

BMI The Shirley Oaks Hospital

Quality Report

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Date of inspection visit: 29 June 2017

Date of publication: 29/12/2017

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

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

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 privacy and comfort of 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 airflow (laminar flow). The outpatients department provides a wide range of services and is open until 9 pm week days and 1pm Saturdays. The Endoscopy Suite is Joint Advisory Group (JAG) accredited, and offers diagnostic services within a discrete unit with a dedicated procedure room. The Extended Recovery Unit is used for

Summary of findings

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 services. 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 require elective surgery or other diagnostic procedures. Elective adult surgical procedures included; orthopaedic, gynaecology, ophthalmic, and general surgery.

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

We inspected this service as a focused follow up inspection. The purpose of this was to review progress made on action taken to address the requirement notice issued to the hospital following the comprehensive inspection which took place in August 2016.

We carried out the unannounced inspection on 29 June 2017. The requirement notice issued was in relation to a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach related to regulation 11 of the Health and Social Care Act – Need for Consent.

Our inspection included a review of the completion of consent forms in line with hospital policy, and the procedure of gaining consent. This included the discussion of the risks of surgery using both general and

local anaesthetic. The use of translation services in the consenting process for those for whom English is not their first language and audits of the consent forms were also reviewed.

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.

We inspected the hospital as a follow up inspection to review progress made on the action plan developed in response to our comprehensive inspection in August 2016.

We found improved completion of consent forms. However further improvement is required to ensure that patients are given legible information regarding their procedure and any associated risks.

We saw information which indicated the use of translation services had increased since our last inspection. However, on the day that we inspected, we again witnessed a patient for whom English was not their first language not having a translator provided for them but a family member translating.

In the outpatients department (OPD), we saw considerable improvement in the completion of the right consent forms. These were found to be legible and had detailed descriptions of the surgery and associated risks. However patients weren't given a copy of the consent form which detailed the surgery and associated risks.

Professor Edward Baker

Chief Inspector of Hospitals

Summary of findings

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BMI Shirley Oaks Hospital

Services we looked at:

Surgery, Outpatients and diagnostic imaging

Summary of this inspection

Background to BMI The Shirley Oaks Hospital

BMI The Shirley Oaks Hospital is operated by BMI Healthcare Ltd. BMI Healthcare Ltd 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.

The hospital is located near to Croydon, within easy access of public transport and major roads. It is a purpose built hospital, situated close to a residential area. Parking, including disabled spaces is provided.

BMI The Shirley Oaks Hospital has 42 beds, two operating theatres, an extended recovery area, and separate endoscopy suite.

The outpatients department (OPD), which includes consultation rooms, has 10 rooms, two minor procedure rooms, one audiology screening booth and a cardiology screening room. A standalone physiotherapy department provides a range of therapies including, hand therapy, men and women's health clinics and Pilate's classes.

The diagnostic imaging department is located on the first floor of the hospital. It provides a range of imaging facilities including x-rays, computerised tomography (CT), and ultrasound scanning. Radiographers provide a 24-hour service for inpatients. MRI scanning is provided by a separate private company, which we did not inspect on this occasion. There are interventional procedure clinics on a weekly basis.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, Anne Hinds-Murray and a CQC assistant inspector.

Information about BMI The Shirley Oaks Hospital

The hospital has two wards and is registered to provide the following regulated activities:

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

During the inspection, we visited one ward and the outpatients department. We spoke with 12 staff including;

registered nurses, reception staff, medical staff and senior managers. We spoke with three patients and one relative. During our inspection, we reviewed 57 sets of patient consent forms in both the surgical and outpatient departments.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are surgery services safe?

Safe was not covered as part of the requirement notice review. For Safe please refer to the report from August 2016.

Are surgery services effective?

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

During our inspection in August 2016 we found

- The records we reviewed showed all patients had been consented for their surgical procedure. Consent forms fully described the procedure completed as well as risks associated with it and full signatures from the consenting clinician and patient. Consenting generally took place on the morning of the surgery. This is not considered to be best practice as patient's consent should ideally be secured well in advance, so they have plenty of time to obtain information about the procedure and ask questions.
- We did highlight an area of concern, with regards to consenting patients whose first language was not English.

During our unannounced inspection we found

- Of the 36 consent forms we reviewed, 22 were legibly completed, 13 had parts of the form which were not legible and four forms were not legibly completed. This meant that four forms would not have been able to be read by the patients from whom consent was being sought.
- Of the 36 consent forms we reviewed the description of the procedure and its associated risks was not legibly

written in eight forms. This meant that eight patients could not read what their procedure was and any risks that were associated with that procedure on the consent form they signed.

- A leaflet regarding the type of surgery to be undertaken was only documented as being given to patients in four of the 36 forms we reviewed.
- We observed a consultant and anaesthetist; meet with a patient, who required the use of a translator, which had been detailed within their notes. The consultant and anaesthetist did not use a translating service. This was despite posters detailing how to access translating service being displayed in the patient room next to the phone which could be used.
- The consultant and the anaesthetist spoke to the patient's family member and did not address the patient directly. The family member translated what the consultant and anaesthetist said to the patient. This is not in line with best practice or the hospital's own policy.
- Monthly consent form audits were being conducted by the hospital since our inspection in August 2016. We reviewed four monthly consent form audits dating from January to April 2017 and found good compliance with scores ranging from 93% to 96% complete.

Are surgery services caring?

Caring was not covered as part of the requirement notice review. For Caring please refer to the report from August 2016.

Are surgery services responsive?

Meeting people's individual needs

Surgery

During our inspection in August 2016 we found

- Staff had access to language line to assist communication with non-English speaking patients. Staff we spoke with were aware of this but reported it was not often used. Information provided to us was that the service had only been used on 10 occasions since August 2015. We observed patients' relatives acting as interpreters during our inspection. This was not considered to be best practice, as there was a risk that information was not accurately conveyed.

During our unannounced inspection we found

- We observed that all patient rooms had posters on how to access language line translation service and a phone to use for accessing the service. Patients who required a

translation services had this clearly noted on the ward list. Despite this a consultant and anaesthetist did not use the service to speak to a patient about their upcoming surgery. They relied on the patient's relative to translate what they were saying.

- The translation service has been used 20 times between January and August 2017.

Are surgery services well-led?

Well Led was not covered as part of the requirement notice review. For Well Led please refer to the report from August 2016.

Outpatients and diagnostic imaging

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are outpatients and diagnostic imaging services safe?

Records

During our inspection in August 2016 we found:

- We looked at 18 sets of patient notes including minor operation checklists, and imaging notes for patients undergoing interventional procedures. These were generally incomplete in the OPD but well completed in the physiotherapy and imaging departments.

During our unannounced inspection we found

- We reviewed 21 sets of patient notes including minor operation checklists. We found that 19 out of the 21 sets had been fully completed. In one set of notes out of the 21 we reviewed, the wrong type of consent form has been used. In all other notes the correct consent form (consent form 3) had been used.
- The patients had only been given the copy of the consent form in 4 sets of notes out of the 21 sets reviewed. This meant that 17 patients did not have a copy of the consent form which detailed the type of minor operation they had received or a copy of the associated risks.
- There was no evidence of any of the patients having been provided with information leaflets in the 21 sets of notes reviewed.
- We reviewed monthly consent form audits completed by the hospital between November 2016 and May 2017. The audits showed a steady improvement in the completion of consent forms with scores ranging from 84% to 93%. We saw discussions were had with staff regarding the completion of consent forms at staff meetings.

Are outpatients and diagnostic imaging services effective?

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

During our inspection in August 2016 we found:

- Whilst on inspection we viewed 18 consent forms in the OPD and three consent forms within the radiology department. Of these 17 were consent form three, which was used for procedures under local anaesthetic. Four were consent form one, used for general anaesthetic or sedation.
- In the OPD there was incorrect use of consent form one.
- The consent form three was not completed correctly in 13 out of 14 notes we reviewed. Only one form had the risks of the procedure documented and signed. This indicated that the risks of the procedure may not have been discussed with the patient, meaning informed consent may not have been given.

During our unannounced inspection we found

- Of the 21 consent forms we reviewed, all but one was completed on consent form three.
- Consent form three was completed correctly in all 20 sets of forms reviewed with regards to procedure and associated risks being documented. However, only four patients had been given the take home copy of the consent form.

Outpatients and diagnostic imaging

Are outpatients and diagnostic imaging services caring?

Caring was not covered as part of the requirement notice review. For Caring please refer to the report from August 2016.

Are outpatients and diagnostic imaging services responsive?

Responsive was not covered as part of the requirement notice review. For Responsive please refer to the report from August 2016.

Are outpatients and diagnostic imaging services well-led?

Well Led was not covered as part of the requirement notice review. For Well Led please refer to the report from August 2016.

Outstanding practice and areas for improvement

Outstanding practice

- The service had direct access to electronic information held by community services, including GPs. This meant that hospital staff could access up-to-date information about patients, for example, details of their current medicine.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that translation services are used for all patient for whom English is not their first language and that family members are not used to translate.

Action the provider **SHOULD** take to improve

- The provider should ensure that all patients are given a copy of their consent form.
- The provider should ensure that all consent forms are legibly completed