

# BMI Coombe Wing

## 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 Coombe Wing is operated by BMI Healthcare Limited. Facilities include one ward and a small outpatients department, located within Kingston Hospital in south west London. The service has 22 beds and four outpatient consulting rooms. The service provides care for patients with medical conditions and post-operative surgical care. At our last inspection in October 2016, the service was rated as Good overall. Effective was rated as Requires Improvement, with all other key questions rated as Good. At our last inspection, we found areas of concern where the provider needed to improve; these included:

- Improving education and training to improve audit compliance rates of venous thromboembolism assessment and treatment.
- Ensuring that all staff and visiting consultants within the outpatients department comply with 'bare below the elbow' guidance.
- Considering auditing patient outcomes for all conditions treated on the ward.
- Ensuring records of nursing clinical supervision are documented.
- Improving mandatory training completion rates.
- Improving audit compliance for medical records.

This is a report of a focussed inspection, which looked at the areas identified as requiring improvement at our inspection. As this inspection was focused on specific areas of concern, we did not look at all aspects of all key questions, and we have not re-rated this service. Our key findings from this inspection were as follows:

- The service had implemented regular clinical supervision for staff and kept records of themes discussed, in order to inform training and development on the ward.
- The provider had completed work to address the infection prevention and control risks in the ward corridor, patient rooms and outpatients department.
- Venous thromboembolism (VTE) assessment rates had improved, and the latest audit in July 2018 showed there was 100% compliance with patient assessment for venous thromboembolism.
- All clinical staff who saw patients complied with 'bare below the elbow' guidance.
- Staff understood their responsibility to report incidents and concerns, and complied with their responsibility under the duty of candour. The service had clear systems to prompt staff to consider the duty of candour.

# Summary of findings

- 96.3% of staff were up to date with mandatory training, and the service performed well for overall training completion rates compared to other BMI units at the time of our inspection.
- While the service had reported two never events since our last inspection, they had completed joint investigations with Kingston Hospital, and produced thorough action plans to ensure learning was captured and processes updated.
- While the service was due to transfer back to Kingston Hospital in April 2019, and therefore, did not have a defined long-term strategy, staff were fully aware of proposed changes, managers were engaged with Kingston Hospital staff regarding the future of the ward and the service vision was displayed in the reception area on the ward.

However:

- The reception area in the outpatients department was relatively small, and staff speaking with patients in the area and on the telephone could be sometimes be overheard by others in reception. Staff were not always mindful of their volume when speaking with patients.

**Deputy Chief Inspector of Hospitals**

**Dr Nigel Acheson**

# Summary of findings

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### Summary of this inspection

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# Summary of this inspection

## Background to BMI Coombe Wing

BMI Coombe Wing provides care for privately-funded patients and is operated by BMI Healthcare Limited. The service was provided by Kingston Hospital until 2009 when it was taken over by BMI Healthcare. The hospital primarily serves the population of Kingston Upon Thames. It also accepts patient referrals from outside this area. BMI Coombe Wing is a ward which can accommodate 22 adult male and female patients. Patients have private rooms with en-suite bathroom facilities.

The service had been inspected three times previously. We last inspected the service in October 2016. At the time of our inspection, the registered managers were John Hare, registered since January 2014, and Hannah Dyer, who had been registered with the CQC since November 2017.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in medicine.

The inspection was overseen by Helen Rawlings - Head of Hospital Inspections.

## Why we carried out this inspection

This is a report of a focussed inspection, which looked at the areas identified as requiring improvement at our last inspection. As this inspection was focused on specific areas of concern, we did not look at all aspects of all key questions, and we have not re-rated this service.

## How we carried out this inspection

Before our inspection, we reviewed a range of information we held, including the provider's action plan and performance information.

During the unannounced inspection, we visited the ward and the outpatients department. We spoke with six staff, including; registered nurses, health care assistants and senior managers.

We observed how patients were being cared for, spoke with patients and reviewed their personal treatment records. We observed the environment in which care was being delivered and reviewed policies and other documents.

## Information about BMI Coombe Wing

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

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

# Summary of this inspection

- Maternity services

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

# Medical care

|            |  |
|------------|--|
| Safe       |  |
| Effective  |  |
| Caring     |  |
| Responsive |  |
| Well-led   |  |

## Are medical care services safe?

### Mandatory training

- Staff received effective training in safety systems, processes and practices.
- Mandatory training completion rates had improved. At the time of our inspection, the overall mandatory training completion rate for the ward was 96.3%, against a target of 95%. The service performed well for overall training completion rates compared to other BMI units.
- At our last inspection, there was poor compliance with fire awareness training for ward-based staff. This had improved and 91% of staff had completed training for the hospital environment and 100% for fire warden training, against targets of 95%.

### Safeguarding

- Staff received suitable training in safeguarding systems, processes and practices.
- Safeguarding training completion rates had improved. At our last inspection, some safeguarding training modules had a completion rate below the provider target of 90%. This had improved and the completion rate for all modules was above the new 95% target and had an average completion rate of 98%.

### Cleanliness, infection control and hygiene

- The provider maintained good standards of cleanliness and hygiene to prevent and protect people from a healthcare-associated infection. At our last inspection, we identified infection control and prevention risks due to the corridor floor being lined with carpets, the lack of handwashing basins and poor placement of hand sanitisers around patient rooms. Following our last inspection, the service confirmed that they had addressed these concerns, and during our visit we saw

that the provider had completed work to remove carpets, install basins and additional hand sanitiser dispenses. This reduced the infection control and prevention risk to patients.

### Environment and equipment

- The design, maintenance and use of facilities and equipment kept people safe.
- At our last inspection, the ward did not have equipment available for continuous cardiac monitoring. While this continued to be the case at our follow-up inspection, patients that required this were not accepted onto the ward, and in the event of an emergency this equipment could be accessed immediately from the equipment library within Kingston hospital and the ward resuscitation trolley was fully equipped with a cardiac monitor and defibrillator.
- At our last inspection, the shower cubicles within each patient bedroom had a step that may have been difficult for patients with reduced mobility. This continued to be the case at our follow-up inspection, and staff continued to mitigate this risk by assisting patients where required.

### Assessing and responding to patient risk

- Staff identified and responded appropriately to changing risks to patients, including deteriorating health and wellbeing, or medical emergencies. Staff we spoke with understood the emergency transfer policy and could clearly describe the steps they would take to identify and escalate a deteriorating patient.
- We viewed the provider's Emergency transfer policy, which had clear aims, objectives and scope. The policy had been issued in September 2017, and was due for review in September 2018, at the time of our inspection. Senior staff were aware of this and told us they would be updating it shortly. The policy clearly outlined the responsibilities of individual members of staff, such as the nurse-in-charge and the healthcare professional

# Medical care

designated to care for the patient. Staff recorded all cases of emergency transfer as an incident to ensure that occurrences were monitored and any learning captured.

- The ward had good links with Kingston Hospital, and managers and staff told us they were able to access support and specialist input from Kingston Hospital staff when needed.
- Assessment of venous thromboembolism (VTE) had improved. In the latest audit from July 2018, 100% of patient records audited had completed VTE assessments.

## Records

- People's individual medical care records were not always written and managed in a way that kept people safe. At our last inspection, compliance with medical records standards was variable. At the time of our follow-up visit, BMI Healthcare scheduled audits centrally and the most recent records audit completed was in July 2018, when the ward achieved an overall compliance score of 74%. However, the ward had identified a number of areas for improvement from the audit and had a clear and detailed action plan to address the issues from the audit. Actions included: ensuring every page has the unique patient identified included, ensuring completion of consultant daily progress notes, including discharge summaries and improving completion of the discharge checklist.

## Incidents

- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate. We looked at five incident reports, and saw that learning had been identified and shared with staff.
- Since our last inspection, the service had moved to an online incident reporting system. All staff we spoke with knew how to access the system and report incidents and had received training in the reporting system. Incidents were directed to the relevant manager, depending on the type of incident reported. Staff responsible for investigating incidents included key members of staff in their investigation. For example, we saw the infection prevention and control lead had been involved in investigating an incident of a patient infection.
- Staff we spoke with were clear about their responsibilities regarding duty of candour. Duty of

candour is a regulatory duty that relates to openness and transparency, and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. This means providers must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. The new incident reporting system had prompts to check whether duty of candour had been followed, and the service used stickers for patient notes to indicate when duty of candour had been followed. The stickers clearly outlined various steps in the duty of candour process and acted as a useful prompt to ensure staff took appropriate actions.

- Incidents were discussed in the provider's governance meetings, which were held monthly and any duty of candour requirements or actions were included as part of the incident discussion.

## Are medical care services effective?

### Patient outcomes

- The provider monitored the effectiveness of patients' care and treatment and, where possible, participated in relevant local and national clinical audits.
- At our last inspection, we identified that the service did not participate in many national clinical audits. Whilst auditable patient activity on the ward remained low, the director of clinical services for the unit attended the Kingston Hospital audit committee and was actively seeking to submit to both national and local trust audits where possible.
- The service had recently contributed to the Perioperative Diabetes audit for the National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) and was engaged with Kingston Hospital about participating in a cardiology audit.

### Competent staff

- The provider had improved arrangements to support and manage staff to deliver effective care and treatment through clinical supervision.
- At the last inspection, the service did not carry out formal clinical supervision, despite there being a BMI policy on how this should be undertaken. At our

# Medical care

follow-up inspection, we found this had improved. The service held regular group clinical supervision sessions available for staff on the last Friday of every month. Staff could attend on a drop-in basis, but were required to attend a minimum of six sessions per year. In addition to the group sessions, staff could access individual sessions and post-incident supervision was mandatory.

- General themes from supervision sessions were captured and the service used these to shape training sessions.

## Are medical care services caring?

This key question was not inspected.

## Are medical care services responsive?

This key question was not inspected.

## Are medical care services well-led?

### Vision and strategy

- The ward was due to transfer back to Kingston Hospital in April 2019, therefore the service did not have a long-term strategy beyond this. The Director of Clinical Services was engaged with Kingston Hospital regarding the transition and managers on the ward had kept staff updated regarding the proposed changes. The current service vision and strategy was on display in the reception area on the ward.



# Surgery

|            |  |
|------------|--|
| Safe       |  |
| Effective  |  |
| Caring     |  |
| Responsive |  |
| Well-led   |  |

## Are surgery services safe?

### Incidents

- There were appropriate arrangements for reviewing and investigating safety incidents and events, which involved all relevant staff, services and partner organisations. Incidents were allocated to the relevant manager, who investigated and involved key staff where necessary. For example, we saw the infection prevention and control (IPC) lead had been involved in investigating an incident of a patient infection.
- The service had reported two never events since our last inspection: a retained swab and a wrong-site block. A never event is a serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined. Both never events had occurred in theatres at Kingston Hospital outside of BMI Coombe Wing input, and the service had conducted joint investigations with Kingston Hospital following the incidents. We reviewed the investigation reports, and saw that the service had identified areas for learning and improvement with Kingston Hospital and had detailed action plans. Learning included updated policies and processes for patients having an anaesthetic block, increased training sessions on effective teamwork and greater oversight of theatre care plans and documentation. Learning was shared with staff directly involved in the incident through team meetings in Kingston Hospital NHS Foundation Trust.

## Are surgery services effective?

### Patient Outcomes

- The service had limited ability to monitor patient outcomes due to the low number of auditable patients on the ward. At our last inspection, the service

submitted data to some national audits, but had not received feedback regarding this data submission. The service continued to submit data where possible, but low patient numbers made this difficult. However, the director of clinical services attended the audit committee at Kingston Hospital, and worked with the trust to submit data for national and local audits.

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

- At our last inspection, the service had not always performed well in audits of consent. At our follow-up inspection, this had improved; we found the service recorded the process for seeking consent appropriately. Consent formed part of the monthly documentation audit that the service carried out. In the latest audit from July 2018, the ward achieved 100% for evidence of informed consent, having a signed consent form, and ensuring the consent form was legible and signed before the day of the procedure.

## Are surgery services caring?

This key question was not inspected.

## Are surgery services responsive?

This key question was not inspected.

## Are surgery services well-led?

### Governance

- At our last inspection, the pre-assessment nursing team had recently introduced team meetings to discuss governance issues specific to the pre-assessment clinic. Since our last inspection, nursing staff who conducted pre-operative assessments had continued team meetings every six months. Team meetings were jointly

# Surgery

managed between two lead nurses. While staff we spoke with acknowledged it could be difficult to find an

appropriate time to organise staff coming together, the coordinating nurses had regular contact outside of the team meetings and cascaded information to the rest of the team.

# Outpatients

|            |  |
|------------|--|
| Safe       |  |
| Effective  |  |
| Caring     |  |
| Responsive |  |
| Well-led   |  |

## Are outpatients services safe?

### Cleanliness, infection control and hygiene

- At our last inspection, we saw that not all clinical staff were 'bare below the elbows' or using personal protective equipment (PPE) during patient contact. At this inspection, we saw all staff adhering to the 'bare below the elbows' policy while seeing patients..
- At our last inspection, we saw hand sanitiser gel was not consistently available in all the consulting rooms in the outpatient department, and the minor procedures room had not been suitably risk assessed for infection prevention and control. During our follow-up inspection, we saw hand sanitiser gel and PPE was available throughout the department and used appropriately by staff. We were assured that the minor procedure room had been assessed appropriately.

## Are outpatients services effective?

### Patient outcomes

- At our last inspection, we identified that the outpatients department was not taking part in national audits. While there were no national audits the outpatients service could contribute to, the service continued to monitor performance in the department through a number of local audits.
- In the outpatient department, staff audited the follow-up nursing notes for patients who had undergone minor procedures. The follow up notes were compared with the pre-assessment checklist, to ensure consistency and that checks were being completed.

Staff told us, at a recent governance meeting, managers had decided to extend performance monitoring in outpatients to include several new measures, such as rates of non-attendance at outpatient appointments and any delays in consultation.

## Are outpatients services caring?

### Compassionate Care

- Staff did not always take adequate steps to ensure that patient confidentiality was respected. The reception area in the outpatients department was relatively small and staff speaking with patients in the area, and on the telephone, could be overheard by others in reception. Staff were not always mindful of this when speaking with patients.

## Are outpatients services responsive?

### Learning from complaints and concerns

- At our last inspection, we found that information was not displayed throughout outpatients on how to make a complaint or pass on a compliment. At our follow-up inspection, we saw that the outpatients department had clearly displayed information for patients on how to make a complaint. There was also and a box where patients and visitors could post their written feedback.

## Are outpatients services well-led?

This key question was not inspected.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- Staff in the outpatients reception area should be mindful of patient confidentiality when taking personal information or discussing sensitive information.