BMI Coombe Wing

Quality Report

Level 7 Esher Wing, Kingston Hospital
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

BMI Coombe Wing is operated by BMI Healthcare Limited. BMI Coombe Wing operates one ward, located within Kingston Hospital and provides beds for patients with medical conditions, following surgery or for mothers after delivery of their baby. The ward has 22 beds and four outpatient consulting rooms.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 4 and 5 October 2016. We did not carry out an unannounced visit because we had obtained all the evidence required to make judgements, during the announced visit.

We did not inspect any of the services that are provided under Service Level Agreements by Kingston Hospital as these are services from another provider. Kingston Hospital NHS Foundation Trust was inspected and rated separately, and the report was published in July 2016.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this hospital was medicine. Where our findings on medicine – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the medicine core service section.

Services we rate

We rated this service as good overall. This deviated from the aggregation principles that we apply when rating services, however we were satisfied that prompt action had been taken by the provider to rectify the issues that were raised for the safe domain so this was considered when rating the service overall.

We rated the services for medicine and outpatients and diagnostic imaging and used these ratings to rate the service overall.

We found good practice in relation to medicine and outpatients and diagnostic imaging:

- The quality handover was an effective method of communicating information to staff and learning about incidents, complaints and changes of policy and practice.
- The service managed staffing well with a flexible approach that meant there were always enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- The service had a robust admission policy which meant that there were limited occasions when a patient was inappropriately admitted.
- All incidents were investigated and lessons shared with staff.
- We observed effective multidisciplinary team (MDT) working to provide holistic care for patients which was confirmed by feedback from different staff groups.
- Patients were positive about the way staff treated them
- There were good systems in place to manage patient flow. Admission and discharges were multidisciplinary focused to ensure all the needs of patients were met.

Summary of findings

- Staff spoke positively of the leadership and this was reflected in the culture across the service. Clinical leads were visible, approachable and supportive.

However, we found the following issues that the service provider needs to improve:

- There were no clinical handwashing basins within any of the patient rooms or along the patient corridor and hand sanitiser gel was not always positioned ideally within a room. This meant that there was potential for hand hygiene not to be undertaken in a best practice manner. However the service did have a risk assessment with mitigation actions and had a plan for four new sinks and 11 additional hand sanitiser dispensers to be installed within a month of our inspection. Evidence was provided following the inspection to show that this was completed in October 2016.
- The corridor floor of the ward was lined with carpets. This was an infection control and prevention risk. However, permission had been obtained to have the carpets changed to vinyl and this was evidenced as completed by the provider in December 2016.
- There was a low compliance level in the monthly audits reported of venous thromboembolism assessment and treatment.
- Some visiting consultants working in the outpatients department did not comply with bare below the elbow guidance.

Services we do not rate

The surgical activities conducted by the provider consisted mainly of diagnostic scoping. Only 36% of the activities logged were in fact surgical cases (93 procedures in total).

Due to the small size of the maternity service and the nature of the surgical services conducted at BMI Coombe Wing, we did not have sufficient evidence to rate these services. However, we have highlighted good practice and issues that the provider needs to improve.

We found the following areas of good practice:

- All patients were followed up within 24 to 48 hours from discharge with a phonecall from a ward nurse.
- There was clear evidence of learning from incidents, including the review and update of a policy when required.

Information on our key findings and action we have asked the provider to take are listed at the end of the report.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Medical care	Requires improvement 	Medical services were the main service of the hospital. Where our findings on medicine also apply to other service, we do not repeat the information but cross-refer to the medicine section. Most staffing, incident reporting and mandatory training were managed jointly with surgery, outpatient and maternity. We rated this service as requires improvement because the areas of safe, and effective were rated as required improvement although the areas for caring, responsive and well led were rated as good.
Surgery	Not sufficient evidence to rate 	Although surgery patients made up the majority of patients only pre-assessment and post-operative ward care was provided on the ward, as surgical procedures and all theatre services were all carried out under a service level agreement (SLA) with Kingston Hospital. The majority of surgical activities conducted by the provider were diagnostic scoping. Only 36% of the activities logged were in fact surgical cases (93 procedures in total). Where arrangements were the same, we have reported the detail within medicine. Due to the nature of this service, we did not have sufficient evidence to rate it, but have highlighted good practice and issues that the provider needs to improve.
Maternity	Not sufficient evidence to rate 	The maternity services accounted for a small proportion of the service business and were managed and run jointly with the medicine and surgery services. Where arrangements were the same we have reported the detail in medicine.

Summary of findings

		As there were very few women cared for annually in this service, we did not have enough evidence to rate it, but highlighted good practice and issues that provider needs to improve.
Outpatients and diagnostic imaging	**Good**	The outpatients department was directly next to the ward. Leadership and some staffing was managed jointly with medicine. Where arrangements were the same, we have reported the detail within medicine. Diagnostic imaging was not provided by the ward but through an SLA with Kingston hospital. We rated this service as good because it was safe, effective, caring, responsive and well led.

Summary of findings

Contents

Good

BMI Coombe Wing

Services we looked at:
Medical care; Surgery; Maternity; Outpatients and diagnostic imaging.

Summary of this inspection

Background to BMI Coombe Wing

BMI Coombe Wing is operated by BMI Healthcare Limited. The service on the ward was provided by Kingston Hospital until 2009 when it was taken over by BMI Healthcare. The hospital primarily serves the communities of Kingston upon Thames. It also accepts patient referrals from outside this area.

The ward is a mixed gender adult ward and contains 22 ensuite rooms, although only 18 were in use for patients at the time of our inspection. The ward also offers accommodation for post-natal mothers and their baby.

The service had been inspected twice previously, and the inspection before this one took place in January 2014. This found that the service was meeting all standards of quality and safety inspected.

At the time of the inspection, the registered manager, John Hare, had been registered with the CQC since November 2014, although he had recently returned to manage BMI Coombe Wing in July 2016 after a period of work at another location. The provider's nominated individual for this service was Elizabeth Sharp.

Our inspection team

The team that inspected the service comprised of a Care Quality Commission (CQC) lead inspector,one other CQC inspector, and four specialist advisors; a physician, surgeon, specialist nurse and midwife. The inspection team was overseen by Roger James, Inspection Manager.

Why we carried out this inspection

The inspection was conducted using the Care Quality Commission's comprehensive inspection methodology. It was a routine, planned inspection.

How we carried out this inspection

During the inspection, we visited the ward and the outpatients department. We spoke with 15 staff including; registered nurses, healthcare assistants, reception staff, medical staff, operating department practitioners, and senior managers. We spoke with six patients and one relative. We also received 10 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection we reviewed three sets of patient records. We also spoke with three members of staff at Kingston Hospital NHS Foundation Trust to understand more about the working relationship with the ward.

Information about BMI Coombe Wing

The location has one ward and a small outpatients department and is registered for the following regulated activities:

Treatment of disease, disorder or injury;

Surgical procedures;

Diagnostic and screening procedures;

Family planning

Summary of this inspection

Maternity services

The ward had a large number of service level agreements (SLAs) with Kingston Hospital for provision of services. This included theatre access and staffing, radiology, maternity delivery services, critical care services, physiotherapy and occupational therapy. No surgical procedures were carried out within the ward and patients on the ward were either recovering from elective surgery or were medical patients. Medical conditions treated on the wards included respiratory and cardiology. Haematology was also provided on the ward, however the provision of chemotherapy drugs was provided by Kingston Hospital under an SLA and the specialist nursing was provided by bank staff. In addition the ward employed one midwife and a service was offered for post-natal mothers and their babies to recover on the ward, following delivery of their baby within Kingston Hospital maternity department.

Nursing staff on the ward undertook competencies so that they could care for either medical or surgical recovery patients.

Activity (July 2015 to June 2016)

- There were 1,106 inpatient and day case episodes of care recorded within the ward; of these 9% were NHS funded and 91% funded by insurance or self-pay. Surgical patients made up the majority of these at 67% and medical patients accounted for 32%.
- Out of the 349 patients admitted for medical care, haematology was the largest speciality treated with 125 admissions, followed by respiratory and cardiology with 103 and 90 admissions respectively.
- During this period there were 47 post-natal mothers and babies cared for on the ward.
- The percentage of patients staying overnight on the ward included 33% of NHS funded patients and 45% of other funded patients.
- There were 7,169 outpatient total attendances in the reporting period; all were funded by insurance or self-pay.

Consultants were engaged at the hospital under practising privileges. This is sometimes known as admitting rights. There were 40 surgeons, 22 anaesthetists, 27physicians and 10 radiologists engaged in this way who worked at the hospital. Two regular resident medical officers (RMO) worked on an alternating week rota and were provided by an outside agency. BMI Coombe Wing employed 16 registered nurses, one registered midwife, four healthcare assistants and nine additional staff, as well as having its own bank staff. The controlled drugs (CDs) accountable officer for was the registered manager.

Track record on safety for the year July 2015 to June 2016 was:

- No Never events
- Clinical incident numbers were 43 no harm, 18 low harm, five moderate harm.
- No serious injuries

No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA),

No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)

No incidences of hospital acquired Clostridium difficile (C. diff)

Two incidences of hospital acquired E-Coli

Five complaints

Services accredited by a national body:

The ward does not have any services accredited by a national body.

Services provided at the ward under a service level agreement:

- Theatres
- Radiology/ Imaging
- Pharmacy
- Infection Control
- Critical Care Services
- Maternity services
- Cardiology services
- Resuscitation services
- IT services
- Pathology
- Physiotherapy
- Occupational therapy

- Clinical and non-clinical waste removal
- Provision of heating, electricity and water supply
- Cleaning and maintenance
- Catering services
- Portering services

Summary of this inspection

- Cytotoxic drugs service
- Interpreting services
- Grounds Maintenance
- Laser protection service
- Laundry
- Maintenance of medical equipment
- Pathology and histology
- RMO provision

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- The service managed staffing well with a flexible approach that meant there were always enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- All incidents were investigated and lessons shared with staff, as well as actions taken where required.
- The service had an annual mortality and morbidity meeting where all patient deaths were reviewed, including those which were expected. This was so that care could be reviewed and improved if necessary.
- Patient-led assessments of the care environment (PLACE) audits for 2016 showed the ward had achieved 100% for cleanliness. This was above the national average of 98%.
- Six resuscitation scenarios were run each year on the ward so staff were well trained for care of patients in an emergency.

However;

- There were no clinical handwashing basins within any of the patient rooms or along the patient corridor and hand sanitiser gel was not always positioned ideally within a room. However, four new sinks and 11 additional hand sanitiser dispensers were installed in October 2016.
- The carpeted floor in the corridor was an infection control risk, however new vinyl flooring was installed in December 2016.
- There was a low compliance level in the monthly audits reported of venous thromboembolism assessment and treatment.

Are services effective?

Requires improvement

We rated effective as requires improvement because:

- There was no national benchmarking carried out for patient outcomes.
- Supervision of nurses was not documented despite there being a corporate template to do this.

However

- There was a good relationship with Kingston Hospital, in which the ward was based. This meant there was effective use of learning and resources where appropriate.

Summary of this inspection

- The ward had met 13 out of 15 recommendations of a national self-assessment checklist for sepsis.
- Results from patient feedback and surveys showed that over 90% of respondents felt their pain was well managed.

Are services caring?

Good

We rated caring as good because:

- Patients reported that the quality of their care was very good.
- Relatives were welcomed to stay with patients on the ward.
- Patients consistently told us that they were provided with information about their condition. Information leaflets were provided for patients for most procedures to read at home.

Are services responsive?

Good

We rated responsive as good because:

- Changes had been made to the environment to make it more accessible for patients living with dementia.
- There was a clear admission policy and process for admissions.
- There had been changes made within the ward as a response from feedback and complaints, such as new dressing gowns.

Visiting hours were flexible to accommodate patient's needs.

Are services well-led?

Good

We rated well led as good because:

- Staff spoke positively of the leadership and this was reflected in the culture across the service. Clinical leads were visible, approachable and supportive.
- There was a clear vision that all staff understood and were able to explain.
- There was a clear governance process that worked with both Kingston Hospital where the ward was based, and the corporate provider.
- There was a clear line of communication from the staff through to the senior managers. Information was cascaded down from senior meetings so that all staff were aware of relevant points.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Surgery	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Maternity	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Requires improvement	Good	Good	Good	Good

Notes

In considering the overall ratings for BMI Coombe Wing, we have deviated from the standard aggregations rules. Whilst we identified a number of areas of concern which resulted in the safe domain being rated as requires improvement for medicine, the provider took a range of prompt actions following the inspection to resolve those issues. Whilst we have not re-inspected the service since our first comprehensive inspection, we have received evidence of the necessary changes having taken place during the preparation of this report. We have therefore taken those changes into account resulting in a deviation from our standard aggregation rules.

When considering the ratings, we have carefully considered all of the evidence available to us and have used our professional judgment to aggregate the final ratings. We have carefully considered the characteristics for ratings as set out in our guidance, and where we have identified that improvements are required, these have been identified within the individual core service reports; within the "must" and "should" section of reports and within the requirement notice sections of reports.

Requires improvement

Medical care

Safe	Requires improvement
Effective	Requires improvement
Caring	Good
Responsive	Good
Well-led	Good

Are medical care services safe?

Requires improvement

We rated safe as requires improvement.

Incidents

- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. Learning was based on a thorough analysis and investigation. Information about safety was highly valued and was used to promote learning and improvement.
- Incidents were reported on a handwritten form which was passed directly to the director of nursing to investigate and input onto a computer system. If the incident was non-clinical, it would be passed to the operations manager for investigation and actions.
- There were plans to move to an online reporting system in November 2016 and the ward had started staff training on the use of the new incident reporting system. We were told that when this was implemented, an email would be generated from a reported incident that would go to the relevant managers for investigation.
- Each week a quality handover document was prepared and talked through at all handovers for the week. This included updates on all incidents that had occurred recently, medicine updates, complaints received, training opportunities, announcements, infection control updates and any planned maintenance work. This involved a two-way discussion with staff about the subjects. We observed one of these handovers and saw that staff found it useful. A record was kept of which staff had heard the handover and previous weeks were available if a member of staff had been away. Staff we spoke with felt that this was a good way of communicating information and that they were informed of issues.
- There had been 64 clinical incidents reported on the ward in the period between July 2015 and June 2016. Most of these were recorded as no harm, with 18 incidents recorded as low harm and five as moderate harm recorded. This was a lower rate of incidents compared to other independent acute providers. Staff we spoke with provided us with examples of incidents that they would report.
- There were no never events on the ward in the last 12 months. (A never event is a serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined).
- Moderate incidents for medicine reported included three deteriorating patients, including two transfers from the ward to Kingston Hospital intensive care unit and a patient admitted with pre-existing pressure sores.
- Three incidents had been recorded as serious incidents and had root cause analysis (RCA) investigations completed. These were for an unplanned transfer, wrong labelling of blood in a tube and loss of a controlled drug. The RCAs conducted showed clear actions and shared learning from the incidents and identified how the information was cascaded to all staff members to prevent re-occurrence.
- The duty of candour is a regulatory duty that relates to openness and transparency, and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. This means providers must be open and honest

with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. It was reported to us that there had been no incidents where the duty of candour had been required to have been undertaken. However, three of the moderate incidents reported included those that would meet the criteria for duty of candour actions. One of these had documentation within the incident log that duty of candour actions were completed however the other two did not meaning that this may not have occurred. We were not able to confirm during the inspection what actions had been undertaken for these incidents.

- Managers and staff we spoke with were able to explain the principles of the duty of candour and identified times when they had apologised verbally to a patient when a complaint had been received and showed us where this was documented within the patients' notes.
- The ward provided palliative care services under a service level agreement with Kingston Hospital and had seven expected deaths during the period of July 2015 to June 2016. All deaths, were discussed at the clinical governance meetings. We saw documentation, including patient case discussion notes, which showed that these were also reviewed at the Kingston Hospital mortality and morbidity meetings by the treating consultant.
- The ward had recently had its first annual mortality and morbidity committee in September 2016 and we saw clear terms of reference and minutes for this meeting. The attendees included nursing staff and consultants. All seven patient deaths for the year had been discussed and it was reported in the minutes that it had been valuable for those attending. Learning from the meeting was shared with staff in the quality handover meetings.

Clinical Quality Dashboard or equivalent

- The ward submitted their results for audits on a monthly basis as part of the BMI Healthcare Limited schedule. This included elements of safety that were monitored such as falls (twice per year), and venous thromboembolism (VTE) assessment and treatment (monthly). Criteria regarding falls occurring and action taken were audited and results were 98% in January 2016 and 95% in July 2016. VTE assessment compliance was between 52% and 81% in the months from January 2016 up to July 2016. These results were benchmarked against the rest of the BMI healthcare group.
- The ward maintained a log of pressure ulcers, in addition to reporting these as incidents, and had documented four patients between January 2016 and August 2016 who had been admitted with a pressure sore. The log showed clear documentation and management plans for the patients, as well as consideration of further investigations. There were no incidents of pressure sores since August 2016 to the time of our inspection.

Cleanliness, infection control and hygiene

- The ward appeared visibly clean. We observed support staff cleaning throughout the day and undertaking this in a methodical and unobtrusive way.
- The corridor floor of the ward was lined with carpets. This was an infection control and prevention risk. However, a risk assessment had been completed for this, with additional carpet cleaning arranged if necessary. Permission had been obtained to have the carpets changed to vinyl and evidence was provided to show that this was completed in December 2016.
- There were no handwashing sinks in either the patient rooms or within the ward environment. This was not adequate provision in line with Department of Health guidance, in the event of a patient with infectious conditions such as diarrhoea and/or vomiting. Although this had not been put on the corporate risk register, the lack of sinks had a separate risk assessment completed, which demonstrated that the issue had been recognised and mitigation was in place with hand sanitisers and sinks within bathroom facilities. Senior managers told us they had agreement for four sinks to be installed by October 2016 in the medication room, utility room and two bedrooms that would be designated for patients with an infection risk. Evidence was provided to us to show that this was completed.
- However, none of the patient rooms had hand sanitisers directly outside them, and this is recommended as best practice. Additionally, six rooms did not have hand sanitisers immediately on entering the rooms, although they were available in other areas of the rooms. This meant that there was a risk that people entering and leaving the room would not use the gel and therefore

increase the risk of cross-infection. Evidence was later provided to us to show that 11 additional hand sanitiser dispensers had been installed in the ward corridor in October 2016.

- Audits assessing hand hygiene, that included whether staff used hand sanitiser appropriately and were bare below the elbow, were carried out each month and the results submitted to the BMI Healthcare head office. Recent results, from January 2016 to July 2016 showed the ward to be 100% compliant on these audits.
- An infection control committee met every two months and we saw minutes that evidenced that this committee reviewed ward infections, training, issues highlighted in audits and actions for staff that required cascading.
- The ward reported noincidences of methicillin resistant Staphylococcusaureus (MRSA), Clostridium difficile (C. diff) ormethicillin-sensitive Staphylococcus aureus (MSSA) inthe reporting period between July 2015 toJune 2016. MRSA, MSSA and C. diff are all infectionsthat have the capability of causing harm to patients.MRSA is a type of bacterial infection that is resistant tomany antibiotics. MSSA is a type of bacteria in the samefamily as MRSA but is more easily treated. C. diff is a formof bacteria that affects the digestive system and commonly associated with people who have beentaking antibiotics. The ward had reported two instances of **Escherichia coli** (E-Coli), which is a bacterial infection of the gut, however we did not see any further information on these cases or measure that had been taken to reduce these instances.
- Supplies of personal protective equipment (PPE) such as gloves and aprons were available and we observed staff using these during cleaning. We noted that all staff adhered to the "bare below the elbows" guidance in the clinical areas.
- We observed cleaning checklists had been completed for commodes and drip stands and green 'I am clean' labels were in use to indicate when equipment had been cleaned. There was a ward infection control lead nurse who undertook departmental audits. The monthly environment infection prevention and control audit for the ward showed 100% for compliance in most months except June and July 2016 when it had been 50%.
- Infection and prevention control training formed part of the mandatory training programme and was updated annually. Compliance rates at the time of the inspection for the awareness course was at 73% and for the high impact intervention training was at 83% against the ward target of 90%.
- We noted that management of sharps complied with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We saw when sharps containers were used they were dated and signed when brought into use and when full.
- The hospital had a service level agreement (SLA) with Kingston Hospital for the disposal of all waste materials including clinical waste. We observed clinical and domestic waste was segregated. Nursing and housekeeping staff safely managed clinical waste and non-clinical waste to ensure segregation and safe disposal.
- There was a contract with an external company to collect dirty laundry and replace with clean linen three times per week or as needed by the ward. Colour coded bags were used for the separation of used linen (contaminated linen). We were told that the system usually worked well, but there had been occasions when linen had not been delivered on time. This had only been three times within four years and on all occasions Kingston Hospital had loaned linen as required.
- The ward had a contract with an external company for two cleaners within the ward during the week. We saw records of the room and ward corridor area cleaning schedules including deep cleaning. We were informed that all rooms were cleaned at least once a day unless the patient requested that it wasn't a suitable time.
- During the weekend there was one cleaner on the ward between 7.30am and 3pm. We were told that if there was an urgent cleaning need outside of these hours, there was an arrangement for staff to contact the Kingston Hospital contract helpdesk, who would arrange cleaning. The cleaning staff were also trained as porters and would undertake these duties if they were not required for cleaning.
- Patient-led assessments of the care environment (PLACE) audits for 2016 showed the ward had achieved 100% for cleanliness. This was above the national average of 98%.
- Water supplies were maintained at safe temperatures and we saw evidence to show that regular flushing of the water system was done to minimise the risk of Legionella bacteria colonisation. The operations manager also attended and gave feedback to the water safety group run by Kingston Hospital.

Environment and equipment

Medical care

- The ward was located on the seventh floor of Kingston Hospital, and all patients rooms were en-suite with a television in each room.
- Most nursing staff said they had sufficient equipment needed to provide services and were able to access them when needed to care for their patients. A hoist was available if required to lift patients. However, we were told that the ward did not have equipment available for continuous cardiac monitoring, so patients that required this would not be accepted onto the ward. Twelve lead electrocardiograms (ECGs) machines were available.
- Storage facilities for equipment within the ward were well-organised. Single use equipment such as syringes, needles and oxygen masks were readily available on the ward. However, we checked 10 items of equipment and found that two dressing types were past their use by date and bottles of chlorhexidine (a liquid used to clean the skin), had expired in the month of inspection. We raised this with the director of nursing and these items were removed straight away.
- The ward had its own kitchen where meals were prepared. This kitchen had been awarded five stars in the food hygiene rating standards by the food standards agency.
- Equipment we saw was safety tested. We saw documentation with servicing dates recorded for all equipment held on the ward.
- Resuscitation equipment for adults, children and babies were in order, well maintained and ready for use in an emergency. Resuscitation trolleys were checked daily and records kept demonstrated that checks had been completed. Expiry dates of items were highlighted for easy identification of which items were due for re-ordering. The resuscitation trolleys were secured with tamper evident seals.
- Shower cubicles within each bedroom had a step that may have been difficult for patients with reduced mobility. Nurses told us that they would assist patients where required or they offered the use of a step-free shower in a neighbouring ward, as part of an agreement with Kingston Hospital, or a bath on the ward with a hoist.
- Patient-led assessments of the care environment (PLACE) audits for 2016 showed the ward had achieved 96% for condition, appearance and maintenance. This was above the national average of 93%.

Medicines

- A service level agreement (SLA) was in place with Kingston Hospital pharmacy and the pharmacist from the hospital visited the ward daily from Monday to Friday to offer medicines management support. The SLA included access to medication at night or at weekends which could be dispensed to named patients as required. In addition, the SLA included access to Kingston Hospital's emergency drug cupboard.
- The pharmacist was responsible for screening drug charts, medicines reconciliation, ordering the TTO (to take out) medicines for dispensing to patients and giving information to patients on specific medicines use.
- All chemotherapy drugs were pre-prepared and delivered to the ward by the pharmacist under an SLA for use by specialist nurses employed on bank contracts.
- The ward followed the Kingston Hospital medicines management policy, which included procedures for management of controlled drugs (CD). CDs were checked on a daily basis and correctly documented in the CD register, with access to them restricted to authorised staff. We found that stock balances reconciled to the quantities recorded in the register with no discrepancies. We saw evidence of a controlled drug audit that had been carried out in May 2016, which had a clear action plan where issues had been noted, including correct documentation of wastage. All actions relating to these issues raised had been completed in July 2016 and the ward was waiting for a follow up audit.
- One incident had been reported in January 2016 of the loss of six tablets of tramadol, a controlled drug used for managing pain. An investigation using the root cause analysis had been completed for this and there was clear learning and actions identified. There had been no reoccurrences of this, or similar incident following this learning.
- Medication trolleys were stored on the ward corridor and were locked to the wall for security. They were kept locked, except during medication rounds when a nurse would be with the trolley at all times.
- Resuscitation trolley drugs were available and kept secured when not in use, to keep them safe.

- Room and fridge temperatures were recorded on a daily basis, and were found to be within the recommended range. Nurses were aware of actions to take if the temperatures were outside the normal limits including contacting the pharmacist and the director of nursing.
- Staff had access to the British National Formulary (BNF) as well as all policies and information relating to medicines management (including the Kingston Hospital antimicrobial formulary).
- The medicine management policy used was the Kingston Hospital policy and was up to date with a clear review date.
- Staff competencies for administrating medicines were assessed by the senior nurses. We found evidence that these were undertaken on a three yearly basis.
- Staff understood and demonstrated how to report medicine safety incidents. We saw minutes of clinical governance meetings with medication issues discussed at each. The Kingston Hospital pharmacist attended the ward clinical governance meetings. Information was cascaded to staff using the quality handover.
- We found that allergies were recorded on the drug charts, alongside other sections such as patient identifiable details, syringe pump details and when required (PRN) medicines.
- There was clear evidence of medicines audits including a ward management audit every three to six months, a missed dose audit every two to three months and a quarterly management audit carried out by all BMI hospitals for benchmarking. The results of the February and May 2016 medicine management quarterly audits were 96% and 97% respectively.

Records

- Records for patients were a mixture of electronic and paper records. We reviewed three sets of patient records and found they were legible and detailed. Information recorded showed diagnosis and management plans were identified, nursing assessments and care plans had been completed. Risk assessments had also been completed which included pressure ulcer risk assessments, venous thromboembolism (VTE), nutritional and falls risk assessments.
- All ward staff had access to the electronic records through the Kingston Hospital's computer record system and there were terminals available throughout the ward to access these.
- All paper records were kept securely. Medical paper records were kept in a secure trolley behind the reception desk and nursing records were kept in the patient's rooms. After discharge, records were stored within Kingston Hospital's medical records department.
- Handover sheets with patient details on them were shredded at the end of each shift.
- A medical records audit was carried out every month and completion levels ranged from a low of 79% to a high of 94% since January 2016 to the time of our inspection. The criteria assessed included patient details, consent, anaesthetic and nursing notes, bed rails assessments and discharge notes. Results were fed back to staff as part of the quality handover.

Safeguarding

- There was a safeguarding children and vulnerable adult policy. The director of nursing was the safeguarding lead for the ward and she was level three trained, so safeguarding issues could be investigated in a management capacity. There was an agreement for additional advice to be requested where required from the Kingston Hospital safeguarding lead nurse. There had been one safeguarding concern reported in the last year.
- Nursing staff were aware of their safeguarding responsibilities and had specific safeguarding awareness training. They were able to describe different types of safeguarding concerns and abuse and could explain how they would respond if they witnessed or suspected abuse.
- Safeguarding training was part of the mandatory training requirements and was required to be completed every two years for all levels, one, two and three (for staff working with children). Staff that had completed safeguarding adults level three training, had to have update training every three years. An additional module on PREVENT training (identifying those at risk of radicalisation) was also part of the mandatory training to be completed every three years. Safeguarding children training completion for staff was 90% for level one, 100% for level two and 50% for level three. Safeguarding adults training completion for staff was 85% for level one and 100% for both level two and level three against the ward target of 90%.

Mandatory training

- The ward had a clear structure for mandatory training requirements and the time intervals that they were required to be completed by. This included a mixture of training delivery such as e-learning, workshop, policy reading and assessment. The training included health and safety, information governance, documentation, manual handling and resuscitation.
- Levels of compliance for completion of mandatory training were at 93%, above the target of 90%. Staff on the ward had completed a significant amount of training during the summer months. Staff we spoke with were aware of the requirements for mandatory training and told us they were given time to complete this.
- The majority of bank nurses employed had a substantive contract at Kingston Hospital and had completed their mandatory training there. Bank staff training records were recorded on an electronic training records system. There was a plan for the future for them to be provided with access to the BMI Healthcare e-learning package.
- The ward worked closely with Kingston Hospital to ensure consultants working with practising privileges, undertook their mandatory training with them as part of their appraisal system. It was part of the BMI policy that this was supplied each year by the consultant to the ward.
- The resident medical officers (RMOs) received mandatory training via their recruiting agency and details provided to the ward. They also had access to any local training held at the ward.

Assessing and responding to patient risk

- The ward had a specific admissions policy that was reviewed annually. This included comprehensive inclusion and exclusion criteria. The admitting consultant had to have accepted responsibility for the care of the patient to ensure that the predicated care and treatment required could be provided by the hospital. Exclusion criteria included those needing invasive cardiology, those needing critical care, unconscious patients and those deemed unsafe for admission following a triage of presenting symptoms. This meant that that the ward was able to safely manage the acuity of patients admitted.
- Clinical observations such as pulse, oxygen levels, blood pressure and temperature were monitored for patients in line with NICE guidance CG50 'Acutely Ill-Patients in Hospital.' The ward used a scoring system known as national early warning scores (NEWS) to identify patients whose condition was at risk of deteriorating and a sheet showing this and the escalation information was available on a clipboard in each room next to the patient's records. The patient health record audit completed every month, audited use of these scores and identified where improvements were required and this was fed back to staff.
- A Resident Medical Officer (RMO) was available on the ward to respond to concerns that staff had about a patient's medical condition 24 hours a day, seven days per week. They were provided by an external agency.
- A Kingston Hospital Blue Book provided local guidelines for treatment of common emergencies and was referred to by staff we spoke with as a useful aide memoire.
- The ward had a service level agreement with Kingston Hospital for the critical care outreach team and the resuscitation team, who were available 24 hours a day, seven days a week and they would be called in the event of an emergency. In addition, there was access arranged with the medical registrar on duty at Kingston Hospital to support the RMO if the consultant was not immediately available. The Kingston Hospital resuscitation team had only been contacted three times between June 2015 to July 2016 and had attended the ward each time.
- An emergency transfer policy was in place on the ward. Three patients had been transferred to other departments within the hospital where the ward was based, such as the intensive care unit, during the last 12 months. The policy had been updated in March 2016 following an incident where a patient had to be transferred to another NHS hospital, as it had previously been unclear whose responsibility it was to call 999. The policy was within a folder at the ward reception and included an area where staff could sign to show that they had read and understood the policy.
- Although there had been a low number of patient falls on the ward, a proactive response for further prevention had been undertaken by the nursing team. Risk assessments were carried out for those at risk of falling and extra nurses were arranged for one to one care if required. Falls alarms and non-slip socks were available to be given to patients and there was a specific post fall care plan completed if required.
- The ward reviewed all patients prior to accepting them onto the ward and did not take patients that the reviewing consultant deemed high risk. The selection

criteria meant that patients who may deteriorate, were cared for elsewhere, which reduced the risk of a deteriorating patient requiring a transfer to another ward or hospital.
- Resuscitation scenarios were run on the ward by an external provider. Six such scenarios were undertaken every year. These were adjusted for specific situations that may present on the ward. Additional scenario work was also undertaken with Kingston Hospital.

Nursing staffing

- The ward employed 16 nursing staff and four healthcare assistants. The ward had no vacancies at the time of our inspection and staff turnover was low in comparison to similar providers.
- A BMI Healthcare staffing acuity tool was available to be used to determine the level of staffing on the ward. However, we were told that this was sometimes not relevant to the service as it had been built for a larger hospital environment.
- We reviewed the rotas for August 2016 and found that on each day shift, there were three nurses and one healthcare assistant and on each night shift there were two nurses and one healthcare assistant, which was suitable for the number and acuity of patients on the ward.
- All staff we spoke with said there were sufficient staff to meet patient needs. The ward establishment was stable, but due to the nature of admissions, staffing sometimes had to be flexible. We were told that staff were often flexible and swapped working days in order to provide the required staffing cover. Staff we spoke with were happy with this arrangement.
- Bank and agency staff were used by the ward when required to supplement the staffing rota when additional specialties were required. In the first half of 2016, the average percentage use for bank and agency was 16%. More bank were used than agency at a ratio of six bank staff for every agency nurse and we were told this was usually to cover short notice sickness or when one to one care was needed for a patient. An induction was provided for new staff to the ward.

Medical staffing

- Clinical care was consultant-led and consultants provided personal cover for their own patients 24 hours a day, seven days a week. They also provided cover for other consultants with practising privileges at the ward during annual leave and other leave of absence. Each consultant with a patient on the ward saw them daily, with a few exceptions for longer stay patients. In these circumstances, the consultant might telephone the RMO at the weekend, and liaised with the RMO to ensure care reflected individual patient needs. The RMO and nursing staff told us they were able to contact consultants when required, including out of hours in an emergency.
- An RMO was available on the ward 24 hours a day, seven days a week and provided medical support to patients. These RMOs were recruited from an external agency. The ward regularly used the same two RMOs who would each cover seven days within the ward at a time, to ensure continuity of care and minimise risks to patients. Occasionally, if they were on leave, another RMO with the required skills and qualifications from the same agency would provide cover and would undertake an induction on the ward prior to starting work.
- The ward provided us with documentation that stated the RMO was rarely required to be woken during the night; on average less than once per month. This meant that the RMO would have enough rest to be able to provide medical care as required over the days when they were on duty. We were told by the RMO that they would arrange rest time with the nursing staff if it was required after being woken at night. As patient's were reviewed by their consultant most days then the RMO would be able to have adequate rest.
- The outgoing RMO would carry out a handover with the incoming RMO on changeover. We saw that RMOs also attended the morning and evening handovers with the nursing staff on the wards. During these handovers, each patient needs were discussed and admission updates were given. This ensured they were informed of the nature and acuity of all patients on the ward.

Emergency awareness and training

- A mutual aid agreement was in place between Kingston Hospital and the ward to provide additional bed capacity in the event of a major incident. Staff we spoke with were aware of the policy and informed us they would follow instruction in the event of an incident. A simulation of a bomb threat had been conducted in March 2016, following training which 13 staff had taken part in.

Requires improvement

Medical care

- An emergency pack was available which included what staff should do in the event of loss of incoming mains water supply and loss of mains electricity. Staff had signed to indicate that they had read the contents of the emergency pack.
- A hospital-wide fire alarm test took place on a weekly basis and we saw records of when this had been completed. Fire awareness training was part of the ward mandatory training and was completed annually and training compliance at the time of our inspection was 65%. All staff we spoke with understood their responsibilities if there was a fire within the building. Staff confirmed that an emergency generator was available and was also tested monthly.

Are medical care services effective?

Requires improvement

We rated effective as requires improvement.

Evidence-based care and treatment (medical care specific only)

- Policies used were a mixture of BMI corporate policies, Kingston Hospital NHS Foundation Trust policies and local ward policies. The resuscitation policy was based on UK Resuscitation Council guidelines. Other policies were based on NICE guidance, such as the national early warning system (NEWS) used to assess any change in a patient's condition that was in line with NICE guidance CG50.
- We saw evidence that policies were discussed in clinical governance minutes. The quality handover highlighted when a policy had been changed. We saw hard copies of policies, including the transfer policy and transfusion policy where staff had signed to show that they had read these.
- The ward used Kingston Hospital's clinical guidelines for all care pathways and updates of these were undertaken by the hospital and these were available to staff on computer terminals within the ward.
- All policies and pathways that we saw, whether they were BMI corporate policies, Kingston Hospital or local pathways were compliant with current guidance and best practice. They all had a review date and they were all in date. Staff we spoke with were aware of which policy was used in each circumstance and said that the use of different sources of policies worked well for the ward location and working practices.
- The ward had undertaken a self-assessment checklist to review the recommendations made by the National Confidential Enquiry into Patient Outcome and Death 'Just Say Sepsis' report 2015. This showed that out of the 15 recommendations, the ward met 13 of them and had plans to action the other two recommendations by the end of 2016, which they were confident of achieving.

Pain relief

- Patient's pain levels were assessed and we observed information about pain levels and management shared at the handovers between staff.
- The ward had access to the Kingston Hospital pain specialist nurse through a service level agreement (SLA). The RMO had the contact details for Kingston Hospital pain management team to contact if they required support in managing a patient's pain.
- Patients receiving end of life care were referred to the Kingston Hospital palliative care team for support, including a minimum of four-hourly pain assessments.
- Pain management audits were completed twice a year and records from February 2016 showed that 90% of patients felt their pain was managed well.
- Results of the ward patient satisfaction survey showed that in the year between August 2015 and July 2016, in answer to the question 'Was your pain controlled' there had been an increase from a 91% to 100% positive response.
- The ward carried out a telephone call to patients within 24 hours of discharge and asked the question 'Have you taken your pain medication as prescribed?' Advice was then given to patients about pain management if required.

Nutrition and hydration

- The ward had its own servery, and the chefs were willing to prepare any specific foods to meet patients' preferences and needs, such as lactose intolerant, and coeliac disease as well as religious diets.
- We heard nutrition requirements being discussed for each patient during the shift handover so that nurses were aware of the needs of their patients. Nursing notes we reviewed contained fluid intake and output

monitoring on fluid balance sheets as well as completed malnutrition universal screening tool (MUST) assessments. Dietician input could be arranged through Kingston Hospital if required.

Patient outcomes

- The ward did not undertake audits that were appropriate for the medical care and treatment being delivered on the ward. For example, despite cardiology patients being treated on the ward, we were not told of or shown any evidence of relevant audit submissions, this meant that the service was unable to monitor outcomes of patients and compare their results with other services.
- The ward took part in a monthly audit cycle that was set by BMI and the ward was benchmarked against other BMI hospitals. Some audits were completed each month such as venous thromboembolism (VTE) prevention documentation. Other audits, such as resuscitation were completed once or twice a year. The compliance on the VTE audits ranged from 52% up to 87%, however the resuscitation and intrathecal audits showed compliance of 97% and 100% respectively. Work was being done with the RMO and consultants to communicate the importance of appropriate VTE prevention documentation in order to improve in this area before the next audit.
- Respiratory patients were the second largest group of medical patients cared for on the ward. The ward had undertaken an antimicrobial audit in July 2016 including patients with respiratory disease that showed that all but three of the 11 outcomes were over 90%, which was the target achievement. There were actions in place to feedback to consultants on appropriate documentation for improvement at the next audit in these areas below target.
- All microbiology results were reviewed every week and notes requested where there were details of a urinary catheter in place. The details of where the catheter had been inserted would be noted and a urine sample taken if required to test for infection. The most recent results of this audit were between 75% and 100% with the most common reason for the lower results being the positioning of the drainage bag. No urine infections had been found to have occurred within 48 hours of a catheter being inserted on the ward. However, in the event that an infection was found ward policy was that a root cause analysis investigation would be undertaken.
- All patients who had been discharged from the ward had a follow up phone call made to them within 24-48 hours of their discharge. An audit had been completed for the post-operative calls within the last two weeks of August 2016. The results of the 17 calls audited showed that pain control was the most frequently mentioned issue and that analgesia advice given was documented. In addition, the questions within the call were changed in order to identify improvements required to the discharge process and the information provided to patients.

Competent staff

- Practising privileges for medical staff were only given to consultants who were employed by Kingston Hospital NHS Foundation Trust. We saw documentation that showed the Medical Advisory Committee (MAC) discussed, reviewed and approved all new applications. Kingston Hospital's revalidation officer forwarded the appraisals and revalidation checks undertaken in Kingston Hospital. The ward maintained a local tracker of these and also of consultant's indemnity insurance review dates.
- The MAC chair told us that if there was a problem with a consultant, work would be undertaken jointly with Kingston Hospital's medical director and investigations would be done jointly. They had not had to take any actions since the ward had opened.
- The ward had systems in place to ensure qualified doctors and nurses' registration status had been renewed on an annual basis. There was a process in place, as part of the MAC practicing privileges review to ensure doctors had undergone revalidation.
- The ward accessed training for staff from a wide variety of sources including Kingston Hospital and BMI corporate provision. Recent examples of extra training undertaken by staff on the ward included: Acute illness management trainer; sepsis training; advanced life support; acutely unwell adult university module and dementia training. Five funded study days were provided each year and learning these was shared through notice boards and 'spotlight' presentations.
- Staff told us they were encouraged to join national groups and societies and attend meetings and conferences.
- The ward employed one specialist respiratory nurse and had access to additional specialist nurses who were employed on the bank register, such as haematology

and urology. In addition, staff were able to access the services of specialist nurses through Kingston Hospital if required for specialties such as diabetes, stoma care, breast care, palliative care, cardiac nursing and Parkinson's disease.

- Management of nurses was carried out within three teams led by the director of nursing, ward sister and a junior charge nurse. They undertook appraisals for the nurses within their team and during the reporting year of October 2015 to September 2016, the ward had documentation showing 100% of staff had completed their appraisal. Staff told us they were well supported for development. However, we were told clinical supervision was not carried out formally, despite there being a BMI policy on how this should be undertaken.
- Seven nurses had completed their revalidation and had been supported to do this as part of the appraisal process.
- We saw competency documentation completed and in date for nurses and most of these were completed on a three yearly basis. However, some others, such as the blood transfusion refresher policy, was completed annually. Staff also undertook self-assessed competency checklists on an annual basis which were reviewed by their clinical manager.
- As there was a mixture of medical and surgical patients on the ward, all nurses completed competencies that were suitable for both patient groups. Staff we spoke with said they were never asked to work outside their skills and competencies.
- Two nurses from the ward were named as link nurses for end of life care and both attended palliative care link nurse meetings within Kingston Hospital to share learning and review new policies.
- Student nurses who were placed on the ward were supported by mentors within the ward.
- New staff attended both the BMI induction and the Kingston Hospital induction in order to ensure that they were knowledgeable about all the areas required. Staff we spoke with reported positively about their induction.
- The temporary RMO told us about the induction that they had received which included briefings from the operations manager, midwife and pharmacist. They said that they felt the process had been 'well organised' and they were confident to carry out their job.

Multidisciplinary working

- The ward did not employ any therapists directly. Physiotherapists and occupational therapists from Kingston Hospital saw patients on the ward under a service level agreement (SLA).
- Multi-disciplinary discharge planning meetings were carried out at either 14 or 24 hours prior to discharge and included therapists, consultants and nursing staff.
- We observed good interactions between ward nursing staff and other healthcare professionals when patients were moving between services that were provided by Kingston Hospital and the ward.

Access to information

- Ward staff were able to get access to patients' blood test results using the Kingston Hospital electronic records. There were multiple terminals available within the ward for this purpose. In addition, urgent results were phoned through to the ward directly.
- X-rays and scan results could be viewed on the patient archiving and communication system (PACS). If the results were required urgently, the radiologist would phone the consultant directly with the report.
- Compliance with test and scan results turnaround times was discussed at the partnership operational meetings or directly with the service manager if required.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Training on consent was provided to all staff once and refresher training carried out as part of safeguarding adults training every two years. Records showed that 100% of staff had received consent training and 100% were compliant with up to date safeguarding adults training.
- We heard staff asking patient's for consent to take observations and carry out assessments during the inspection.
- We saw clear assessment of capacity forms that were completed if required for each patient and for each decision when capacity was in doubt. Staff were clear about best interest decisions and had all signed the policy to confirm their understanding of the process.
- Forms outlining 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) were coloured red and easily accessible at the front of patient's notes when required. None of these were required for the patients on the ward during our inspection and therefore we did not see any that had been completed.

Medical care

- Staff reported they had attended training on Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training. Staff we spoke with were aware of the requirements of their responsibilities as set out in the MCA and Deprivation of Liberty Safeguards. Staff had not had to implement a Deprivation of Liberty Safeguard, they told us they would request support from the Kingston Hospital safeguarding teams if patients required this.

Are medical care services caring?

Good

We rated caring as good

Compassionate care

- Throughout our visit, we observed patients were treated with dignity and respect. We observed all levels of staff respectfully knocking on bedroom doors and waiting for a response before entering, and introducing themselves before undertaking any patient care.
- All patients were provided with dressing downs on arrival in the ward to ensure privacy and dignity when they needed to leave their room.
- The ward took part in the friends and family test and results were compared with other BMI hospitals. The results for August 2016 showed there was a 17% response rate for the long form and a 28% response rate for the postcard response, however we were not provided with information about how this rate compared to other hospitals. All patients who responded recommended BMI Coombe Wing to have treatment and rated care as excellent or very good.
- Staff knew about the chaperone policy and notices for patients were displayed in clinical rooms.
- Patients we spoke with told us they had received very good care. Comment cards received from patients included the comments “very supportive and attentive team”, “the quality of care is excellent” and “staff were great, very caring.”

Understanding and involvement of patients and those close to them

- We saw patients being welcomed onto the ward. They were shown to their room and orientated to the ward and the facilities available.
- Patients in the ward stated they were kept informed about their care, involved in any decision-making, and were listened to at all times by the nurses and doctors. One stated “they take the time to listen and explain what is going on.”
- Patients told us doctors and nurses discussed their care with them and their family as appropriate. Self-funded patients received information on finance arrangements. A comment card received stated “The consultant listened to all issues and ensured he took the time to discuss them.”
- All the patients we spoke with, told us they had been provided with relevant information, both verbal and written, to make an informed decision about their care and treatment. The provider subscribed to an online system for patient information regarding the treatment they were offering. This system meant nurses or medical staff could print out an up to date information leaflet about the procedures being offered that the patient could take away.

Emotional support

- Staff told us that relatives were encouraged to stay on the ward, particularly with patients receiving end of life care and if it was felt it would be beneficial, to the patient. Portable beds were provided for them in a larger room with the patient.
- Kingston Hospital’s chaplain visited the ward to provide emotional support to patients. This was not done on a regular basis however nurses were aware of how to contact them if a patient requested this.

Are medical care services responsive?

Good

We rated responsive as good.

Service planning and delivery to meet the needs of local people

- Visiting hours were flexible to accommodate the requirements of all patients on the ward.
- The ward had provided care for 99 NHS patients over the last year on request from Kingston Hospital. Most of

these had been day case admissions however 33 were inpatients. Planning was being undertaken for five beds to be dedicated provision for NHS patients over the winter period of November 2016 to February 2017 provided additional capacity to Kingston Hospital. Early discussions for this meant that planning to ensure appropriate staffing was being undertaken. The majority of the NHS patients planned for admission were those recovering from elective surgery but some would be medical patients.

- Most admissions to the ward were pre-planned so staff could assess and plan patients' care needs before treatment. This allowed staff to plan patients' care to meet their specific requirements, including cultural, linguistic, mental or physical needs.

Access and flow

- Patients could be admitted as a planned admission or an unplanned admission. For unplanned admissions the GP would usually phone the consultant and request admission and the patient would be asked to attend Kingston Hospital emergency department. The patient would be reviewed by the consultant, either prior to ward admission or once the patient was on the ward. Additionally a ward nurse would go to the emergency department to meet the patient and determine whether they were suitable to be nursed on the ward. Once the patient was moved to the ward the RMO would carry out an assessment. We were told that this worked well and the nurses were confident in determining if a patient was not suitable and would be better cared for in the emergency department or a Kingston Hospital inpatient ward.
- Patient's receiving end of life care within Kingston Hospital could request access the ward for private care and they would be admitted to the ward under the care of a private consultant. The patients were reviewed by Kingston Hospital palliative care team which included a palliative care consultant and palliative care nurses. The nursing care was provided by ward staff and there were two ward link nurses that attended Kingston hospital palliative care meetings in order to share learning and review new policies.
- All patients were given a discharge pack with contact details of the ward if they had any concerns after they had left the ward. Additionally, patients were contacted by one of the ward nurses by telephone within 48 hours of their discharge and provided with further help and advice. Discharge summaries were typed by the nurses and hard copies printed. One copy was given to the patient, one was posted to the GP, or sent electronically if on the Kingston Hospital system, and one copy was placed into the notes which were stored. The medical secretaries would type up the consultant's report and send a copy to the patient and the GP.

Meeting people's individual needs

- The ward had responded to their Patient-led assessments of the care environment (PLACE) survey results and redecorated one of the rooms so it was a more dementia friendly environment. This included a coloured door for the bathroom to make it easily identifiable. In addition some specialist activity items and a music player had been purchased for patients living with dementia to use during their stay. Most staff (91%) had received dementia training within the last year and one of the nurses had taken on a lead nurse role for this area.
- Staff had not undertaken specific training on caring for patients with learning disabilities as it was extremely rare that a patient with those needs attended the ward. However staff were aware of support that they could ask for from Kingston Hospital if one was admitted.
- Face to face translation services could be booked in advance and telephone translation was available easily when required. The information leaflets provided by the hospital to patients, from the online service were available to be printed off in different languages should this be required.
- Patients had access to a multi-faith room on a different floor of Kingston Hospital if they required it.
- Menus catering for different dietary requirements, including halal food were available.
- The ward had a bath, complete with specialist hoist, for patients who were not able to use a shower or preferred a bath. The base of the bath could be raised so that it was more easily accessible for patients. In addition a larger shower cubicle was available for patients on the next door ward if required.
- Hearing loops were available at the front desk for patients who required this facility.

Learning from complaints and concerns

- The ward had received only five complaints within the last year. Additional evidence was shown to us of times

when staff had responded to feedback from patients, including new towels and dressing gowns, change to discharge medication prescription and redecoration of rooms.

- We reviewed these five complaints and found that there was clear evidence that in most cases people were supported, the complaint was investigated and that the complainant had been responded to in writing or in person. There was one example of less compassionate language used in a response. We raised this with the ward management and they agreed to review it.

Are medical care services well-led?

Good

We rated well led as good.

Vision and strategy for this this core service

- The vision and strategy of the ward was to provide the best care that they could and be a provider of choice for the area. This was understood by staff that we spoke with.
- The strategy priorities were set at a corporate level and were not ward based so there was limited engagement from the ward in setting the strategy. It was a strategy for the BMI group rather than one for the ward. However; local priorities set out included refurbishment of the ward and a future of an ambulatory care system.

Governance, risk management and quality measurement

- There was a governance structure with committees such as infection control, medicines management and health and safety, feeding into the medical advisory committee (MAC) and ward management team.
- The ward had significant links with Kingston Hospital and this was reflected within their meeting and governance structure where representatives sat on meetings, including clinical meetings which then fed back to the ward. This included the hospital resuscitation committee and the trust board meeting.
- Service level agreements (SLAs) with Kingston Hospital were managed within monthly meetings between the hospital commercial manager and ward management team. There was also a partnership board that met quarterly to discuss and review issues between the ward and Kingston Hospital. In addition the director of nursing, operations and the ward director attended corporate meetings with BMI where information was brought back and fed back to managers. Managers reported no issues with fulfilment of SLAs and we reviewed some of these on the days of our inspection and noted no gaps for service provision.
- The MAC meeting was held every two months and followed the BMI corporate format. Minutes showed that this was poorly attended by consultants, with only five attendees at the meeting in July 2016, and only two consultants, which was a very small representation of the numbers holding practicing privileges however there were efforts being made to improve this, such as evening meetings in order to encourage attendance.
- The clinical governance meetings were held every two months. The minutes showed evidence that incidents, complaints and the local risk register were discussed and identified any action points from these decisions. Information was fed back to staff as part of the quality handover.
- There was a ward risk register which was updated regularly as part of the clinical governance process. Risks listed reflected those that we saw during the inspection and staff told us were concerns.
- Key updates from the meetings would be added to the quality handover document would be prepared and talked through at all handovers for the week. This process demonstrated a robust way of information being cascaded from meetings and shared with all staff.

Leadership and culture of service

- The ward leadership team also led the medical, surgical, outpatient and maternity care services.
- The ward subscribed to the BMI healthcare values that followed the '6 C's'; Care; compassion; competence; communication; courage and commitment. Staff we spoke with were aware of these values and felt they were important, All staff were passionate about provision of good care to patients.
- All staff we spoke with were proud to work for the ward and described the supportive team environment. Two staff said 'it was just like a family'. Managers told us that they were proud of the staff and the skills they provided to patients.
- Staff we spoke with commented that one of the best things about working on the ward was the quality of care that they were able to provide for patients.

Requires improvement

Medical care

Public and staff engagement

- Staff were encouraged to develop areas of interest and most had a role as a link nurses' in various specialities which included infection prevention and control, wound care, palliative care, respiratory nursing and dementia. These link nurses were given the time to attend meetings and training at both BMI corporate and with Kingston Hospital where appropriate and empowered to develop new processes and provide training sessions to other staff.
- Examples of staff improvement ideas included music being purchased specifically for patients living with dementia and purchase of a games console that assisted with mobility.
- The results from the recent staff survey, which had a 68% response rate, showed that 93% of those who responded were clear about their objectives and that their line manager talked to them about changes that affected them. The results had improved from last year with 85% of respondents saying they were committed to doing their very best for BMI.

Innovation, improvement and sustainability

- We were told of an algorithm that had been developed to assess the risk of patient falls and the precautions to be taken if a patient was deemed at risk.

Not sufficient evidence to rate

Surgery

Safe	Not sufficient evidence to rate
Effective	Not sufficient evidence to rate
Caring	Not sufficient evidence to rate
Responsive	Not sufficient evidence to rate
Well-led	Not sufficient evidence to rate

Are surgery services safe?

Not sufficient evidence to rate

Inspected but not rated.

Incidents

- For our detailed findings please read this section in the medicine report.
- The one moderate incident specific for surgery reported was an unplanned return to theatre.
- The duty of candour is a regulatory duty that relates to openness and transparency, and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. This means providers must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. It was reported to us that there had been no incidents where the duty of candour had been required to have been undertaken. However, the moderate incident reported for surgery met the criteria for duty of candour actions and it was documented within the incident log that these actions were followed.

Cleanliness, infection control and hygiene

- For our detailed findings please read this section in the medicine report.
- One surgical site infection (SSI) had been reported on the ward during the period July 2015 to June 2016.
- All theatre services, including the sterilisation of instruments were provided by a Service Level Agreement (SLA) with Kingston Hospital.

Environment and equipment

- The ward had a service level agreement (SLA) for the use of the theatres within Kingston Hospital. All theatre equipment was supplied and maintained by the hospital.
- Patients having cosmetic surgery implants had the required prosthesis requested on the booking forms. After surgery had taken place the details, including make/serial number/expiry date were logged in the theatre's implant diary, as well as directly into the patient's notes. The patient was also provided with the same details for their own records on an implant card. There was a plan to enter information onto the breast and cosmetic registry once it went live in the middle of October 2016.
- For our detailed findings please read this section in the medicine report.

Medicines

- For our detailed findings please read this section in the medicine report.

Records

- Pre-operative assessment documentation was carried out following the BMI pre-operative policy on the BMI paperwork. This was written documentation and contained a comprehensive health questionnaire that was given to patients to complete prior to their pre-assessment appointment. The assessment record was a paper one and staff at Kingston Hospital theatre said it was of a 'good quality'. The record was stored within the patient's main record.

Not sufficient evidence to rate

Surgery

- For our detailed findings please read this section in the medicine report.

Safeguarding

- For our detailed findings please read this section in the medicine report.

Mandatory training

- For our detailed findings please read this section in the medicine report.

Assessing and responding to patient risk (theatres, ward care and post-operative care)

- The ward had a specific admissions policy that was reviewed annually. This included comprehensive inclusion and exclusion criteria. Ward policy was for patients to have a face to face pre-admission assessment, if they were undergoing procedures that needed admission to the ward. Day case patient pre-assessment interviews could be carried out with a telephone call, but if significant issues were highlighted, this would be changed to a face to face assessment. This assessment would identify any risks to the patient based on their medical history, whether these risks could be minimised and if the ward could safely care for them. Any patients that had not attended the pre-assessment clinic were fully assessed by a registered nurse on admission prior to surgery. The pre-assessment included blood tests, an electrocardiogram and an MRSA swab.
- The 'five steps to safer surgery' checklist is a process that involves a number of safety checks before, during and after a procedure. As all surgical procedures were carried out within the Kingston Hospital theatres under an SLA then there were no separate audits for patients from the ward. However, Kingston Hospital conducted audits that included BMI Coombe Wing patients having procedures by consultants with practicing privileges and results from between August 2015 and June 2016 showed that this had been completed consistently at in 100% of cases.
- We were told that access to psychology and second opinions for patients from other consultants were regularly arranged by the cosmetic surgery consultants. However we were unable to substantiate this as it was not relevant information in any surgical records that we looked at.
- For our detailed findings please read this section in the medicine report.

Nursing and support staffing

- All theatre staff were provided by Kingston Hospital under an SLA.
- For our detailed findings please read this section in the medicine report.

Medical staffing

- For our detailed findings please read this section in the medicine report.

Emergency awareness and training

- For our detailed findings please read this section in the medicine report.

Are surgery services effective?

Not sufficient evidence to rate

Inspected but not rated.

Evidence-based care and treatment

- The ward followed General Medical Council (GMC) guidelines for cosmetic surgery, updated in June 2016 as well as the Royal College of Surgeons Professional Standards for cosmetic surgery published in April 2016.
- The pre-assessment team followed the BMI policy which was based on National Institute for Health and Care Excellence (NICE) guidelines. Although the policy had not been updated since the latest guidance had been published in April 2016, the ward used the most up to date pathway algorithm, published by NICE in September 2016 determine the tests required. In addition some consultants requested additional blood tests carried out for their patients under local specific guidance.
- For our detailed findings please read this section in the medicine report.

Pain relief

- Pre-assessment nurses provided advice booklets on pain to patients pre-operatively, with any issues discussed and existing issues documented and highlighted. For patients having a phone call pre-assessment, this was discussed verbally.

- Pain scores were recorded along with clinical observations following surgery and documented within nursing notes on the national early warning scoring (NEWS) observation chart.
- Pain management audits were completed twice a year and records from February 2016 showed that 90% of inpatients and 88% of day-case patients felt their pain was managed.
- The ward carried out a telephone call to patients within 24 hours of discharge and asked an additional question patients discharged after surgery of 'Have you had good post-operative pain control' as well as the standard question of 'Have you taken your pain medication as prescribed?' Advice was then given to patients about pain management if required. An audit of these calls was carried out in August 2016 of 17 calls and this found that pain control had been an issue for some patients however this had been addressed with analgesia medication advice.
- For further detailed findings please read this section in the medicine report.

Nutrition and hydration

- For every patient admitted we were told that a letter was sent to them giving fasting advice on when they needed to stop eating and drinking. For patients having a pre-assessment this was also discussed within the appointment.
- For our detailed findings please read this section in the medicine report.

Patient outcomes

- The service submitted data to the National Joint Registry about the knee and hip joint replacement procedures undertaken. Since January 2016 12 patient's details had been submitted, however no feedback had yet been received.
- The ward submitted data in a yearly audit to the British Association of Aesthetics Plastic Surgeons (BAAPS) of the number of operations and any complications, however no feedback had yet been received.
- Between July 2015 and June 2016, only one patient had been re-admitted within 48 hours, as they had bleeding following surgery. This was resolved and they were discharged the same day and only one had become critically unwell and needed to be transferred to another hospital. We saw a root cause analysis report for the patient who had been transferred out and saw clear learning and actions documented within it. As a result of this, the transfer policy had been reviewed, as it had previously been unclear about whose responsibility it was to call 999 and this had meant a short delay. We saw the new policy with signatures that showed all staff were aware of the policy change.
- For our detailed findings please read this section in the medicine report.

Competent staff

- For our detailed findings for ward staff please read this section in the medicine report.
- Theatre staffing was provided as part of the SLA with Kingston Hospital and therefore this was not inspected.

Multidisciplinary working

- Physiotherapists were available from Kingston Hospital under a service level agreement (SLA) to provide care, treatment and support to patients and would visit patients as required.
- We were told that for a patient undergoing a joint replacement the pre-assessment appointment included a physiotherapist to provide exercises that could be done pre-operatively to assist in recovery after the procedure.
- For our detailed findings please read this section in the medicine report.

Access to information

- Methicillin-resistant Staphylococcus aureus (MRSA) test results from pre-assessment were available from the Kingston Hospital laboratory within one to four days and could be processed seven days a week.
- For our detailed findings please read this section in the medicine report.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- BMI Coombe Wing had a clear admissions policy that stated that signed consent was done on the day of admission for surgery rather than being undertaken within the pre-assessment appointment. A consent audit was carried out each quarter and results for the ward showed 100% compliance had been achieved in March 2016 however this had dropped to 78% in June 2016. The ward had devised actions to improve the results, such as the nursing staff gave patients a copy of

the form and used a tick box when information leaflets were provided. In September 2016 these had improved to 97%. Consent documentation was also audited each month as part of the medical records review.

- For patients requesting cosmetic surgery, an initial consultation and provision of written information was followed by a cooling off period of a minimum of two weeks before a subsequent consultation and booking of a procedure. At this subsequent consultation the operation information, alternatives, risks and recovery details was discussed in detail with the patient. A second cooling off period was given while the patient was sent a comprehensive consent form that needed to be completed prior to surgery and a final consent form was sighed on the day of the procedure.
- For our detailed findings please read this section in the medicine report.

Are surgery services caring?

Not sufficient evidence to rate

Inspected but not rated

Theatre staffing was provided by Kingston Hospital under an SLA and therefore we did not inspect this area of care provision.

Compassionate care

- For our detailed findings please read this section in the medicine report.

Understanding and involvement of patients and those close to them

- For our detailed findings please read this section in the medicine report.

Emotional support

- For our detailed findings please read this section in the medicine report.

Are surgery services responsive?

Not sufficient evidence to rate

Inspected but not rated

Service planning and delivery to meet the needs of local people

- For our detailed findings please read this section in the medicine report.

Access and flow

- As part of the service level agreement (SLA) with Kingston Hospital the ward had three booked theatre slots each week that were used for patients having elective surgery. In addition to this, arrangements were made by consultants to add patients to their lists when they were carrying out NHS procedures. If the booked slots were not required then these could be cancelled up to 24 hours beforehand.
- Patients were cared for in the Kingston Hospital recovery area by NHS staff under an SLA and the threshold for patients to return to the ward was the same as for NHS patients.
- The ward admissions policy had clear admission criteria that the patient must meet and additional exclusion criteria that included planned and unplanned admissions. Consultants who wished to admit a patient for an emergency surgical procedure had to have this agreed with the nurse in charge and were required to assess the patient within four hours of admission to the ward. We were told that this was a rare occurrence.
- NHS patients who were transferred from Kingston Hospital to Coombe Wing were usually short stay elective orthopaedic patients. The registered manager met with the deputy director of strategy at Kingston Hospital on a weekly basis and discussion included arrangements for NHS patients to be admitted to the ward.
- For our detailed findings please read this section in the medicine report.

Meeting people's individual needs

- For our detailed findings please read this section in the medicine report.

Learning from complaints and concerns

- For our detailed findings please read this section in the medicine report.

Are surgery services well-led?

Not sufficient evidence to rate

Surgery

Not sufficient evidence to rate

Inspected but not rated.

Vision and strategy for this this core service

- For our detailed findings please read this section in the medicine report.

Governance, risk management and quality measurement

- The nursing staff that conducted pre-assessments had undertaken their first specialised team meeting in August 2016 and we saw minutes of this meeting where pathways, documentation and policy was discussed. However, this was the first meeting of its type and it was too early to determine the benefits of this meeting.
- For our detailed findings please read this section in the medicine report.

Leadership / culture of service related to this core service

- The ward public and staff engagement processes has been reported on under the medicine service within this report.

Public and staff engagement

- The ward public and staff engagement processes have been reported on under the medical service within this report.

Not sufficient evidence to rate

Maternity

Safe	Not sufficient evidence to rate
Effective	Not sufficient evidence to rate
Caring	Not sufficient evidence to rate
Responsive	Not sufficient evidence to rate
Well-led	Not sufficient evidence to rate

Are maternity services safe?

Not sufficient evidence to rate

Incidents

- There had been no incidents reported in relation to the maternity services in the period between July 2015 and June 2016.
- For our detailed findings on maternity services please see this section in the medicine report.

Clinical Quality Dashboard or equivalent

- For our detailed findings on maternity services please see this section in the medicine report.

Safeguarding

- The ward had both a safeguarding children and a vulnerable adult policy. The director of nursing (DON) was the safeguarding lead for the ward. There was an agreement for additional advice to be requested where required from the Kingston Hospital safeguarding lead nurse. There had been one safeguarding concern reported in the last year.
- Safeguarding training was part of the mandatory training requirements and was required to be completed every two years for all levels, one, two and three (for staff working with children). Staff that had completed safeguarding adults level three training, had to have update training every three years. An additional module on PREVENT training (identifying those at risk of radicalisation) was also part of the mandatory training to be completed every three years. Safeguarding children training completion for staff was 90% for level one, 100% for level two and 50% for level three. Safeguarding adults training completion for staff was 85% for level one and 100% for both level two and level three against the ward target of 90%.
- The lead outpatient nurse, paediatric nurse and outpatient administrator working within the wing had all completed the enhanced level of safeguarding training at level three.
- Ward nursing staff were aware of their safeguarding responsibilities and all had level two child safeguarding training as well as training in safeguarding vulnerable adults. They were able to describe different types of safeguarding concerns and abuse and could explain how they would respond if they witnessed or suspected abuse. Safeguarding policies and procedures were accessible to staff online. Staff could explain the process if a concern was identified.
- Midwifery staff providing maternity services told us they had not needed to raise any safeguarding concerns with regards to their services.

Cleanliness, infection control and hygiene

- For our detailed findings on maternity services please see this section in the medicine report.
- There were regular environmental and hand washing audits on the ward with over 95% compliance. Consultation and treatment rooms were visibly clean and tidy with information about infection control and prevention.

Environment and equipment

- For our detailed findings on maternity services please see this section in the medicine report.
- The ward was located on the seventh floor of Kingston Hospital, and all patients rooms were en-suite with a

wall mounted television in each room. A designated room was used where possible for post-natal mothers and their babies. This was larger than other rooms on the ward to allow space for a partner to stay overnight.
- Resuscitation equipment for adults, children and babies were in order, well maintained and ready for use in an emergency. Resuscitation trolleys were checked daily and records kept demonstrated that checks had been completed. Expiry dates of items were highlighted for easy identification of which items were due for re-ordering. The resuscitation trolleys were secured with tamper evident seals.
- The defibrillator was fully charged and serviced. The equipment was clean, checked and working, and there was evidence that safety test had been done.
- A neonatal resuscitaire for babies had recently been purchased by the ward and was clean and serviceable.
- Shower cubicles within each bedroom had a step that may have been difficult for patients with reduced mobility. Nurses told us that they would assist patients where required or they offered the use of a step-free shower in a neighbouring ward, as part of an agreement with Kingston Hospital, or a bath on the ward with a hoist.
- Patient-led assessments of the care environment (PLACE) audits for 2016 showed the ward had achieved 96% for condition, appearance and maintenance. This was above the national average of 93%.
- There was a small seating/waiting area in the outpatient department, where antenatal appointments were undertaken; clinical rooms were visibly clean and tidy, bright and organised.
- Portable equipment was safety tested and dated. The equipment we looked at had been tested within the year prior to the inspection.

Medicines

- For our detailed findings on maternity services please see this section in the medicine report.
- All medications prescribed to patients during consultation and inpatient stay were readily available and monitored by the service provider.

Records

- For our detailed findings on maternity services please see this section in the medicine report.
- The ward used the same maternity patient's records as the Kingston Hospital, and the staff had access to electronic patient records for all their patients.
- Patient records were transferred with them to the ward when admitted post delivery

Midwifery and nurse staffing

- The service employed one midwife, and additionally used bank midwives, obstetric nurses and maternity support workers so that care was provided on a one to one basis for maternity patients.
- The permanent midwife arranged bank staff availability in advance to ensure that all shifts were covered. We were told that occasionally agency midwives were used if there was not a bank midwife available or the mother and baby would remain on the NHS maternity unit until staffing was available.
- Midwives had additional support by the ward nurses who had undertaken further training on nursing practices and were assessed as competent in providing basic post-natal care for new mothers and babies.

Medical staffing

- Clinical care was consultant-led and consultants provided personal cover for their own patients 24 hours a day, seven days a week. Each consultant with a patient on the ward saw them daily, with a few exceptions for longer stay patients. The RMO and nursing staff told us they were able to contact consultants when required, including out of hours in an emergency.
- An RMO was available on the ward 24 hours a day, seven days a week and provided medical support to patients. These RMOs were recruited from an external agency and training included paediatric life support. The ward regularly used the same two RMOs who would each cover seven days within the ward at a time, to ensure continuity of care and minimise risks to patients. Occasionally, if they were on leave, another RMO with the required skills and qualifications from the same agency would provide cover and would undertake an induction on the ward prior to starting work.

Mandatory training

- All midwives working with the service had undergone mandatory neonatal resuscitation training.
- The registered nurses on the ward attended annual paediatric basic life support training annually from the

Kingston Hospital NHS foundation Trust. The training covered had included specific training for neonatal resuscitation on BMI Coombe Wing. In addition some of the nurses had completed a Neonatal Immediate Life Support course (NILS).

- In the last 18 months, nurses and health care assistants from the ward had attended PROMPT (Prompt Obstetric Multi-professional Training). This training covered neonatal resuscitation and training on the resuscitaire.
- The ward had a clear structure for mandatory training requirements and the time intervals that they were required to be completed by. This included a mixture of training delivery such as e-learning, workshop, policy reading and assessment. The training included health and safety, information governance, documentation, manual handling and resuscitation.
- Levels of compliance for completion of mandatory training were at 93%, above the target of 90%. Staff on the ward had completed a significant amount of training during the summer months. Staff we spoke with were aware of the requirements for mandatory training and told us they were given time to complete this.
- All bank midwives employed had to have a substantive contract at Kingston Hospital and had completed their mandatory training there. There was regular contact with Kingston Hospital so that these records could be provided if required. There was a plan for the future for them to be provided with access to the BMI Healthcare e-learning package.

Assessing and responding to patient risk

- For our detailed findings on maternity services please see this section in the medicine report.
- The service provided one to one care for maternity patients when admitted to the ward.
- Emergency resuscitation equipment including a neonatal resuscitaire was available and all midwives employed as well as some nurses had undertaken neonatal resuscitation training.
- The ward followed the Kingston Hospital neonatal resuscitation guideline where a specific section was written for responding to ward emergencies. The Kingston Hospital neonatal emergency response team could be contacted by the ward in the event of an emergency. This would instigate the response of two neonatal doctors, the maternity unit leader and a senior neonatal nurse to the ward.
- The service had patient exclusion criteria, which set out which patients could be accepted and admitted for maternity services.

Major incident awareness and training

- For our detailed findings on maternity services please see this section in the medicine report.

Are maternity services effective?

Not sufficient evidence to rate

Evidence-based care and treatment

- For our detailed findings on maternity services please see this section in the medicine report.
- The service had local policies and guidelines written in line with national guidance. New or updated policies and standard operating procedures were flagged on the notice board and staff were required to sign to confirm that they had read them.
- Staff in the maternity service followed patient pathways for the provision of both antenatal and post-natal care for mother and baby.

Nutrition and hydration

- For our detailed findings on maternity services please see this section in the medicine report.
- The ward provided water fountains, teas and coffees for patients' use. There was in inpatient menu available with a choice of hot and cold food appropriate for nursing and breast-feeding mothers. There was a shop and a café in the main Kingston Hospital where people could purchase drinks, snacks, and meals.

Pain relief

- For our detailed findings on maternity services please see this section in the medicine report.
- Patients admitted post-delivery had their pain assessed and medications provided accordingly, with consideration to their breast-feeding needs.

Patient outcomes

- For our detailed findings on maternity services please see this section in the medicine report.
- Between June 2015 to July 2016, out of the 41 patients who received postnatal care on the ward, 26 had delivered by caesarean section.

Not sufficient evidence to rate

Maternity

- The ward had a yearly audit programme which included the auditing of its maternity services. Results of the audit was shared with staff during staff meetings and displayed in the staff room.

Competent staff

- For our detailed findings on maternity services please see this section in the medicine report.
- The maternity staff appraisal report showed all staff were up to date with their appraisals. Staff we spoke with told us they had received regular appraisals.
- We were told that the midwife working at the ward received clinical supervision from the midwifery team at the Kingston Hospital.
- All clinical staff undertook an induction program and completed competency based framework training. Induction periods were tailored to the needs of the individual and the service area.

Multidisciplinary working

- For our detailed findings on maternity services please see this section in the medicine report.
- We saw evidence of effective multidisciplinary team (MDT) working in a variety of areas with Kingston Hospital maternity and imaging services. Midwifery, nursing and healthcare assistants we spoke with at the service and in Kingston hospital told us the teamwork and multidisciplinary working was effective and professional.

Seven-day services

- For our detailed findings on maternity services please see this section in the medicine report.

Access to information

- For our detailed findings on maternity services please see this section in the medicine report.
- All staff we spoke with said they had access to policies, procedures, national and specialist guidance through Kingston Hospital's intranet. Most of the staff we spoke with said their managers communicated with them very well.
- Patients reported to us during the inspection that they had no concerns regarding access to information relating to their care or treatment.
- Midwifery staff were able to access medical records as and when required. Test results including radiology and blood tests were usually received promptly according to the midwifery staff we spoke with.

Consent, Mental Capacity Act and DOLs

- For our detailed findings on maternity services please see this section in the medicine report.
- Midwifery staff were aware of their duties and responsibilities in relation to patients who lacked mental capacity; they demonstrated a knowledge and understanding of Mental Capacity Act (MCA) and. Staff reported they had received training in MCA and Deprivation of Liberties Safeguards.
- Patients were asked for consent before any examination or procedure was carried out. Some of the patients we spoke with told us they had been asked for their consent before they received treatment.

Are maternity services caring?

Not sufficient evidence to rate

Compassionate care

- For our detailed findings on maternity services please see this section in the medicine report.
- Staff interacted well with patients; they explained what was happening at each stage of their care and treatment in a polite and calm manner.
- Each patient had a named midwife with overall responsibility for their individual care, however the midwife introduced patients to all members of the team, as someone else may attend to them. One patient's feedback stated she was treated like a friend.

Understanding and involvement of patients and those close to them

- For our detailed findings on maternity services please see this section in the medicine report.
- Staff actively involved patients and those close to them in all aspects of their care and treatment. Patients were positive about the way staff looked after them.
- Patients told us they were given clear explanations about their care and treatment. They said they did not feel rushed and were given time to ask questions. One patient said, "The consultant explains everything to me clearly in a way that I understand."

Not sufficient evidence to rate

Maternity

Emotional support

- For our detailed findings on maternity services please see this section in the medicine report.
- Feedback from patients confirmed that staff provided emotional support when required to help them cope emotionally with their care and treatment.
- We observed a midwife explaining treatment to a patient and listening and responding to the patient's questions about their treatment.

Are maternity services responsive?

Not sufficient evidence to rate

Service planning and delivery to meet the needs of local people

- For our detailed findings on maternity services please see this section in the medicine report.
- All the maternity services and procedures that took place at the ward were pre planned and arranged. The maternity inpatient services were only pre-planned post-natal cases for mothers who had delivered at Kingston Hospital.
- All patients and their partners were invited to a pre-admission assessment with the consultant and midwife at the ward before admission.
- There was a specialist maternity clinic running once a week. Women were given a choice of times and dates for antenatal clinic appointments.
- A woman could have one person stay with them during the day to provide support; visitors were also welcomed to stay the night in a reclining chair if they wish to do so.

Meeting people's individual needs

- For our detailed findings on maternity services please see this section in the medicine report.
- The people we spoke with praised the quality of the food available.

Access and flow

- Patients could self-refer to the ward for maternity services and would be invited to attend the maternity clinic for assessment and acceptance for maternity care.
- Between June 2015 to July 2016, the ward provided maternity care to 47 mothers. Of these, 41 received both antenatal and postnatal care within the wing, following delivery of their babies at Kingston Hospital maternity unit. The remaining six patients received antenatal care only.
- Patients had timely access to assessments and admission to the ward. There were no delays in accessing treatment once a decision had been made to provide or to take over the care of the mother.
- When patients were pre-assessed, they were given an estimate of how long they would be staying in the ward post-delivery.
- There was no average length of stay on the antenatal ward, women were able to stay as long as they wished post-delivery; however most stays were on average less than three days.
- The midwife was trained in examination of the new born, and the consultant visited daily for ward rounds.

Learning from complaints and concerns

- For our detailed findings on maternity services please see this section in the medicine report.
- There was a complaints policy and procedure. Details of how to complain were made available to patients in the 'Patient Guide' they received during their initial consultation or pre-admission process.
- Midwifery staff told us they were aware of when there had been complaints made that had implications for them and were aware of the lessons to be learnt. They said that where they did have verbal complaints, they tried to diffuse them as and when they came up. If they were not able to do so, they would provide them with the address for written complaints.

Are maternity services well-led?

Not sufficient evidence to rate

Vision and strategy for this service

- For our detailed findings on the maternity service, please see this section in the medicine report.
- All staff were aware of the ward's vision and values that included care being delivered with compassion, dignity and respect.

Governance, risk management and quality measurement

Not sufficient evidence to rate

Maternity

- For our detailed findings on the maternity service, please see this section in the medicine report.
- There were regular team meetings with all staff at the service to discuss issues, concerns and complaints. Staff were given feedback at these meetings about incidents and lessons learnt.
- There was a ward risk register which was updated regularly. The ward had a just purchased a resuscitaire, a device with a warming therapy platform and components needed for clinical emergency and resuscitation of a new baby, in response to a risk that had been identified as part of their reviews.
- The departments had an annual audit schedule. There were evidence to show that audit results were been implemented at the department.

Leadership and culture of the service

- For our detailed findings on the maternity service, please see this section in the medicine report.
- A ward director of nursing and a lead midwife led the maternity services at the ward. They were supported by the senior management team (SMT) of the BMI group.
- There were clear lines of accountability and responsibility within the maternity services.
- All staff we spoke with felt valued and said their mangers were supportive and approachable. They felt that they were encouraged to be open about concerns.

Public and staff engagement

- For our detailed findings on the maternity service, please see this section in the medicine report.

Innovation, improvement and sustainability

- For our detailed findings on the maternity service, please see this section in the medicine report.

Good

Outpatients and diagnostic imaging

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good

Are outpatients and diagnostic imaging services safe?

Good

We rated safe as good

Incidents

- All staff we spoke with knew how to report incidents through the provider's paper based incident reporting form. They were aware of the types of incidents that they needed to escalate and told us they were encouraged to report incidents.
- All incidents reported in outpatients were reviewed and investigated by the director of nursing assisted by the outpatients lead nurse. The director of nursing or senior outpatients lead nurse would share findings from incidents with individual staff and at daily handover meetings.
- Outpatient staff could provide recent example of incidents which had occurred in other departments and stated they received information and learnings via emails or discussion at monthly meetings. Monthly safety bulletins were sent to heads of department and consultants.
- The service did not provide diagnostic imaging services; this was provided by the Kingston Hospital as part of their service level agreement with the provider.
- Nursing staff were aware of the duty of candour; they were able to describe the reporting procedure for all incidents. The duty of candour regulation requires providers of health services to be open and transparent when things go wrong. This includes some specific requirements, such as providing truthful information and an apology. At the service, if a patient was involved in an incident, they were informed of what had happened and given an apology. Staff informed the head of department and completed an incident reporting form.
- The outpatient department lead nurse was able to provide an example of duty of candour being applied, and the process they would follow in the department. This was that the patient would be informed immediately and the incident escalated to the senior management team. We were told that support will be provided to the patient and staff member throughout the process.

Mandatory training

- Mandatory training included fire safety, infection prevention and control, safeguarding adults and children, manual handling, equality and diversity and information governance. Levels of compliance for completion of mandatory training were at 93%, above the target of 90%. Nursing staff had completed a significant amount of training during the summer months. Staff we spoke with were aware of the requirements for mandatory training and told us they were given time to complete this.
- The resident medical officers (RMO) completed their mandatory training at their agency, their training included advanced life support for both adults and children.
- All medical consultants completed their mandatory training at Kingston Hospital where they carried out most of their work. The BMI practising privileges policy requires that each doctor had to provide annual evidence that this has been completed to continue practising at the department.

Good

Outpatients and diagnostic imaging

Safeguarding

- Records confirmed that staff had received relevant safeguarding training for adults and children. Staff could describe what constituted a safeguarding incident and stated that they would escalate concerns to the safeguarding lead. The director of nursing was the safeguarding lead for the department.
- There was a chaperone policy and we saw posters throughout the outpatient department advising patient how to access a chaperone should they wish to do so.
- All staff spoken with were aware of the department's whistleblowing policy. They told us that they would feel happy using this policy to raise concerns if necessary.

Cleanliness, infection control and hygiene

- Not all clinical staff were observed being bare below the elbow and using personal protective equipment when seeing patients and there had been no audit of adherence of bare below the elbow in the outpatient department.
- Hand sanitizer gel was available at the reception entrance and in all the consulting rooms. However this was not consistently placed in all clinical rooms.
- Staff working in the outpatients department had a good understanding of their responsibilities in relation to cleaning and infection prevention and control.
- Nursing staff were responsible for cleaning clinical equipment. Domestic services staff carried out daily and weekly cleaning regimes. All patient waiting areas, consultation rooms, treatment rooms and private changing rooms were visibly clean and tidy.
- Consulting room two was where minor procedures were undertaken. This had not been risk assessed for infection prevention and its appropriateness of the procedures undertaken in that room. However all other areas within the department were risk assessed.

Environment and equipment

- The equipment that we saw was in good repair and had been safety tested with safety test stickers on them. There was a process for maintenance of equipment and service records were in place to ensure patient safety.
- We saw equipment was clean and ready to use with stickers showing when it was cleaned. Staff adhered to a standard operating procedure for setting up and cleaning equipment in the clinic.
- The majority of equipment used within the outpatient department was disposable. Re-usable items were sent to Kingston Hospital's central sterilisation department (CSSD) for decontamination and sterilisation.
- There was access to emergency equipment, oxygen and resuscitation items including 'hypo box' system for the treatment of patients with hypoglycaemia in the department with easy access for outpatient staff to use in an emergency.

Medicines

- The department kept limited quantities of medications. Medications were stored securely within the adjoining ward to the department in a locked cupboard of a locked room. Only authorised staff had access to the medication cupboard keys.
- There were effective systems to ensure medicines were stored at appropriate temperatures.

Records

- Patient records we reviewed were adequately completed. Staff had access to patient's records on the Kingston Hospital electronic system. We were told that some consultants used their own notes to record the patient's outpatient consultation and a copy of that consultation was retained in the main Kingston hospital patient record.
- All clinical staff had access to full sets of patient's record when needed including out of hours. Staff reported that records were usually available in a timely manner for clinic appointments; however, this was not routinely monitored.

Assessing and responding to patient risk

- Emergency resuscitation equipment was available and all nursing staff had undertaken basic and intermediate life support training for adults and children.
- The department's policy was for patients to have a face to face pre-admission assessment, if they were undergoing procedures that needed admission to the ward. Day case patient pre-assessment interviews could be carried out with a telephone call, but if significant issues were highlighted, this would be changed to a face to face assessment. This assessment would identify any risks to the patient based on their medical history, whether these risks could be minimised and if the ward could safely care for them.

Good

Outpatients and diagnostic imaging

- There were emergency assistance call bells in all patient areas including consultation rooms. Nursing staff we spoke with told us when the call bells were used, they were answered immediately.
- There were clear procedures in place for the care of patients who became unwell. Staff we spoke with told us about emergency procedures and the escalation process for un-well patients. However they stated these had not been used often as an acutely unwell patient was a rare occurrence.

Nurse staffing

- Senior nurses reviewed clinic lists weekly, and then on a daily basis, to plan and ensure that a sufficient number of suitable staff were on duty at all times.
- There were four whole time equivalent registered nurses assigned to the outpatient department. There were no nursing vacancies within the outpatient service as of October 2016. Nurses were only allocated to work in the outpatient department on days when minor procedures were planned. A staffing skill mix report was therefore only available on these days.
- There was a staffing rota available which showed that staffing levels were appropriate for the days when minor procedures were been undertaken at the OPD.

Medical staffing

- There were no consultant members of staff directly employed by the provider, consultants provided their specialist services by working under the department's practising privileges, which were regularly reviewed with the Medical Advisory Committee.
- Consultants were available within the outpatient department between 8am and 8pm Mondays to Fridays and on Saturday mornings.
- There was a Resident Medical Officer, (RMO) present in the department to provide immediate medical care and advice when required.
- There was a process in place for granting practising privileges, via the medical advisory committee (MAC). This process included interviewing, obtaining references and disclosure and barring service (DBS) checks on all applicants.
- Staff told us that most of their consultants attended promptly for their clinics and could be easily contacted if they were running late or needed advice.

Major incident awareness and training

- There were business continuity plans to ensure that essential services were not disrupted as a result of emergencies and when internal incidents were declared. This plan established a strategic and operational framework to ensure the department was resilient to a disruption, interruption or loss of services.
- The department was included in the Kingston Hospital major incident plan which provided guidance in the event of major incidents such as winter pressures, fire safety, loss of electricity, loss of frontline system for patient information, loss of information technology systems and internet access, loss of staffing, and loss of water supply.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate

Inspected but not rated;

Evidence-based care and treatment

- We were told that guidelines, such as the National Institute for Health and Care Excellence (NICE) guidelines were followed where appropriate. Staff told us they worked in line with NICE guidance and local policies and protocols.
- Staff we spoke with explained the evidence-based systems, such as the standard operating procedures which were in place; ensured procedures were undertaken in line with best practice guidelines.
- The department's clinical audit schedule outlined when, how often and who would conduct audits in the various areas. These audits included quarterly clinical audits to ensure national guidelines had been followed. The audits results were shared with staff during team meetings and pasted on the notice board of the staff room for staff to read.

Nutrition and hydration

- Nutrition and hydration needs were met with a coffee and tea machine in the main waiting room. Fresh water was also readily available when needed by patients.

Pain relief

Good

Outpatients and diagnostic imaging

- No pain relief medication was available in the department. Staff informed us if a patient required pain relief; they would be assessed by the consultant who would write a prescription for them during their consultation.

Patient outcomes

- There was no evidence of the outpatients department taking part in national audits. However we saw evidence of local service specific audits and best practice mapping taking place at the department, the audit showed the service performed well in comparison with similar OPD in terms of availability of appointment slot, the speed of appointment and being seen by a consultant.
- Clinical audits were routine across the unit. We saw examples of on-going audits in the department, such as documentation audit, cancelled appointment audit and did not attend (DNA) audit. The audit report showed year on year improvement in documentation and record keeping. The department provided an audit programme for 2015/16, which also included in the provider wide audit program.
- There was no specific quality or safety dashboard for outpatient's services. Most of the indicators in the department's quality outcomes were related to inpatient services.

Competent staff

- Staff told us they were encouraged to undertake continuous professional development and there were opportunities to develop their skills and knowledge through training relevant to their role.
- The learning needs of staff were identified during regular appraisals. Nursing staff were encouraged to develop their skill and experience and were supported by the senior management to do that.
- Nursing staff were supported in their role through clinical supervision and were encouraged to participate in training and development to enable them to deliver good quality care.

Multidisciplinary working

- There was a strong multi-disciplinary team (MDT) approach at the outpatients department. We observed good collaborative working and communication amongst the staff of the department and that of Kingston Hospital OPD staff.
- There were a number of service level agreements in place with other departments within the Kingston Hospital for provision of diagnostic imaging and pathology services.

Seven-day services

- The outpatient department was open between 8am and 8pm, Monday to Friday, and 8am to 4pm on Saturday.
- The Resident Medical Officer (RMO) was on site 24 hours a day, seven days a week if urgent assistance was required.

Access to information

- Staff told us there was never a problem with accessing information or records at the department. Nursing staff said they could not think of an occasion when records were not available at the department, and even if they were not at the department when the patient arrived, they said the records could be easily retrieved from the medical records department of the hospital.
- Consultants in the outpatients department mainly used their own private patient records during consultations and took responsibility for ensuring the records were kept safe and available when needed.

Consent, Mental Capacity Act and DOLs

- Staff we spoke with had an understanding of issues in relation to capacity and the impact on patient consent. Staff told us that in the outpatients department if they had concerns about capacity they would speak to the consultant who would usually take the lead in obtaining consent of a patient.
- The director of nursing told us that clinical staff across all departments received training on the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Consent for minor procedures undertaken in outpatients was completed on the day by the consultant. We saw records of a checklist completed for each procedure that was undertaken at the outpatient department.

Are outpatients and diagnostic imaging services caring?

Good

We rated caring as good

Good

Outpatients and diagnostic imaging

Compassionate care

- Nursing staff were compassionate and caring towards all patients. We saw staff talking to patients explaining all aspects of their care and treatment. We witnessed people being spoken to with respect at all times.
- Nursing staff we spoke with were aware of their responsibilities to ensure privacy and dignity was maintained for people using the outpatients and diagnostic imaging services.
- We saw that staff were mindful of patient's privacy and dignity including awareness of chaperoning policies and procedures.
- Throughout the inspection, we saw staff speaking in a calm and relaxed way to patients. Patients told us staff were helpful and supportive. We spoke with two patients who told us that staff were polite, caring and friendly. There were no negative comments.

Understanding and involvement of patients and those close to them

- Patients received relevant information, both verbal and written, to make informed decisions about their care and treatment. There had been sufficient time at their appointment for them to discuss any concerns they had.
- Patients felt fully informed about their care and treatment. All the patients we spoke with had a good understanding of their condition and proposed treatment plan, as well as where to find further information.
- Patients were given information on how to contact staff if they were worried about their condition or treatment after they left department.

Emotional support

- Information leaflets were available to explain medical conditions and treatments to patients.
- We observed and heard staff speaking with patients in a kind and caring manner. Patients told us they were happy with the care and support from staff. One patient said, "The staff are open to me asking questions."
- Throughout our visit we observed staff giving reassurance to patients both over the telephone and in person.
- Consultation rooms were private and were suitable for delivering bad news. Nursing staff were keen to tailor care and treatment to best support the patient's physical and emotional wellbeing.

Are outpatients and diagnostic imaging services responsive?

Good

We rated responsive as good

Service planning and delivery to meet the needs of local people

- Services were planned around the needs and demands of patients. Outpatient clinics were arranged in line with the demand for each speciality. If consulting space was available, consultants could arrange unscheduled appointments to meet patient needs.
- Children and young people's appointments were scheduled to ensure that a paediatric nurse was present if required and child friendly reading materials, equipment and toys could be provided. The service saw 867 children between June 2015 and June 2016.
- The department waiting area was small and patient centred. Drinks, magazines and newspapers were available.
- Free car parking facilities were available, and all patients we spoke with reported finding it easy to park.

Meeting people's individual needs

- Reasonable adjustments were made to ensure that patients with a physical disability could access and use the outpatient department. All areas within the department were wheelchair accessible, the reception desk was at wheelchair height and there were toilet facilities for patients with disabilities.
- Patients attending for the first time had a longer appointment to allow time to ask questions.
- Staff had all received dementia awareness training and the department had a nominated a lead in dementia awareness.
- Staff told us they had ready access to an interpretation and translation service should they need it. This meant that patients for whom English was not their first language could engage fully in their consultation.
- There was drinking water available in the waiting area and patients had access to refreshments if required. We observed that there was sufficient seating in most of the outpatient clinics.

Access and flow

Good

Outpatients and diagnostic imaging

- Patients we spoke with told us they were offered a choice of appointment time according to patient need and availability.
- Any patients, who did not attend (DNA) an appointment, were followed up by a phone call from the receptionist to rearrange an alternative appointment date if applicable.
- Patients told us they were mainly seen on time or within 10 minutes of their appointment. We were told consultants might take more time with a patient which would extend the waiting time. However we were told that patients were always informed of any delays and we observed this during our visit.

Learning from complaints and concerns

- The Director of Nursing had overall responsibility for managing complaints. If the complaint was of a clinical nature this was investigated by the director of nursing with the support of the outpatient lead nurse.
- If a patient raised a concern staff were empowered to try to resolve the complaint, if they felt they needed assistance they would alert a more senior member of staff to assist.
- We found that information was not displayed throughout outpatients on how to make a complaint or pass on a compliment.
- Even though there were no specific OPD complaints, we were told that lessons were learned from concerns and complaints and action was taken as a result to improve the quality of care. Findings were shared appropriately with all staff working at the service and a wider BMI Group staff as needed.

Are outpatients and diagnostic imaging services well-led?

Good

We rated well led as good

Vision and strategy for this service

- For our detailed findings on outpatient services please see this section in the medicine report.
- There was an overriding vision for outpatient services shared by all staff. The vision was to provide the best quality and a choice of private care provider for the local health economy. All the staff we spoke with were aware of the future direction of the service.
- A strategy to deliver the vision of the service had been developed, and there was evidence of action plans and audits from minutes of meetings to monitor and improve the service

Governance, risk management and quality measurement

- For our detailed findings on outpatient services please see this section in the medicine report.
- There was a clear governance and risk management structure and accountabilities for assurance were well defined.
- There were regular team meetings to discuss issues, concerns and complaints. Staff were given feedback at these meetings about incidents and lessons learnt. OPD staff worked alongside the ward staff and attended the same meetings and quality handovers with the ward staff.
- The department had a risk register which was updated regularly to reflect the current risk of the department.
- The departments had an annual audit schedule. There were evidence to show that audit results were been implemented in the department.

Leadership and culture of the service

- For our detailed findings on outpatient services please see this section in the medicine report.
- Leadership and governance was sufficiently focused on providing a high quality care experience for patients.
- The service senior management team included the director of nursing, a ward manager and a lead OPD nurse who led the OPD services.
- There were clear lines of accountability and responsibility within the outpatient services provided.
- All staff we spoke with felt valued and said their mangers were supportive and approachable. They felt that they were encouraged to be open about concerns.

Public and staff engagement

- For our detailed findings on outpatient services please see this section in the medicine report.

Innovation, improvement and sustainability

Good

Outpatients and diagnostic imaging

- For our detailed findings on outpatient services please see this section in the medicine report.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that education and training is undertaken to improve audit compliance rates of venous thromboembolism assessment and treatment.
- The provider should ensure that all staff and visiting consultants within the outpatients department comply with bare below the elbow guidance.
- The provider should consider auditing patient outcomes for all conditions treated on the ward.
- The provider should ensure documentation records of nursing clinical supervision.