

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

BMI Thornbury Hospital

312 Fulwood Road, Sheffield, S10 3BR

Tel: 01142661133

Date of Inspection: 10 December 2013

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

Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	BMI Healthcare Limited
Registered Manager	Mr. David Roland Mills
Overview of the service	BMI Thornbury Hospital is an independent healthcare facility located in Sheffield. It offers care and treatment to NHS and private patients, and contains 77 beds. The service is provided by BMI Healthcare Limited.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We talked with four patients during our inspection visit. Patients confirmed that staff had talked through their procedure with them and had kept them up to date with aspects of their care following surgery. Some comments captured included "[The doctor] explained the procedure, risks and benefits", "Excellent care, excellent staff ...can't do enough for you" and "Nurses are really good, quick to respond to the call bell."

We found people's care needs had been met.

We found people were protected against the risks of unsafe or unsuitable premises.

We found people's needs had been met by sufficient numbers of appropriate staff.

We found there was a complaints process in place.

We found people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records had been maintained.

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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We talked with four patients during our inspection visit. Patients told us they were happy with their care at the hospital, liked all the staff who looked after them and thought the hospital was kept clean. Patient's confirmed that staff had talked through their procedure with them and had kept them up date with aspects of their care following surgery. Some comments captured included "[The doctor] explained the procedure, risks and benefits", "Received good care. Nurses are nice and looked after me...enough staff", "Excellent care, excellent staff ...can't do enough for you", "The surgeon was very good ...very attentive" and "Nurses are really good, quick to respond to the call bell."

We reviewed patient feedback recently recorded via patient questionnaire surveys which were positive in nature. For example, relating to nursing one comment stated "It was great, I did not know what to expect as first time and it was brilliant." In relation to the physiotherapy department some comments recorded stated "Excellent treatment and results" and "No improvement needed ...excellent service." We reviewed a sample of recently received individual feedback letters which had been received by members of the hospital's senior management team. These letters contained a range of positive comments which demonstrated the positive aspects of care received by patients. For example, one letter stated "All of the staff I came into contact with were courteous, professional and most importantly retained their sense of humour."

During our inspection we found the hospital employed a range of healthcare professionals to ensure patient's care needs were met during their admission or visit to the hospital. These included medical officers, registered nurses, healthcare assistants and other members of the multi-disciplinary team including physiotherapists and imaging staff. Hospital consultants (surgeons, anaesthetists and physicians) were contracted to work sessions at the hospital via practising privileges arrangements. Since our last Inspection we found the hospital's senior management team had introduced a range of 'live' quality monitoring processes which involved all departments and services within the hospital. This

meant the clinical quality and safety of various aspects of the service and clinical care had been closely monitored, maintained and developed.

We reviewed a sample of seven sets of care records on the Mappin and Fulwood wards. These records included medical and nursing admission and assessment documents, care plans and other documents related to the care of the patient. We found care records, observation charts and risk assessment forms were completed to a reasonable standard. We found consent forms had been signed and dated by the patient and surgeon and the benefits and risks of treatment had been recorded. We found these care records reflected the needs of patients who had been admitted to the hospital.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had a range of policies and procedures in place to ensure the premises were maintained and monitored safely, for example, the 'engineering, property maintenance policy manual.' There was a detailed preventative maintenance plan in place. Emergency contingency plans were also available so that services could be maintained during an emergency such as the loss of electricity or other utility supply. Various environmental and other risk assessments had been completed and reviewed regularly, for example, fire safety. The hospital employed a maintenance team. There was a corporate electronic reporting system 'maintenance management system' (MMS) which allowed members of staff to report all repairs. This meant there were systems and processes in place to ensure risks associated with premises and the environment had been appropriately managed.

We found the hospital had also undertaken a range of detailed monthly checks using the provider's 'monthly department workplace tool' which covered a number of departments within the hospital. Each department had been checked for general housekeeping, machinery/tools/equipment, first aid, personal protective equipment, hazardous substances along with other areas such as risks associated with shelving and racking. We reviewed other documentation which showed various other audit checks and reports had been completed, for example, the 'safety, health and environment 2012 report and 2013 improvement plan.' The director of operations explained the hospital also employed additional maintenance staff such as a gardener and a maintenance man who concentrated on 'quick fix' jobs so that the other maintenance men could concentrate on larger repairs.

We conducted a full tour of the premises and found they were safe, clean and tidy. We found Mappin ward continued to appear tired in terms of décor, carpeting and fitments with dull lighting in some areas. In contrast, Fulwood ward had been refurbished a few years ago and was bright and airy. The executive director and director of operations explained the provider was investing capital expenditure on the building and equipment. For example, we found the sterile services unit within the operating theatre department had been significantly altered and improved when compared with previous visits. The senior management team were hopeful the provider would shortly approve the refurbishment of Mappin ward.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The in-patient sister, director of operations and director of clinical services all explained how the hospital was staffed so that patient's needs could be met. We were told cover was usually available from within the existing department or ward team to cover sickness or annual leave. The hospital also had access to a nurse agency should additional help be required. They went on to explain that sickness amongst staff at the hospital was very low and staff we spoke with confirmed this. We were told by the director of clinical services and director of operations that turnover of staff was low at the hospital. The director of operations confirmed there were no current vacancies within the non-clinical departments and the director of clinical services confirmed recruitment was in progress for one clinical nursing vacancy. This meant patient's needs had been met by sufficient numbers of appropriate staff.

The director of clinical services explained how the in-patient wards had recently undergone a reorganisation in relation to staffing and skills mix. The in-patient sister highlighted how they felt there was enough staff to ensure patient's needs were met and told us they "were never refused extra staff when it was needed." The director of clinical services talked through the provider's and hospital level induction package for new members of staff. All new members of staff were part of a three month probationary period of assessment which included regular supervisory meetings prior to permanent employment at the hospital.

Since our last inspection we found the provider had retained a stable senior management team who had a clear vision for the future direction of the hospital. Staff we spoke with enjoyed working at the hospital and felt well supported by the senior management team who they explained were regularly "visible" around the hospital. The members of staff we spoke with felt they all worked as a team to ensure patient's needs were met.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider had complaints policy and procedure in place. The complaints processes included defined timescales for the acknowledgement, investigation and formal response of complaints. The processes also included a three stage process which included local investigation and resolution, followed by a provider review if patients were not happy with the local response and finally involvement of external agencies such as the ombudsman. Patients were made aware of how to make a comment or complaint via information leaflets available within the hospital. This meant patients were given support by the provider to make to make a comment or complaint where they needed assistance.

The director of clinical services and director of operations were able to give examples of how previous complaints had been handled at the hospital. We talked with a hospital administrator who was the nominated lead for the handling and coordination of complaints on behalf of the executive director. The administrator talked through the last three monthly complaints logs. We saw that the vast majority of these complaints had been resolved promptly and within expected timescales. The hospital averaged around 10 complaints per month of which a greater percentage were related to private health fees rather than complaints about care. The number of monthly complaints was very low in comparison with the average number of monthly in-patient and out-patient episodes (admissions and attendances) at the hospital. We were told by the senior management team that the numbers of complaints had significantly reduced over the last 12 months which demonstrated that the quality of care and patient satisfaction levels had significantly improved.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

The provider had a range of policies and procedures in place to ensure records were managed appropriately in relation to information governance and data protection guidance. The director of clinical services was the nominated Caldicott guardian (a senior person responsible for protecting patient information and enabling information sharing.) The 'Imaging manager' was the nominated "Information security coordinator" for this hospital. This role had been developed by the provider to ensure and give assurance that all records and data was correctly managed and secured. The management team explained how patient records were managed during the patient journey. There were secure third party contractual arrangements in place for the scanning, archiving and confidential disposal of documents. This meant there were systems in place to ensure records were securely managed and protected.

We found patient's care records were accurately maintained. The nurse, doctor and other staff completed a range of specifically designed and printed forms to assist in ensuring patient's received consistent care. For example, on admission the nursing staff completed an 'adult risk assessment documentation' booklet which included a range of individualised risk assessments of areas such as nutrition, pressure sore risk score, mental health and falls. We found the standard of record keeping was reasonable and records reflected patient's individual assessed needs. The provider had conducted regular medical records audits to ensure they had been adequately completed and maintained.

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

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