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

Bupa Cromwell Hospital

Cromwell Hospital, Cromwell Road, London, SW5 0TU

Tel: 02074605500

Date of Inspection: 22 October 2013

Date of Publication: November 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
- Cleanliness and infection control: Met this standard
- Supporting workers: Met this standard
- Complaints: Met this standard
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<th>Medical Services International Limited</th>
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<tr>
<td>Registered Manager</td>
<td>Mrs. Philippa Fieldhouse</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Bupa Cromwell Hospital is a private hospital in central London providing care and treatment for adults and children. The hospital provides a wide range of medical and surgical specialities with diagnostic facilities. Patients come from the UK and from a range of countries worldwide. At present the hospital is undergoing a significant programme of redevelopment. This includes refurbishment and redesign of patient facilities.</td>
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<td>Type of services</td>
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<td>Doctors consultation service</td>
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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 22 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information given to us by the provider and were accompanied by a specialist advisor.

What people told us and what we found

During our inspection visit we visited the imaging and outpatient departments, Adult Intensive Care Unit (ITU), two adult wards and the operating theatres. We spoke with patients and staff in the wards and imaging departments. We also spoke with the hospital's Registered Manager, the Director of Nursing, the Medical Director and the infection control specialist nurse. The specialist adviser accompanying us specialised in peri-operative care.

The patients we spoke with were positive about their experiences at the hospital. One person said “it's like a quality hotel” and another said that there was sufficient time to discuss his treatment. They all said the hospital was clean and they would make a complaint if they needed to. We reviewed the 2013 quarter 3 patient feedback information (404 respondents). 97% of people would recommend the hospital to others.

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual plans. This included risk assessment, multi-disciplinary team work and patients' involvement with their care. Surgical processes were safely managed. Before receiving any treatment staff ensured that patients understood and consented to the procedure.

There were effective systems in place to reduce the risk and spread of infection. Staff had received infection control training and there was a team to support and advise staff as well as policies to guide clinical practice. Staff were trained and received appraisal and supervision that was appropriate to their role. This included an induction process for all staff.

There was an effective complaints system which included investigation, response and action planning. We saw that staff were focussed on providing safe and responsive care for their patients.
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.
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<th>Consent to care and treatment</th>
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<tr>
<td>Before people are given any examination, care, treatment or support, they should be asked if they agree to it</td>
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**Our judgement**

The provider was meeting this standard.

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

**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. We reviewed medical records and found consent forms were well completed. They were legible and the surgeon and patient had signed (or the parent/guardian in the case of a child). The proposed procedure, risks and benefits were documented.

We observed the process for patients coming to the operating theatre. Patients were checked for what surgery they were expecting and that the signature on the consent form was theirs. No one was operated on if there was no consent form. Staff understood the importance of seeking consent before treatment or care.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. There was a consent policy in place and staff were able to describe the procedure, should they be worried about a person's capacity to consent. Staff had received consent, Mental Capacity Act 2005 and safeguarding vulnerable adult training which was part of their mandatory training. We heard about examples where staff were concerned about patients' capacity to consent and the actions they took to ensure they acted within the law.

Patients’ verbal consent was required for some tests, such as x-rays and blood tests. Staff reported that such tests would be requested by a referring doctor who would discuss the test with the patient. The hospital employed interpreters 24 hours a day and they were readily available to assist with verbal or written consent.

Patients told us they had signed their consent forms and understood their planned treatments or surgery. Patients reported in the 2013 quarter 3 feedback that the course of treatment and expected outcome was explained to them.
Care and welfare of people who use services  

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 patients' safety and welfare.

Reasons for our judgement

Staff described the process of risk assessment and care planning. Integrated Care Pathways were used for some types of surgery and treatment and this ensured that patients were cared for by multi-disciplinary teams with care that was evidence-based and coordinated. Completed and up-to-date care plans and assessments were seen. These included pre-surgical assessments and screening, full assessment on admission and use of the World Health Organisation surgical checklist. Staff used the Early Warning Scores recording system to record their patients' vital signs so that they recognised signs of a patient's deteriorating condition. ITU staff provided an outreach service across the hospital to assist in the review of patients whose condition was deteriorating and ensure they received appropriate and swift care. 100% of patients were assessed for their risk of acquiring a pressure sore and no patients had a hospital acquired pressure sore in 2013.

People's care and treatment reflected relevant research and guidance. We saw that new information and guidance for staff had been produced following up-to-date guidance from specialists. An example was the use of video conferencing with specialist colleagues abroad. This meant that consultants at the hospital had access to other specialists to discuss, support and advise.

We were impressed with the hospital's No Preventable Errors (NOPE) scheme. We spoke with staff ambassadors for the scheme who described their plans to us. The team were looking at all the risk assessments and documentation around the hospital to see whether they could enhance a safety culture. There were clinical leads for drugs, blood transfusion and falls. An environmental and equipment risk assessment was carried out daily in all inpatient rooms.

The NOPE scheme linked to the hospital's plans for "always events" where high standard care and treatment was a given so that patients could expect and receive no preventable clinical accidents or incidents. Senior staff had investigated and sought evidence to provide this level of care for their patients. Staff were encouraged to report incidents and reported they recorded all incidents and were able to interrogate the system for trends. They said they received feedback on incidents they raised which were always discussed in directorate and unit meetings.
There were plans in place for a foreseeable medical emergency. These included training of all staff in life support to a level appropriate for their role. Emergency equipment and emergency drugs were in place as were protocols that ensured appropriate staff were on call for an emergency in the hospital. We saw there were resuscitation policies in place. We checked some of the resuscitation trolleys and these had been checked daily. Resuscitation trolleys were available in all the clinical areas. There were emergency alarms in all the patient rooms.
Cleanliness and infection control  
Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We noted that all of the areas we visited were clean and well maintained. We inspected bathrooms, bedrooms, toilets, commodes and sluices and found all to be clean. We saw cleaners working in all areas and were shown cleaning schedules. There was 24 hour access to cleaners. We saw equipment was labelled with the date and time it had been cleaned.

There was hand gel at every ward entrance and in patient areas. There were hand washing sinks with soap, gel and paper towels in every clinical area. We saw the curtains around beds and trollies were disposable and dated when changed. On the day of inspection they were clean.

Patients had swabs taken for Methicillin-resistant Staphylococcus Aureus (MRSA) at pre-admission clinics so they could, if needed, be treated prior to admission. Patients who had an infection were able to be isolated and we saw single rooms available and in use for this purpose in the ITU. There were processes for deep cleaning areas if they were used by a patient with an infection. Patients were cared for in single rooms with en suite bathrooms which reduced the risk of patient to patient cross infection. There was personal protective equipment, such as aprons and gloves, for staff to use.

We observed staff preparing for surgery in the operating theatre and saw they followed correct scrub and gowning and gloving technique. In addition we noted good practice in the operating theatre when using sharp items. We observed staff in clinical areas washing their hands and using alcohol gel between patients and they were bare below the elbows. Visitors were encouraged to follow safe infection control practices. Sharps bins and clinical waste were managed safely.

We spoke with the Director of Infection Prevention and Control (DIPC), who was the hospital's Medical Director and a member of the executive management team. The hospital's infection control specialist nurse gave us an overview of infection control and prevention at the hospital. A consultant microbiologist provided advice and support to update policies and procedures, undertook a weekly ward round, reviewed all hospital acquired infections and outbreaks and also advised on antibiotic prescribing.
Staff received infection control and prevention training at induction and then at annual mandatory training. Clinical staff received aseptic non-touch technique training so that they used safe aseptic practice, thus helping to reduce healthcare-associated infections. The infection control and prevention policies were available for staff on the hospital’s intranet. There were link ‘infection control professionals’ across the hospital who provided infection control advice and support and carried out the local audits. They received specialist training to undertake the role. We saw examples of cleaning audits with the required action plans and completed actions recorded in the imaging department.

A quarterly infection control report was prepared on behalf of the DIPC and submitted to the provider. This reported MRSA, C Difficile and any other bacteraemia and the results of hand hygiene audits which were consistently 98–99%. We reviewed the September 2013 key performance indicators which showed no incidents of blood borne infections.

The infection control lead had to sign off any capital expenditure refurbishment or equipment projects to ensure that new plans met infection control guidelines. We were told she was involved with plans for the refurbishment of patient rooms to ensure that plans met infection control guidance.

Patients we spoke with gave us their opinion of the standard of cleaning. They described the hospital as "very clean". They had observed staff wearing protective items such as gloves and washing their hands. In the patient survey 97% people responded that they had noticed doctors and nurses had cleaned their hands before any clinical intervention.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We found there were formal induction programmes for all grades and professions of staff. All the staff we spoke with told us they had attended their induction and gave examples of individual programmes specific to their role. Staff told us they were able to work in a supernumerary capacity for a period of time and there were buddy and mentorship systems to support staff.

Nurses told us there were programmes available to support them and ensure they developed core competencies to fulfil their role responsibilities. Nursing staff told us they were required to achieve clinical competencies such as giving intravenous drugs and these were tested.

Staff were able, from time to time, to obtain further relevant qualifications. Staff told us they had an annual appraisal and a personal development plan. Mandatory training was planned and managers monitored staff attendance. Non-attendance was followed up through the supervision and appraisal processes. We saw the mandatory training and appraisal matrix. More than 90% of staff had received their annual appraisal. Staff also confirmed they attended team meetings and one to one supervision.

Staff reported they were supported by senior staff. They told us their management teams were visible and approachable. Staff were supported to achieve new skills and qualifications, for example ITU courses and advanced resuscitation skills. Staff told us in addition to email cascade information they received the hospital magazine 'Buzz' which had articles and news from all departments.

We saw that agency nurses had been shown around and given a short induction for fire, resuscitation, emergency phone numbers and other staff on duty. They said they were expected to sign a form to record the completed induction. In addition we were told that some agency nurses had been trained specifically to work at the hospital and had been tested for core nursing competencies.

Patients were all very complimentary about staff working in the hospital. We did not receive any negative comments from patients about staff attitudes or behaviour towards
them at the hospital. One person said care was "excellent and staff were very good". The 2013 quarter 3 patient feedback showed that patient satisfaction with their consultants was 98% and the overall satisfaction with the nursing care was 95%.
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

People were made aware of the complaints system. This included information on the hospital's website and in patient leaflets. When a patient was first admitted to the hospital they and their relatives were met by staff who encouraged them to talk to staff if they were worried about anything. Interpreters were available who would explain the provider's complaints procedure and were able to assist people with concerns. The Registered Manager confirmed that she or another manager would endeavour to discuss the issue with the complainant. Patients confirmed that they knew how to make a complaint and felt comfortable doing so.

There was a complaints policy and process in place and staff were able to describe the process if someone made a complaint. All complaints were reported using the hospital's incident reporting system and responded to. The internal system for monitoring and managing complaints included review by the management team, investigation and plans for improving the service if required.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. The Registered Manager provided examples of complaints that had been received. We saw that these had been responded to, investigated and resolved. Where a person remained dissatisfied they were signposted to the appropriate organisations should they wish to use them.
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:

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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.