

BMI Sarum Road Hospital

Quality Report

Sarum Road

Winchester

Hampshire

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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

Summary of findings

Letter from the Chief Inspector of Hospitals

BMI Sarum Road is operated by BMI Healthcare Limited. The hospital has 48 beds. Facilities include two operating theatres (both with laminar flow), one minor operations room and 10 consulting rooms.

The hospital provides surgery, medical care, services for children and young people, and outpatients and diagnostic imaging. We inspected medical care. Since our last inspection in February 2016 the provider no longer provided a gastrointestinal endoscopy service.

We carried out this focused inspection to follow up findings within the medical care service from our previous comprehensive inspection in February 2016. We carried out this unannounced inspection on 21 August 2018

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

Our rating of this service improved. We rated it as good overall.

- The provider, BMI Healthcare Limited had a corporate lead for end of life care and an end of life care lead was in place at the hospital.
- The provider had developed an end of life strategy which at the time of inspection was at the draft stage. The director of clinical services did not give us a times scale of when the strategy would be finalised.
- Staff were providing care and treatment based on National Institute for Health and Care Excellence (NICE).
- Staff were caring, sensitive to the needs of patients and compassionate. Patients' commented positively about the care provided by all the oncology staff.
- The oncology suite was visibly clean and odour free. Staff used control measures to prevent the spread of infection.
- The pathway for oncology patients was working effectively.
- Staff specialist training in oncology was thorough.
- Staff felt well supported by the oncology consultants and the resident medical officer.
- We observed good teamwork both within the medical service and across the whole hospital.

However

- The risk register did not identify all risks to patients that used the service.
- We found three policies or guidelines that were currently under review in oncology, that were out of date in the case of two policies by over 18 months.
- Clinical outcomes for oncology patients were not audited.
- The record of oncology patients' treatment being discussed at a multidisciplinary team meeting was not stored in the main patients' medical notes. There was a risk that information may not be known to anyone unaware two records were being maintained.
- The process in place for when servicing of medical equipment next due was not clear.

Amanda Stanford

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Medical care	Good 	Medical care services were a small proportion of hospital activity. The main service was surgery.



Summary of findings

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Summary of this inspection

Background to BMI Sarum Road Hospital

BMI Sarum Road is operated by BMI Healthcare Limited. The hospital has been added to over the years. In 1985, the current theatre department was opened which allowed expansion of workload and provided laminar air flow for orthopaedic surgery. Prior to our inspection in August 2018 the hospital stopped undertaking

endoscopies. A new minor operations room had replaced the endoscopy room. The hospital primarily serves the communities of the Winchester area. It also accepts patient referrals from outside this area.

At the time of the inspection, a new executive director was in post and had applied to be the registered manager at the hospital and since 3 September 2018 has been the registered manager.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in oncology. The inspection team was overseen by Helen Rawlings, Head of Hospital Inspection.

Why we carried out this inspection

We undertook a focused unannounced inspection on 21 August 2018. The inspection was a follow up to our February 2016 inspection. We inspected medical care, as we rated this service as Requires Improvement during our inspection in 2016.

How we carried out this inspection

We inspected medical care using our comprehensive methodology. We carried out the unannounced inspection on 21 August 2018.

Information about BMI Sarum Road Hospital

The hospital is registered to provide the following regulated activities:

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

During the inspection, we visited the Mulberry unit. We spoke with 20 staff including; registered nurses, health care assistants, reception staff, medical staff, and senior managers. We spoke with three patients. During our inspection, we reviewed six sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12

Summary of this inspection

months before this inspection. The hospital was last inspected in 2016, which found that the hospital was meeting all standards of quality and safety it was inspected against.

Activity

In the reporting period from July 2017 to August 2018 there were 3592 day case and inpatients. Of this number, 370 were oncology patients who were all insured (private) patients. We asked the director of clinical services and ward staff about the numbers of general medical patients cared for, and they said there were very few. Two examples given were a patient needing an iron infusion and another patient needing a specific diagnostic test. Due to the low numbers of general medical patients, this report is focussed on oncology patients.

Track record on safety from August 2017 to July 2018.

- Two never events (one effecting an oncology patient, the other a surgical patient)
- One expected death which was an oncology patient.
- Total number of incidents at the hospital 421, 30 effecting oncology patients and one incident effecting an endoscopy patient.
- No serious injuries.

- There were no incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive staphylococcus aureus (MSSA). Clostridium difficile (C.diff) or E-Coli.

From August 2017 to July 2018 there had been 36 complaints received by the hospital, none of which were about the oncology service.

Services provided at the hospital under service level agreement:

- Agency clinical staff
- Catering and kitchen services
- Breast care specialist advice
- Clinical and or non-clinical waste removal
- Cytotoxic drugs service
- Mobile MRI service
- Microbiology service
- Translating services
- Grounds Maintenance
- Radiation and laser protection service
- Laundry
- Maintenance of medical equipment
- Pathology and histology
- Resident Medical Officer 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?

- The electronic prescribing of chemotherapy was safe and working well. The system ensured that medication could not be prescribed, dispensed or administered until all safety checks completed.
- There were sufficient nursing and medical staff for procedures and chemotherapy treatment to proceed as planned.
- Effective processes were in place to assess and respond to patient risks.
- Staff followed policies and procedures to ensure effective control and prevention of infection.

However

- The process in place for when servicing of medical equipment next due was not clear.

Good



Are services effective?

- Staff were providing care and treatment based on National Institute for Health and Care Excellence (NICE).
- Staff monitored a patient for any pain, and responded promptly if any pain relief required.
- Staff were encouraged to participate in training and development to enable them to deliver good quality care.
- There was effective multidisciplinary working.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

However

- Patient clinical outcomes were not measured.
- Although BMI Healthcare had a process in place to oversee and manage policies, we found three policies or guidelines that were currently under review in oncology, that were out of date in the case of two policies by over 18 months.
- Patients records were not complete as they did not contain records of multidisciplinary team meetings.

Not sufficient evidence to rate



Summary of this inspection

Are services caring?

- Staff were caring, sensitive to the needs of patients and compassionate. Patients' commented positively about the care provided by all the oncology staff.
- Patients felt informed and involved in their care and treatment. This included their care after a chemotherapy treatment in the oncology suite.
- Staff supported patients' emotionally with the care and treatment as needed.

Good



Are services responsive?

Are services responsive?

- The hospital planned services in a way that met the needs of those people who chose to access services. These people were happy with access to services, and facilities provided.
- Care and treatment was co-ordinated with other providers.
- The needs of different people were considered when planning and delivering services. Staff took account of individual patients' needs when delivering care and treatment.
- Staff working in this service, listened to concerns, complaints and communicated lessons learnt.

Good



Are services well-led?

- The risk register did not identify all risks to the patients that used the service.

However

- The provider, BMI Healthcare Limited had a corporate lead for end of life care and an end of life care lead was in place at the hospital.
- Staff spoke passionately about the service they provided, the care they offered to patients and had a vision for their services. Staff achievement was recognised through staff awards.
- Patients were given opportunities to feedback about their experiences.

Requires improvement



Detailed findings from this inspection






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Not rated	Good	Good	Requires improvement	Good

Notes

Medical care

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

Information about the service

BMI Sarum Road is operated by BMI Healthcare Limited. The hospital has been added to over the years. In 1985, the current theatre department was opened which allowed expansion of workload and provided laminar air flow for orthopaedic surgery. Prior to our inspection in August 2018 the hospital stopped undertaking endoscopies. A new minor operations room had replaced the endoscopy room. The oncology suite was called the Mulberry Unit, and situated on the ground floor. Mulberry unit had five patient treatment rooms. The hospital primarily serves the communities of the Winchester area. It also accepts patient referrals from outside this area.

The was a focused inspection to ascertain whether the hospital had taken actions related to the oncology service which was part of the medical care service.

At the time of the inspection, a new executive director was in post and had applied to be the registered manager at the hospital and since 3 September 2018 has been the registered manager.

Summary of findings

- The provider, BMI Healthcare Limited had a corporate lead for end of life care and an end of life care lead was in place at the hospital.
- The provider had developed an end of life strategy which at the time of inspection was at the draft stage. The director of clinical services did not give us a times scale of when the strategy would be finalised.
- Staff were providing care and treatment based on National Institute for Health and Care Excellence (NICE).
- Staff were caring, sensitive to the needs of patients and compassionate. Patients' commented positively about the care provided by all the oncology staff.
- The oncology suite was visibly clean and odour free. Staff used control measures to prevent the spread of infection.
- The pathway for oncology patients was working effectively.
- Staff specialist training in oncology was thorough.
- Staff felt well supported by the oncology consultants and the resident medical officer.
- We observed good teamwork both within the medical service and across the whole hospital.

However

- The risk register did not identify all risks to patients that used the service.
- We found three policies or guidelines that were currently under review in oncology, that were out of date in the case of two policies by over 18 months.

Medical care

- Clinical outcomes for oncology patients were not audited.
- The record of oncology patients' treatment being discussed at a multidisciplinary team meeting was not stored in the main patients' medical notes. There was a risk that information may not be known to anyone unaware two records were being maintained.
- The process in place for when servicing of medical equipment next due was not clear.

Are medical care services safe?

Good 

Mandatory training

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- For the oncology department overall compliance with mandatory compliance was 98%. One member of staff needed to complete practical fire training and care and communication of the deteriorating patient training. Both training modules had been booked for week commencing 3 Sep 18.
- Mandatory training at the hospital included infection prevention and control, blood transfusion, patient moving and handling, fire safety, adult basic life support, care and communication of the deteriorating patient, consent and dementia awareness.

Safeguarding

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff working with oncology patients confirmed there had been no safeguarding incidents from August 2017 to July 2018.
- Staff explained how they would respond if they witnessed or suspected abuse, and told us they would report it to the director of clinical services, who was the safeguarding lead. Staff we spoke were also familiar with the term female genital mutilation (FGM) and confirmed FGM had recently been included as part of safeguarding training.
- From August 2017 to July 2018, staff compliance with PREVENT duty training across the whole hospital was 94%. PREVENT raises awareness to stop individuals from getting involved or supporting terrorism or extremist activity.
- Overall hospital compliance with safeguarding training, which was at level 1,2 and 3 depending on staff role, was 95% for both adults and children. The hospital target was 100%.

Cleanliness, infection control and hygiene

Medical care

- The oncology suite was visibly clean and odour free. Staff used control measures to prevent the spread of infection.
- The hospital had policies and procedures to manage infection prevention and control (IPC). Staff could access these via the hospital intranet.
- We observed staff used personal protective equipment when they delivered care and treatment to patients, to reduce the risk of cross infection.
- Staff adhered to the 'bare below the elbow,' as stipulated in national guidance.
- In the rooms where oncology patients received treatments and care, there was hard flooring. This meant the floor surface was easier to clean.
- The oncology staff undertook monthly infection prevention audits. Audits included hand hygiene, bare below the elbow, central venous catheter on going care and peripheral cannula insertion. The audits showed 100% compliance with control and prevention of infection practice by staff. Since March 2018 the audits had been reduced at the hospital to two monthly.

Environment and equipment

- The service had suitable premises and equipment. The oncology suite consisted of a reception area, five patient treatment rooms, consulting room, a quiet room and a clinical room on the ground floor.
- The resuscitation trolley we checked near to the oncology suite by the outpatient department, was accessible to the oncology suite. The trolley was tamper evident, and equipment checks had been carried out. The checks of this equipment were undertaken by the outpatient staff working at the hospital.
- Staff followed these policies and processes for the management of waste and decontamination. We observed the use of purple lidded sharps bins for cytotoxic waste, and these were not more than two thirds full. Staff practice followed national guidance.
- Patients in the oncology unit had access to a scalp cooler, and all staff were trained to use this equipment. Scalp cooling can reduce hair loss caused by chemotherapy.
- The hospital had a system in place to ensure equipment servicing was in date. The spreadsheet, due to the volume of items was not easy to check for specific

departments, to establish if equipment was within servicing dates. We checked with the estates manager with regards to the equipment in the oncology department. The equipment was all with its servicing dates, other than one item of equipment that was still under warranty. This item of equipment therefore had not yet required to be serviced.

Assessing and responding to patient risk

- The nurses completed an oncology nursing assessment, as part of a specifically designed care pathway, for all oncology patients on admission. The patient's assessment included information about the risks of chemotherapy, and how these risks could be managed.
- A member of staff contacted oncology patients who had received a treatment the week before to check on their progress. If needed, the staff member would ask the patient to come in for assessment by the resident medical officer. The acting clinical services manager told us this telephone contact with patients had reduced the number of calls made by patients having oncology treatments, to the staff working in the oncology department in and out of hours.
- Oncology nursing staff used the United Kingdom Oncology Nursing Society (UKONS) triage tool to help identify the urgency of a problem such as neutropenic sepsis. Neutropenic sepsis is a life-threatening complication of anticancer treatment. The term is used to describe a significant inflammatory response to a presumed bacterial infection in a person with or without fever. Staff working in oncology knew how to manage a patient presenting with neutropenic sepsis. The service also had a sepsis box in place with equipment needed to treat a patient with suspected sepsis all in one place. This meant staff could give the urgent lifesaving treatment to a patient with suspected sepsis without delay.
- The hospital had a transfer agreement with a nearby NHS trust and a policy for a patient who became unwell. If the consultant was not present during a chemotherapy treatment, staff telephoned the consultant. If immediate help was needed to stabilise the patient, staff contacted the resident medical officer who was on site 24 hours a day.

Nurse staffing

Medical care

- The service had enough nursing staff, with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment.
- Two registered nurses (RN) and a healthcare assistant formed the oncology team. There was also a RN on the ward competent in oncology care for support if needed. The team had recently needed to use an agency member of staff due to maternity leave. The agency nurse had been coming to the service for seven months at the time of our inspection. The agency nurse had specific training in oncology and the checking of chemotherapy treatments. These staffing levels ensured patients always received their treatment from staff competent in the administration of chemotherapy.
- Two chemotherapy-trained nurses were always on a duty when a patient was booked for a chemotherapy treatment. We checked the last three weeks off duty which confirmed two chemotherapy trained registered nurses always on duty. The acting oncology lead confirmed the skill mix and competencies of staff enabled the needs of oncology patients attending the unit were met safely. A new oncology lead had been recruited and had a start date.

Medical staffing

- The service had enough medical staff, with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment.
- The medical staff, who provided oncology care, also regularly worked within the NHS.
- Medical staff worked under a practising privileges arrangement. The granting of practising privileges is an established process whereby a medical practitioner is granted permission to work within an independent hospital. A review of six of the oncology medical staff files held by the hospital demonstrated that these were detailed including; the individual's scope of practice, curriculum vitae (CVs), verification of professional registration and revalidation, professional indemnity, training records and appraisals which were up to date.
- A resident medical officer (RMO) provided 24-hour, seven day a week cover at the hospital. The RMO cover was supplied through an agency who also checked their competency. This included ensuring the RMO was trained in advanced life support.

- The acting oncology lead reported timely access to the consultants if a patient's needs changed. There was a formal arrangement that the consultants provided cover for each other's patients if required.

Records

- We reviewed six patients' paper medical and nursing records for patients having chemotherapy. These were detailed records of patients' care and treatment.
- Nursing staff completed a specifically designed care pathway for an oncology patient having systemic anti-cancer therapy. These pathways contained risk assessments that staff had fully completed.
- Records were legible, available at the point of care delivery, up to date and stored in a lockable cabinet.

Medicines

- Patients attending the oncology day unit received intravenous chemotherapy. Staff followed safe systems and processes when they administered chemotherapy.
- Injectable chemotherapy ready for administration was purchased from a licensed specialist supplier. A safe process was in place when chemotherapy received at the hospital.
- The prescription and recording of the administration of chemotherapy and oncology medicines was completed electronically. Two nurses trained in the administration of chemotherapy were always involved in the checking of chemotherapy medicines before they were administered. Electronic prescribing of chemotherapy at the hospital commenced in July 2016.
- Chemotherapy spillage kits were available in the oncology service. The service provided patients with medicine spillage kits to use at their home in the event of spilling medicines.
- Nursing staff stored medicines securely and within their recommended temperature ranges. Dedicated cupboards and fridges were used to store chemotherapy.
- During our inspection, we saw that the checking by oncology staff of minimum and maximum temperatures took place. The acting oncology clinical services manager told us staff were aware of actions to take if temperatures were not within the minimum and

Medical care

maximum range, and there was guidance on the recordings sheets. Intravenous fluids for oncology patients were stored in a treatment room that could only be accessed by key pad entry.

- Medicines were available in oncology to provide immediate treatment for any adverse reactions to medicines.
- Piped oxygen was available in the five treatment rooms in oncology.

Incidents

- The service managed patient safety incidents well. Staff recognised incidents and reported the appropriately. The oncology clinical services manager investigated incidents supported by the director of clinical services as needed. Learning was shared through governance meetings and at daily communication meeting, both for the oncology team and whole hospital team leads.
- From August 2017 to July 2018 we received one expected death notification from the hospital about an oncology patient. This was an oncology patient who died four days after admission to a hospice. The notification was sent because the patient had received chemotherapy within 30 days of their death. There were no unexpected deaths within the service or hospital.
- A never event had occurred in April 2018. This was where a portion of approximately 10cm of a silicone venous catheter with a port used to administer chemotherapy to oncology patients had been retained in the lower end of the front of the patient's neck area. The director of clinical services informed CQC and the Medical and Healthcare Products Regulatory Agency. (MHRA), and an action plan was put in place following the never event to reduce the risk of it reoccurring. The hospital completed all actions by August 2018. Never Events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- Staff understood duty of candour 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. Staff were aware of their responsibility to inform

patients when anything went wrong. They said that the consultants would initiate this and the clinical lead for the service would be part of the investigations. We saw evidence of staff fulfilling their duty of candour responsibility following the incident described above.

- From August 2017 to July 2018 there were 31 incidents reported, 30 in relation to oncology services and one in relation to an endoscopy patient (before the hospital had stopped providing this service). The two most frequent types of incidents related to stages in the medicines and pathology processes. Due to the checking processes by oncology staff, none of the incidents reported resulted in any harm to patients. The incidents were investigated by the clinical service manager, overseen by the director of clinical services and actions taken to prevent reoccurrence. Actions had included discussions with staff in relation to individual performance and a new form was being developed to support effective communication with oncology and pharmacy staff.

Safety Thermometer or equivalent

- The hospital did not display safety information in the Mulberry suite where the oncology patients were cared for. Safety information was monitored at monthly clinical governance meeting held at the hospital, this included venous thromboembolism assessment and patient safety incidents.

Are medical care services effective?

Not sufficient evidence to rate 

Evidence-based care and treatment

- Staff were providing care and treatment based on National Institute for Health and Care Excellence (NICE). We saw through patient records, full compliance with management of neutropenic sepsis national guidance.
- We found three corporate policies or guidelines that were currently under review in oncology. Two corporate policies were overdue a review by over 18 months. This included the corporate clinical guideline for management of cytotoxic extravasation (leakage of cytotoxic medication into a patient's skin), that had been due for review July 2016. The other two corporate oncology policies/guidelines under review we found

Medical care

were had been due for review in November 2016 and March 2018. Whilst review of these policies awaited corporately, at the hospital, staff in addition, referred to the Royal Marsden Manual of Cancer Nursing Procedures ninth edition.

- The executive director told us that BMI Healthcare had a system in place to oversee and manage policies, which involved weekly monitoring review of all policies against their planned review dates. BMI Healthcare had recently introduced a new approach which involved the identification of policies that are due to be reviewed in three months. Policy owners were then alerted to an approaching review date, so that updates are made prior to the review date.
- At the last inspection in February 2016 the hospital did not have systems and pathways to support patients at end of life. The director of clinical services shared with us a care plan ‘achieving priorities of care in the last days and hours of life’, available at the hospital since the inspection in February 2016. This care plan/pathway would be used by staff at the hospital to support and inform the care of patients in the final stages of their illnesses.
- The oncology unit had been awarded the Macmillan Quality Environment Mark (MQEM) in 2016. This is a detailed quality framework used for assessing whether cancer care environments meet the standards required by people living with cancer. The next planned review by Macmillan was due to take place in 2019.

Nutrition and hydration

- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff used the malnutrition universal screening (MUST) tool. MUST is a screening tool to identify adults who may be at risk of malnutrition, under nourished or obese. Patients were reassessed before each treatment cycle.
- Nurses referred patients to dietitians at the local NHS Trust for advice and support if indicated following their MUST screening assessment. Patients’ having chemotherapy were offered drinks and meals depending on the length of their treatments which varied.

Pain relief

- Staff assessed and monitored patients pain regularly to see if they were in pain. They used a scale with five descriptions of the effect of pain to a patient ranging from ‘no pain’ to ‘disabling pain’.
- We reviewed six patients’ records. During the notes review we could see that nursing staff assessed and managed patients pain levels as part of their chemotherapy assessments undertaken during every admission for a chemotherapy treatment.

Patient outcomes

- The hospital did not audit the effectiveness of oncology patients care and treatment. This meant that opportunities to compare results and learn from them were not available.
- The oncology department undertook a monthly audit of the use of the United Kingdom Oncology Nursing Society (UKONS) triage tool to help identify the urgency of a problem such as neutropenic sepsis. The audit was focused on checking the audit tool had been correctly completed, rather than on clinical patient outcomes. The hospital was planning to launch a cancer services audit and United Kingdom Oncology Nursing Society (UKONS) and neutropenic sepsis audit in October 2018.
- Oncology nursing and medical staff at the hospital reviewed patients as they returned for further chemotherapy treatment cycles. This was recorded in patient medical notes.
- The service contributed to the Private Healthcare Information Network (PHIN). Data was submitted in accordance with legal requirements which were regulated by the Competition Markets Authority (CMA).

Competent staff

- The service made sure staff were competent for their roles. Managers appraised staff’s work performance to provide support and monitor the effectiveness of the service.
- Consultants worked at the hospital under practising privileges. Practising privileges give medical staff the right to work in an independent hospital following approval from the Medical Advisory Committee (MAC). The hospital checked consultant qualification, experience and carried out disclosure and barring

Medical care

service (DBS) checks. The hospital had an effective process for ensuring updated evidence of GMC registration, insurance, competence and revalidation was in place.

- Nursing staff in oncology were competent in the use of vascular access devices and chemotherapy administration. We noted in the oncology staff member's file we looked at, this included evidence that they had completed oncology competencies, and the staff member's competency had been reviewed.
- At the time of inspection across the hospital 92% of staff were progressing with their appraisal process. The remaining 8% were new starters, long-term sick or maternity leave.

Multidisciplinary working

- There was effective multidisciplinary team (MDT) working in oncology both with in the hospital and externally with GP's. During our inspection, the administrative, and oncology medical and nursing staff worked well together to ensure patient pathways were effective. This included discharge summaries that were sent to GP's.
- Oncology staff told us the consultants' patients treated at the hospital were discussed at cancer MDT meetings held at local NHS Trusts. Oncology patients were discussed in a multidisciplinary team meeting at a local NHS trust, and this provided opportunity for peer review and benchmarking.
- In the six oncology patients records we looked at there was no record of these MDT discussions. Staff could confirm these discussions had taken place, and showed us records of patients discussed at the MDT meetings in a separate folder. There was a risk that information may not be known to anyone unaware two records being maintained.
- The oncology staff explained that if a patient required end of life care, there were links with local hospices for patients to be referred to for their needs to be effectively met.
- Staff in oncology worked closely with the breast care specialists at the local NHS Trust. The oncology nurses ensured patients were given the contact details for the breast care specialist nurses at the hospital for support.

Seven-day services

- The oncology service was available Tuesday to Thursday from 10am to 4pm. Staff administered chemotherapy treatments Tuesday to Thursday. A nurse we spoke with told us that the team worked flexibly, and could support patients on a Monday or Friday if requested.
- For patients who were receiving chemotherapy there was seven-day support available through an out of hours contact number to oncology trained staff, if patient' had concerns or any adverse effects.
- Pharmacy was available Monday to Friday. The hospital had a process for out of hours pharmacy support, that staff understood how to use.
- The hospital operated an on-call system for senior managers seven days a week.

Health promotion

- The hospital ran three monthly, two hour long 'Looking good feeling better' sessions for patients receiving treatment, to promote their well-being. This included 'make up' advice. At the last session approximately eight patients had attended. The hospital also provided complementary therapies for patients' weekly.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- The oncology consultants sought consent from patients, which included a discussion of the risks and benefits, before patients admitted as a day case for chemotherapy. The consent process was supported with written information about the specific chemotherapy treatment for patients to take away and read.
- Staff understood the consent to care and best interest process. They told us of action they would take if someone lacked capacity. The hospital from April 2017 to March 2018 had 95% compliance with staff who had received training in patient consent.
- The BMI Healthcare Limited consent for examination or treatment policy dated April 2018, included guidance about obtaining consent in patients' who lack capacity. Staff told us if they were concerned about patients' understanding, they would seek advice from their manager.

Medical care

Are medical care services caring?

Good 

Compassionate care

- Staff treated patients with dignity and respect, and maintained a patients' privacy. For example, all private conversations between staff and patients took place with the door closed of the patients' treatment room.
- Patients in oncology found staff to be compassionate and caring. A patient in oncology told us 'skilled staff, take time, never rushed or pressured'. Another patient described the staff as 'amazing'.
- We observed how friendly, kind and supportive all staff were in helping patients to have a smooth patient journey, and we could see patients were feeling at ease and comfortable.

Emotional support

- Staff provided emotional support to patients to minimise their distress.
- A patient we spoke with who lived alone told us, 'it was good to feel held and supported' during treatments at the unit.
- Patients were referred to clinical nurse specialists and counselling services at the local NHS trust if needed or requested.
- The executive director shared a letter a relative had sent to the hospital, following their wife's treatment in the oncology suite. In the letter they wrote 'The support, encouragement and let's be clear, love shown for her made the ordeal so much more bearable'.

Understanding and involvement of patients and those close to them

- Patients received appropriate information to support them to understand how to manage their condition. For example, oncology patients were given a booklet, to help them recognise if they were developing side effects from treatment and how these should be managed.
- Patients in oncology found medical and nursing staff caring in their approach when discussing next

treatments required. A patient told us they appreciated being able to discuss with staff dates and times for next treatments to fit in with their life and personal commitments.

Are medical care services responsive?

Good 

Service delivery to meet the needs of local people

- The hospital planned services in a way that met the needs of those people who chose to access services. These people were happy with access to services, and facilities provided.
- The acting clinical services manager (CSM) in oncology advised us the oncology service was awarded the Macmillan environment quality mark in 2016. This is a detailed quality framework, used for assessing whether cancer care environments meet the standards required for people living with cancer. Patients were happy with the environment for their care and treatment, and felt comfortable.

Meeting people's individual needs

- The service took account of people's individual needs. When we looked at the chemotherapy patient pathway, this included a prompt 'cognitive and perceptual abilities, are there any barriers to understanding treatment?' In the six sets of notes we looked at, this section had been completed. Staff we spoke with told us they would speak with the director of clinical services, if unsure how to meet patients' needs if there were barriers to patients understanding their treatment.
- A dedicated quiet room was available to give patients time to absorb information if needed. Following discussion with patients, a settee rather than chairs had been provided to make the room feel less clinical.
- To support patients with limited mobility or who were wheelchair users, staff had identified one of the five rooms with ensuite facilities for these patients. This room enabled greater accessibility due to the size. The service had also removed towel rails from all the bathroom doors to increase accessibility for patients.
- The oncology unit had a variety of leaflets that patients could access. Leaflets included 'a guide for people with

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cancer and dementia’ and ‘Cancer and your sex life men/women’. Staff were aware of where to access information in different languages if required and could print the information when needed.

- Oncology nurses provided patients with information on discharge. They gave them information about the signs and symptoms to look out for following chemotherapy, and what they could do to relieve them. They also gave them in and out of hours contact details in case of concerns.
- Staff told us that a translation service was available at the hospital if needed. A poster about this service had been placed in the quiet room

Access and flow

- People could access the service when they needed it. NHS consultants referred oncology patients to the hospital following diagnosis at a NHS hospital. The oncology patients treated at the hospital were all private (insured). The hospital told us from August 2017 to July 2018 there had been 370 oncology patients.
- The acting oncology clinical services manager advised that all patients received consultant led care. An oncology member of staff said approximately nine patients were treated a week. The oncology nurse said that depending on the treatment needs of patients, treatments could take 15 minutes to several hours to complete.
- The acting CSM explained that the consultant at the beginning of patient’s treatment discussed their pathway of care, as part of building a rapport with patients. If appropriate, the consultant contacted the palliative care community team, to make them aware of patients.
- The director of clinical services explained that if patients needed end of life care there was a pathway in place. Patients preferred place of care was frequently a hospice, and sometimes to their home. When we spoke with staff they told us there had been no expected or unexpected deaths in the hospital from August 2017 to July 2018.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them and lessons are learned from the results, and shared these with all staff.

- Patients were actively encouraged to leave comments and feedback via the BMI patient satisfaction survey, ‘How well did we do?’
- We saw written information was available in the patient treatment rooms, guiding them on what to do if they had a complaint or a concern. Staff knew what to do if a patient had any concerns, or wanted to make a complaint. Staff told us they would listen to the patients’ concerns to try and resolve the, and seek support from their line manager if needed.
- From August 2017 to July 2018 there were no complaints from oncology patients’ accessing the oncology service.
- Complaints received were discussed at the monthly clinical governance meeting and heads of department meetings. The lead for oncology and theatre manager attended these meetings. This meant that any lessons learned could be shared with staff working in oncology.

Are medical care services well-led?

Requires improvement 

Leadership

- The senior management team at hospital included the executive director (ED) and director of clinical services who were responsible for the day to day management and development of the hospital. The ED had joined the hospital in April 2018.
- The oncology team was led by the clinical services manager (CSM). Currently an experienced oncology nurse was acting up into this position, as the previous post holder had left during August 2018. A new clinical services manager experienced in oncology care was due to start employment at the hospital in October 2018.
- The provider, BMI Healthcare Limited now had a corporate lead for end of life care and an end of life care lead was in place at the hospital.

Vision and strategy

- The vision of the nursing staff in the Mulberry suite was to provide compassionate, quality care focusing on the unique needs of patients and their families. This reflected the BMI Healthcare Limited vision which was ‘serious about health, passionate about care’.

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- The provider had developed a corporate end of life strategy which at the time of inspection was at the draft stage. The director of clinical services did not give us a timescale of when the strategy would be finalised.
- The oncology department had a business plan for 2018 in place that had been updated in May 2018. This included information about the management structure, goals and objectives, actions to be taken forward and the risk register. The new oncology clinical services manager commencing in October 2018, would be taking the servicing forward and ensuring the business plan taken forward to 2019 and onwards.

Culture

- Staff we spoke with felt valued, and told us about the opportunities they had to develop their knowledge and skills.
- Staff described the atmosphere as 'happy, friendly and open'. Staff felt able to raise concerns, and that senior staff were approachable and visible.

Governance

- The arrangements for governance did not fully cover the needs of the oncology service. The oncology department had a monthly meeting chaired by the CSM. At the meeting agenda items included hospital update, reports from other meetings, incidents, infection prevention, courses and e learning and recruitment. The meeting minutes did not include audit with reference to clinical patient outcomes.
- There was a hospital wide governance framework supported by various committees included those held by the medical advisory committee (MAC), heads of department (HOD), senior nurse group, clinical governance, health and safety and a risk committee which had clear lines of reporting.
- The hospital wide clinical governance committee meeting was held every two months with a set agenda that included: key performance indicators, clinical audit plan, patients' safety incidents, and the risk register were discussed. There was no medical representation at these meetings, to provide comment on information discussed.

- Oncology consultant representation was in place for the quarterly medical advisory committee meetings (MAC). When we reviewed the minutes the oncology representative had attended two of four MAC meetings from August 2017 to July 2018.
- The new ED had a meeting planned shortly after our inspection with the medical director at the local NHS trust. This was to enable effective communication in relation to consultant's practising privileges governance and service level agreements (SLA) in place.

Managing risks, issues and performance

- The oncology risk register was not effective in identifying all risks to patients, and planning to eliminate or reduce them.
- Oncology had a local risk register with three risks at the time of inspection; however this did not identify all risks to the service. We were informed of incidents relating to medicine preparation and storage where the hospital had taken action and recorded on the adverse incident reports but not included on the risk register. Also, the need for patient clinical outcomes to be audited were not described to ensure in line with national guidelines. This meant that actions to eliminate and reduce harm from these risks were not systematically managed.
- Some clinical audit was used to monitor quality and assure risks are managed in relation to prevention and control of infection, such as the management of central venous catheter ongoing care and hand hygiene.
- The BMI group produced a monthly clinical governance and quality and risk bulletin, including lessons learned, to enable shared learning from events across BMI Healthcare Limited and topic specific learning. The bulletin included safety alerts in relation to medical devices, drug alerts and learning from root cause analysis (RCA) investigations following incidents.

Managing information

- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service regularly reviewed quality performance which managers discussed at meetings. Managers shared this information electronically with staff through minuted meetings to ensure their awareness of where improvements in performance could be made.

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- The service used electronic prescribing, enabling all health professionals in contact with patients' to access the same tumour protocols and see the same up-to-date patient information to better inform prescribing decisions and minimise risk.
- Staff could access information on the hospital intranet, which included clinical policies and standard operating procedures.
- There was sufficient information technology equipment for staff that worked in the oncology department.
- Clinical staff accessed information about patients using a computer securely with individual log in details and passwords, for example, referral letters, blood test results, x rays and other investigation results.
- Staff in oncology sent a letter to the patient's GP detailing chemotherapy treatment.

Engagement

- The hospital engaged with patient and staff to plan and manage services.
- From questionnaires oncology staff had sent to patients, some changes had been made. On the notice board as you came to towards the treatment rooms there was a notice board with 'you said' 'we did'. A change had included updating pictures on the walls in 2017 and a magazine rack. A notice board was also moved at the request of patient, to make it more accessible.
- BMI group carried out an annual survey. The last survey had been carried out in June 2017. The hospital was in

the top 20 percent of the BMI Hospital group with some questions in the survey. These questions included 'I am committed to doing my very best for BMI Healthcare' and 'I am fully trusted to do my job'. The ten least positive results included 'I am paid fairly for the job I do (compared with the amount I could earn elsewhere for a similar job)' and 'BMI Healthcare introduces changes effectively'. At the time of the inspection, the hospital did not submit an action plan along with the staff survey results.

- The hospital participated in charitable events which staff were invited to contribute to, and this included the annual Macmillan coffee morning.

Learning, continuous improvement and innovation

- The service was committed to continuous improvement by learning from patient feedback.
- The oncology clinical services manager had presented a poster at the United Kingdom Oncology Nursing Society conference. The poster was entitled 'The importance of holistic nursing assessment on a day chemotherapy unit in the private sector'. One hundred percent of patients felt they were given enough information about their treatment and had appropriate time to ask questions. The poster demonstrated the service improvement that had taken place and future perspectives. The aims included provision of improved person centred care with ongoing collection of objective and subjective data.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure the risk register for the service identifies all risks to patients.
- The provider should ensure the system in place for ensuring policies is closely monitored.
- The provider should ensure clinical outcomes for oncology patients are audited.
- The provider should ensure multidisciplinary meeting evidence was included within oncology patients' medical records.
- The provider should review the process in place for when servicing of equipment next due so for each department it is clear.