

# BMI The Shirley Oaks Hospital

## Quality Report

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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

### Overall summary

BMI Healthcare is the UK's largest private hospital group and was formed in 1970. In 1993 after various changes, the group was renamed BMI Healthcare, and its new corporate group became General Healthcare Group (GHG). In 2006 GHG was acquired by a consortium led jointly by Netcare Limited, a South African healthcare company.

This was the second follow up inspection to review progress made on outstanding actions. These were developed in response to our comprehensive inspection in August 2016. They related to the use of translation services and consent processes.

We found further improvement had been made for the identified actions on this follow up inspection. There was improvement in the use of translation services, with a

noticeable increase in the number of times the service was used for people whose first language was not English. Consent form audits showed an improvement in completion rates. There remained some concern regarding the legibility of written entries on consent forms, which still needed to be improved.

Patients in the outpatients department who had undergone a minor operation now received a copy of their consent form, which included the type of operation and associated risks identified. This was an improvement since our last review.

#### **Amanda Stanford**

Interim Deputy Chief Inspector of Hospitals (South London)

# Summary of findings

## Contents

### Summary of this inspection

Background to BMI The Shirley Oaks Hospital

Our inspection team

Information about BMI The Shirley Oaks Hospital

Page

3

3

3

# Summary of this inspection

## Background to BMI The Shirley Oaks Hospital

BMI Shirley Oaks Hospital is operated by BMI Healthcare Limited. It is a private hospital in Croydon, Surrey. The hospital primarily serves the culturally diverse communities of the Surrey and South-East London. It also accepts patient referrals from outside this area.

## Our inspection team

The team that re-inspected the service comprised of a CQC lead inspector and another CQC inspector.

## Information about BMI The Shirley Oaks Hospital

BMI The Shirley Oaks Hospital is registered with the commission to provide the following regulated activities;

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

The hospital is registered for 50 beds. All ward rooms offered en-suite facilities, satellite flat screen TV, a telephone and Wi-Fi guest internet service.

The hospital has two theatres, one of which has ultraclean laminar flow. The outpatients department provides a wide range of services and is open until 9.00 pm and 1.00 pm Saturdays. The Endoscopy Suite is Joint Advisory Group (JAG) accredited and offers diagnostic services within a discreet unit with a dedicated procedure room.

The Extended Recovery Unit is used for planned Critical Care Level 1 patients who require additional extended recovery post-surgery or for patients who become unwell and need increased care for a short period.

Patient services are supported by pharmacy, physiotherapy and radiology departments. Wide-bore MRI and CT scanning are available on site.

BMI The Shirley Oaks Hospital attracts over 100 Consultants, who provide consultation services to patients who required elective surgery or other diagnostic procedures. Elective adult surgical procedures included; orthopaedic, gynaecology, ophthalmic and general surgery.

Surgical services were provided to both insured and self-pay private patients and to NHS patients through both GP and hospital referral.

The resident medical officer (RMO) is trained in advanced paediatric life support.

# Surgery

Safe

Effective

Caring

Responsive

Well-led

## Are surgery services safe?

Safe was not covered as part of the follow up inspection. For safe please refer to the report from August 2016.

## Are surgery services effective?

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We found improvement from our previous inspections. Consent forms were discussed at the Medical Advisory Committee meeting and we saw the minutes that showed the discussion. We were assured the service had taken action to improve the completion of consent forms. However, work still needed to be done to ensure all consent forms were legible.
- We reviewed 30 consent forms, and found the description of the procedure and its associated risks was not legibly written in nine of these. This meant there was a risk those patients could not read what the procedure was and any risks on the consent form they signed.
- Five of the consent forms we reviewed were completed during surgical pre-assessment appointment, which was an improvement from our previous inspection. However, staff were not recording the re-confirmation of consent on the day of surgery. We saw only one out of five where the consent had been reconfirmed on the day of surgery. It was not clear if the other four patients confirmed their consent on the day of surgery.
- Monthly consent form audits were being completed. The audits looked at the legibility of the writing, the description of the procedure and associated risks and

benefits, the type of anaesthesia to be used, the name and signature of the patient and the consultant along with the date the consent was taken. We reviewed the last four audits for January to April 2018. The audits showed that 10 consents forms were reviewed each month and the results ranged from 85% to 100%.

## Are surgery services caring?

Caring was not covered as part of this follow up inspection. For Caring please refer to the report from August 2016.

## Are surgery services responsive?

- We saw evidence in patient reports that the need for a translator was identified. This was documented in the patient record including which language a translator was required for. However, we did not always see proof that a translator had been used. The hospital stated that they were going to implement the use of a sticker on the front of the patient notes which would immediately indicated that a translation service was required.
- We found a far greater use of translators compared to our last inspection where translation services had only been used 20 times in an eight month period. We reviewed the use of translators and saw the translation services had been used 16 times in January 2018.

## Are surgery services well-led?

Well Led was not covered as part of the follow up inspection. For Well Led please refer to the report from August 2016.

# Diagnostic Imaging and Endoscopy Services

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are diagnostic imaging and endoscopy services safe?

The only area of safe reviewed at the follow up inspection is detailed below, for the full safe report please refer to the report from August 2016.

### Records

- We reviewed six sets of patient records and found all patients had been given a copy of the consent form they had signed. This was an improvement on our previous findings.

## Are diagnostic imaging and endoscopy services effective? (for example, treatment is effective)

Effective was not covered as part of this follow up inspection. For effective please refer to the report from August 2016.

## Are diagnostic imaging and endoscopy services caring?

Caring was not covered as part of the follow up inspection. For caring please refer to the report from August 2016.

## Are diagnostic imaging and endoscopy services responsive to people's needs? (for example, to feedback?)

Responsive was not covered as part of the follow up inspection. For responsive please refer to the report from August 2016.

## Are diagnostic imaging and endoscopy services well-led?

Well led was not covered as part of the follow up inspection. For well led please refer to the report from August 2016.