each assessment tool, unless clinical judgement of the patient's condition determines otherwise. For example pressure ulcer risk score should be assessed daily or as clinical condition changes. A score of 15 or more indicates the patient is at high risk of pressure ulcers. The provider may find it useful to note that we looked at four patient records which contained this booklet and found that they had not always been completed fully. This meant that risk assessments had been completed but the associated care plan was not always in place.

Post-operative care and treatment was planned and delivered in a way that was intended to ensure peoples safety and welfare. All patients were nursed in individual rooms with the exception of the High Dependency Unit (HDU) and recovery area. The HDU was a two bedded room that was developed to provide closer monitoring of patients that had undergone major surgery or were at risk of deteriorating. The Director of Nursing said "If any patient is deteriorating or if there are on-going concerns the patient will be transferred to the local district hospital that has level three facilities."

During our inspection we spoke with eight inpatients and six outpatients. All were positive about their experience saying they had been well looked after and treated with dignity and respect and that staff were polite and courteous. One person attending the oncology department said they had "No complaints whatsoever, they are a fabulous team and you couldn't get better." A day patient waiting in their room to be discharged said their stay had been "Brilliant, everything I expected and more." We spoke to a patient who said they were very happy with the pre-assessment they had received and were impressed that the physiotherapist had discussed treatment that would be carried out after the operation. One inpatient told us that they saw their consultant every day of their stay; they said "I was reassured by the consultant and anaesthetist, this reassurance was followed through when I met up with them on the day of the operation."

The hospital treated children over the age of three. There were specific arrangements in place for treatment of children. Rooms for children were chosen and decorated appropriately. Anaesthetists were qualified to treat children and this was confirmed through their practising privilege's application. There was special theatre provision. Children were always first on the list to avoid sharing the recovery area with adults. A lead paediatric specialist nurse was always on duty whenever children were being treated in the hospital and was in the recovery room when children came out of theatre.

There were other arrangements in place to deal with foreseeable emergencies such as a business continuity plan, which we reviewed. Each department held an evacuation plan and emergencies such as a flu pandemic were addressed with specific policies. Staff told us there were often fire drill practices.

Management of medicines ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider does not have appropriate arrangements in place to manage medicines. There was evidence that medicines were stored safely. However, pharmacy reference books were not the most up to date versions and the provider had not acted upon a National Patient Safety Alert (NPSA). Controlled drug audits were carried out regularly but audits in respect of other medicines had not been carried out.

We have judged that this has a moderate 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

The pharmacist inspector looked at the use and management of medicines within the hospital.

The hospital had organisational polices and site specific procedures for the management of medicines. These were designed to ensure people received appropriate medicines. Purchasing, receipt, issuing, storage, administration and the disposal of medicines were covered in these documents. Prior to the inspection we asked for and were supplied with 41 of these documents, 33 of which had passed their review date. Within the pharmacy we observed the ordering and dispensing of medicines. We looked at the authorisation, purchase and issue records for unlicensed medicines; we saw these followed the policy. The batch sheet records for "over-labelling" were reviewed as the documentation had changed and these records were incomplete. From the records we could not be assured that some medicines for example eye drops were labelled as intended. This meant that some medicines may not be labelled correctly.

We undertook controlled drugs stock checks in the pharmacy and theatre two. The stock checks confirmed that the registers agreed with the cupboard content. The controlled drugs registers inspected were tidy and accurate. The service made the relevant controlled drug notifications but the person listed as the 'Accountable Officer' for controlled drugs no longer worked at the hospital. The new executive director was in the process of registering as the Accountable Officer. However, the service could not be assured that the relevant measures were currently in place for controlled drugs as required by The Controlled Drugs (Supervision of Management and Use) Regulations 2006.

Medicines were stored safely and securely. We checked the majority of medicine refrigerator and room temperature records and thermometers on site. All the checked

thermometers were calibrated within the last year; therefore we were assured that the recorded temperatures were accurate. The majority of the records included both the maximum and minimum temperatures, except for two areas where only the minimum temperature was recorded. We visited the inpatient ward, theatre area and oncology day unit. We saw that all medicines were stored in locked cupboards or controlled drugs safes. We looked at the storage of medical gas cylinders within the gas store, manifold room and clinical areas. Medical gas cylinders were either in trolleys or chained to the walls. The manifold room was tidy and clear. People were therfore protected from unsafe access to medicines and medical gases.

Information about medicines was not 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; these were not the most recent editions. At ward level specific medicines information was printed from the internet, however there was no process to ensure the print copy was the latest edition. This meant that people may not receive the most up to date information concerning their medicines.

The provider had not acted upon a National Patient Safety Alert (NPSA) as one medicine, for which use has been restricted by the Medicines and Healthcare Regulatory Agency, was available within the theatre area. We discussed this with the service and it was immediately removed from the theatre area. We were provided with copies of corporate action plans for two NPSA alerts and cascade information on medication recalls; however the NPSA action plans were not fully completed and did not indicate whether the proposed action had been completed. Therefore, we could not be assured that people were not at risk of receiving medicines that were not in line with current guidance.

We reviewed the medication charts of six people; these were complete and accurate. We were advised by the pharmacy manager that the only audits undertaken by the pharmacy department were the controlled drugs audits and that a number of omissions in the records over the previous year had been found. This meant that from the medication audit records the service could not be assured that people were receiving the correct medication.

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 provider had an effective system to regularly assess and monitor the quality of the service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Feedback cards were available in outpatient waiting areas and one was left in every room. Patients were able to complete them during their stay or return them at a later date. We saw the analysed results for July 2013which showed that 90% of patients who had completed a feedback form had rated the hospital very good or excellent.

We spoke with 18 members of staff who carried out various roles within the hospital and they told us that there were regular staff meetings. Staff agreed they had a voice within the hospital. Feedback from staff meetings was fed into a quarterly staff forum and we reviewed records of this. A staff survey entitled 'BMI Say' had been carried out and a presentation of its findings shown to staff.

BMI Healthcare Limited carried out provider audits at Sarum Road Hospital on a monthly basis. We saw records of the last audit which was carried out on 13 August 2013. The provider monitored clinical performance, infection control, patient satisfaction and other aspects of patient care. The audit picked up a number of actions including cleaning of rooms and installation of security key pads. All identified actions were actioned and completed on 14 August 2013.

A number of steering and national groups were held at by the provider such as best practice forums, theatre and pharmacy steering groups, clinical services senior medical team and a nursing leadership group meeting. Key information from these meetings was fed into regional group meetings of the quality and risk team held weekly by teleconference. Relevant information from regional meetings was fed into monthly meetings at Sarum Road. These included monthly heads of department meetings and monthly senior nurse group meetings as appropriate. We reviewed the minutes of the last three heads of department meetings and noted that relevant actions from provider level meetings were discussed. In particular learning from recent issues at another BMI hospital

were discussed. A specific action plan for Sarum Road Hospital had been developed from the issues identified. This showed there was evidence of learning from incidents and changes were implemented. Heads of department also discussed finances, complaints and any litigation.

The provider took account of complaints and comments to improve the service. We reviewed the complaints log and saw that complaints were responded to within the timescales identified in the complaints policy. For example the policy states that a complaint must be investigated and responded to within 20 days. The latest complaint had been received and responded to on 7 August 2013 and investigated and satisfactorily closed on 19 August. Patient feedback was discussed at senior nurse group meetings and as a result some changes had been implemented. For example the discharge process was changed to give patients the option of choosing when they go home. This was because some patients, following an operation, didn't feel very confident about returning home even though they may have been medically fit to discharge.

We reviewed the quality and risk month end report for June and July 2013. We saw that actions to be taken in various areas had been identified and progress on those actions was reported. The report also looked at a number of incidents in detail. The identified actions were very detailed and included ensuring that all patients received a call from a nurse within 48 hours of discharge from the hospital. During our time in the nurses' office we heard these calls being made. Other identified actions included the purchasing additional temperature probes so that temperature of meals served to the wards could be checked and requesting a report on the fire alarm from the company that provided it. The reports were prepared by the Quality Co-ordinator and the Health and Safety Advisor.

There were a large number of policies in place for the safe management of the hospital for example accountability and responsibility, infection control, decontamination of reusable medical devices, audit cycle policy and the management of an outbreak of infection. We saw over 50 policies and procedures. The provider may find it useful to note that 15 of the policies were in date and the remainder were past their identified review date. For example the policy for decontamination of reusable medical devices had a review date of January 2013. This meant there was a risk that some policies may not be up to date and contain the latest approved information or reflect current practice

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 activities	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: The registered person had not protected service users against the risks associated with the unsafe use and management of medicine. Regulation 13.

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 11 October 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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk