

BMI Healthcare Limited

BMI The Huddersfield Hospital

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



Summary of findings

Overall summary


We carried out an urgent responsive inspection on the 17 and 18 December 2020 following serious concerns identified pertaining to medicines management. The inspection was conducted using specific key lines of enquiry which related to the management of medicines.

Our rating of this location stayed the same. We inspected but did not rate.

- Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction. The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff felt respected, supported and valued at a local level. The service had an open culture where staff could raise concerns without fear.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inspected but not rated 	<p>The service used systems and processes to safely prescribe, administer, record and store medicines. Staff felt respected, supported and valued at a local level. The service had an open culture where staff could raise concerns without fear. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction. The service provided mandatory training in key skills to all staff and made sure everyone completed it.</p>

Summary of findings

Contents

Summary of this inspection

Background to BMI The Huddersfield Hospital

Page

5

Information about BMI The Huddersfield Hospital

5

Our findings from this inspection

Overview of ratings

6

Our findings by main service

7

Summary of this inspection

Background to BMI The Huddersfield Hospital

The hospital has two wards, only one ward is used for day cases and inpatients. The hospital has 29 beds.

Facilities also include two operating theatres, X-ray, outpatient and diagnostic facilities. Surgical services provide elective and day case surgery covering various surgical specialities including breast, colorectal, ear, nose and throat (ENT), general surgery, gynaecology, orthopaedics, ophthalmology, upper gastro-intestinal and urology. There was a small on-site pathology service.

The hospital is registered to provide the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.
- Family planning.

The hospital also offers cosmetic procedures, such as breast and facial surgery, we did not inspect these services as part of our inspection.

There was an investigation into the management of medicines which was ongoing by the CQC at the time of this inspection. The hospital has been inspected five times, and the most recent inspection took place in May 2019, which found that the hospital was rated as requires improvement.

How we carried out this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Outstanding practice

We found the following outstanding practice:

- The local team used the learning from the recent medicines incident to change practice and promoted a 'no blame' approach to prevent recurrence.
- The local team showed integrity and detailed insight into the possible wider impact of serious incident. It was clear, the team had gone above and beyond what was necessary to improve safe medicines management practice at this location.
- We observed the staff at this location demonstrate and commitment to team working through their support for each other and showed their commitment to learn and improve the service.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated

Inspected but not rated 

Surgery

Safe	Inspected but not rated 
Effective	Inspected but not rated 
Well-led	Inspected but not rated 

Are Surgery safe?

Inspected but not rated 

Our rating of this location stayed the same. We inspected but did not rate.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

- Staff received and kept up-to-date with their mandatory training. Figures reviewed showed completed rates were 96.4%. Managers monitored mandatory training and alerted staff when they needed to update their training. Mandatory training was not pharmacy specific however, we heard that competencies tools were pharmacy specific.
- Remote pharmacy training was provided by an external agency, with practitioners on-site to provide support. We were advised of a suite of pharmacy technician courses on the BMI academy website which were provided by a university hospitals trust, to aid learning and competency.

Nursing, Medical and support staffing

Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction.

- The service had enough nursing and support staff to keep patients safe. The manager could adjust staffing levels daily according to the needs of patients.
- There was no agency nursing staff used within the location over the last 12 month period. Additional temporary staffing could be obtained from the in house BMI nursing bank. No locum medical staff were used within BMI Huddersfield during the last 12 month period. All resident medical officers (RMOs) utilised during the period were regular doctors. During the COVID first wave, the regular RMO service was supported by a GP service all of whom had practicing privileges for this period. In addition three consultants who were already known to the location supported the RMO rota.
- We were told there were there levels of pharmacy staff in place at BMI Hospitals. However, BMI The Huddersfield Hospital employed two levels; a part-time pharmacist, and full-time pharmacy technician. We were advised that there were sufficient pharmacy staff the majority of the time, but there were difficulties during periods of sickness and annual leave. BMI The Huddersfield Hospital buddied with another BMI hospital when there were staff shortages in the pharmacy department.
- We were advised a recruitment advert has been placed to increase pharmacy bank staff to cover periods of sickness and annual leave.

Medicines

Surgery

The service used systems and processes to safely prescribe, administer, record and store medicines.

- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff followed current national practice to check patients had the correct medicines.
- Controlled drugs audits were completed quarterly with 2 different audits completed. Controlled drugs (CDs) were departmentally audited (ward & theatre), as well as a CD balance check audit completed by the pharmacy team in the 2 areas. During the initial months of the pandemic, BMI Huddersfield operated a “different model” with very little operating activity until June and there was therefore no theatre activity during April & May. Monthly drug chart audits were completed, and we saw improved outcome percentage scores ranging between 81% (poor) in May and June 2020 to 95% in December 2020.
- Medicines policies were being followed and were embedded at the time of the inspection. We saw that all appropriate staff had refreshed their knowledge of the medicines and controlled drug policies and procedures, and had signed to state they had read and understood the process. We saw new signage on the ward encouraging good practice.
- Medicine management training was not mandated with in the business, however, there were four different courses which registered practitioners could complete. These modules were allocated based on personal training plans and consisted of general medicine management; controlled drugs training; administration of intravenous Medicines; administration of intravenous medicines annual update and medication calculations test.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

- Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with trust/provider policy.
- Staff received feedback from investigation of incidents, both internal and external to the service. However, felt that the sharing of information from a corporate level could be improved. Staff met to discuss the feedback and looked at improvement requirements. There was evidence that changes had been made as a result of feedback.
- Managers investigated incidents thoroughly. Managers debriefed and supported staff after any serious incident. We were also advised of information being shared through safety huddles and newsletters.
- Staff understood their responsibility to raise concerns, to record safety incidents, concerns and near misses, and to report them appropriately. We reviewed ward incident charts and saw a consistent reporting culture.
- We saw that lessons learned from incidents were disseminated across the service and practice was changed as a result. Medicines matters newsletter was shared every 3-4 weeks and included appropriate learning links, changes to practice, and documents from specialist pharmacy services.

Are Surgery effective?

Our rating of this location stayed the same. We inspected but did not rate.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Surgery

- Staff assessed patient pain levels appropriate and gave pain relief in line with individual needs and best practice. We reviewed two patient medicine charts and saw that patients received pain relief soon after requesting it.
- During the inspection we observed that staff had prescribed, administered and recorded patient pain relief accurately.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work.
- Managers supported staff to develop through annual appraisals and one to one supervision sessions. These sessions included opportunities for staff to discuss training needs with their line manager.
- Managers identified poor staff performance promptly and supported staff to improve through performance improvement plans. Performance improvement plans were used at all staffing levels regardless of seniority.

Are Surgery well-led?

Our rating of this location stayed the same. We inspected but did not rate.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

- Members of the local management team were found to have the skills, knowledge, and experience required, to run the service. They understood the challenges to medicines management quality and safety, and had identified, implemented and embedded the actions needed to address recent concerns.
- The local leadership team showed integrity and detailed insight into the possible wider impact of serious incident. It was clear, the leadership team had gone above and beyond what was necessary to improve safe medicines management practice at this location.

Culture

Staff felt respected, supported and valued at a local level. The service had an open culture where staff could raise concerns without fear.

- Leaders and staff understood the importance of staff raising concerns without fear of retribution. Staff were encouraged to be open and honest at all levels within the service. Staff we spoke with told us leaders were approachable and that 'there was always someone you could go to'.
- Information provided during the inspection showed that appropriate learning and actions had been undertaken as a result of the recent medicines incident.
- Action was taken to address behaviour and performance at BMI The Huddersfield Hospital that was consistent with the services values, regardless of seniority of the staff member. We discussed performance improvement plans and their implementation, when required, at any staffing grade.

Surgery

- We observed the staff at this location demonstrate and commitment to team working through their support for each other and showed their commitment to learn and improve the service.

Governance

Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

- We found structures, processes and systems in place to support the delivery of quality and sustainable services. Medicines and controlled drug audits were completed on a monthly basis. Information from these audits were shared with the senior leadership team at monthly governance meetings .
- Governance process had recently been reviewed and consideration was being given to the effectiveness of the current cross-site governance structure in place and whether the systems efficacy could be improved with an in-house model.
- We were advised that clinical governance meetings were held on a bimonthly basis, with all information being reported to the Medical Advisory Committee (MAC). In addition to this, information, such as serious incidents, were discussed with the regional team, national governance committee and the Board. Information from the board or national committee were fed back to the local teams and shared with staff at daily huddles, verbal cascades and newsletters.
- We were advised that prior to the COVID-19 pandemic, the national pharmacy group met three times per year, but due to changes of working, were now convening fortnightly conference calls.
- During the inspection we were informed of examples of changes to practice and paperwork following an incident. These changes were made and implemented within eight weeks of the issue being identified.

Managing risks, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

- We found assurance systems, and performance issues were escalated appropriately through clear structures and processes.
- Medicines management was monitored closely with senior managers aware of ongoing work to embed practices.
- There were processes to manage current and future performance. Performance improvement plans were implemented where appropriate.
- There was a systematic programme of clinical and internal audit to monitor quality, and operational processes.
- We found robust arrangements for identifying, recording and managing risks, issues and mitigating actions. We reviewed current risk registers and risk dashboard and saw that all incidents, risks and concerns were tracked, reviewed, monitored and updated with outcomes accordingly.