

BMI The Chiltern 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

Summary of findings

Letter from the Chief Inspector of Hospitals

BMI The Chiltern Hospital is operated by BMI Healthcare Limited. The hospital has 66 beds which are divided between three wards, Misbourne, Chalfont and Shardeloes wards. Facilities at the hospital include three operating theatres, an endoscopy suite, a physiotherapy department with a rehabilitation gym and hydro pool and outpatient and diagnostic facilities.

The hospital provides surgery, medical care, services for children and young people, outpatients, and diagnostic imaging.

Following the comprehensive inspection, which was carried out on 15-17 January 2019, the provider was issued with a warning notice relating to the children and young people service on 04 February 2019.

We carried out an unannounced focused inspection on 20 August 2019, to assess compliance against the warning notice. Our inspection targeted the key concerns identified in the warning notice.

At the inspection we found the provider had made considerable progress on all issues identified in the warning notice and we found the following improvements:

- There was evidence governance processes were in place to ensure the effective running of the service and to safeguard children and young people that used the service.
- Systems and processes for the recruitment of staff ensured staff held the essential qualifications for the role they were employed for.
- The children and young people service risk assessed the staffing levels against patient activity and made sure there was safe staffing. There was on-call cover when a children and young people nurse was not on-site at the hospital.
- The BMI policy and procedures for the staffing of paediatric services was adhered to.

The hospital was compliant with the warning notice.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service

Services for children & young people

Rating Summary of each main service

Children and young people's services were a small proportion of hospital activity. The main service was surgery.

At the comprehensive inspection carried out 15-17 January 2019 we rated this service as requires improvement because well led was inadequate, safe, effective and responsive were requires improvement and caring was good.

This inspection did not change the rating as we were inspecting to assess compliance against the warning notice only.

Summary of findings

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BMI The Chiltern Hospital

Services we looked at

Services for children & young people

Summary of this inspection

Background to BMI The Chiltern Hospital

BMI The Chiltern Hospital is operated by BMI Healthcare Limited. The hospital opened in March 1982. It is a private hospital in Great Missenden, Buckinghamshire. The hospital primarily serves the communities of the South Buckinghamshire. It also accepts patient referrals from outside this area. The BMI Chiltern Hospital provides a range of medical, surgical and diagnostic services to patients who pay for themselves, are insured, or, for some specific surgical procedures, are funded by the NHS.

The hospital has a registered manager, Fraser Dawson, who has been in post since July 2016. The hospital leadership team, including directors and heads of department, work at both the Chiltern Hospital and the nearby Shelburne Hospital.

Our inspection team

The team comprised of two CQC inspectors. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Why we carried out this inspection

On 15–17 January 2019, we carried out a comprehensive inspection at the hospital, looking at medical care, surgery, children and young people service, outpatients and diagnostic services. We found significant concerns in the children and young people service and on 04 February 2019 we took enforcement actions against the hospital.

We issued the hospital with a warning notice under our legal powers. The warning notice outlined how the hospital failed to comply with Regulation 17, Good governance in the children and young people service.

We also set out why the hospital was not compliant with the regulations and asked them to provide us with a timescale for improvement. We asked the hospital to send us a report on what actions they had taken to meet the legal requirements. This inspection was conducted to assess whether those actions had been taken.

How we carried out this inspection

We visited the service on 20 August 2019 to assess the actions the hospital had taken to make the necessary improvement. The hospital met the requirements outlined in the warning notice in full.

Information about BMI The Chiltern Hospital

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

- Treatment of disease, disorder or injury

Summary of this inspection

- Surgical procedures
- Diagnostics and screening procedures.

During the inspection, we visited the children and young people's ward. We spoke with four members of staff including registered children nurses and senior managers. We reviewed 15 sets of patient notes and six staff files. There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The hospital was last inspected in January 2019, which found the hospital was rated as requires improvement.

Activity in the children and young people service

In the reporting period January 2019 to July 2019 the hospital saw

- 167 children aged 0-2 years in outpatients

- 89 daycases/inpatients and 1546 outpatients aged 3-15 years
- 26 daycases/inpatients and 350 outpatients aged 16-17 years

Track record on safety between January 2019 to July 2019 in the children and young people service

- zero never events
- seven clinical incidents, four no harm, three low harm, zero moderate harm, zero severe harm, zero death
- zero serious injuries

In the same reporting period the children and young people service had received four complaints, of these three were upheld and one still being investigated. Complaints related to administration issues and delays in receiving test results.

Services for children & young people

Well-led

Are services for children & young people well-led?

Governance

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

At the previous inspection the hospital's governance processes were not effective in ensuring appropriate safeguards were in place.

- From the previous CQC inspection report (published April 2019) the main areas of concern were the processes for recruiting staff, the processes for checking staff training and competencies and the processes for ensuring the children and young people (CYP) service was run according to the BMI policies.
- Since the last inspection the CYP service governance processes had been reviewed by the senior management team (SMT), the CYP lead, the chair of the medical advisory committee (MAC) and the CYP lead from another BMI hospital. Where gaps were found policies were written, procedures changed, and training given. In addition, a review had been completed of the staff working in the CYP service to assess their compliance with mandatory training and to revalidate their CYP competencies.
- At this inspection we spoke with the SMT who gave us an overview of how the review of the CYP service had been carried out, changes that had occurred following the warning notice and the measures put in place to ensure the effective running of the service moving forward. This demonstrated the SMT now had oversight of the CYP service.
- We reviewed the gap analysis carried out by the hospital and the CYP action plan developed to address the issues found. The hospital had identified seven areas of concern: leadership of service, staff development, staff recruitment, strengthening the current governance

framework for CYP services, improving communication with other CYP providers across the BMI hospitals, improving integration with other departments and managers and quality of documentation. Each concern was listed with the actions to be taken, who owned the action, the target date for completion and the evidence needed to show the action had been completed.

- During this inspection we reviewed staff recruitment procedures. This included reviewing CYP policies and procedures, CYP staff training files and CYP patient records. We also spoke with the SMT and staff working in the CYP service to ascertain if issues raised in the warning notice had been addressed.

At the previous inspection systems and processes for the recruitment of staff did not always ensure staff held the essential qualifications for the role they were employed for.

- Since the last inspection there had been a review of the recruitment process by the director of clinical services (DCS) and the children and young people (CYP) lead nurse. This was to make sure the recruitment process was in line with BMI staffing policy and national guidelines. Also, to ensure only nurses who were registered paediatric nurses, according to the Nursing and Midwifery Council (NMC) register, were employed in the service. Changes in practice had been made to the pre-employment checks and interview documentation. The pre-employment checks, which included the NMC registration, along with the interview notes were submitted and stored electronically on staff files.
- The hospital had also reviewed the leadership of service and staff training and had put measures in place where gaps were found.
- At this inspection we reviewed staff files for all nursing staff who worked in the CYP service, including permanent and bank staff. We found pre-employment checks had been conducted and documented and saw evidence on the staff files that all staff held the correct qualifications for the role they were employed for.
- We reviewed the CYP lead nurse's individual development plan that had been developed to address the training and leadership gaps which had been

Services for children & young people

identified. We saw evidence the CYP lead nurse was being supported by the senior management team in achieving these objectives by being given time to attend leadership courses, relevant training days and meetings.

- BMI The Chiltern Hospital set a target of 85% for completion of mandatory training. We reviewed the current CYP staff 's mandatory training and could see all permanent staff were up-to-date with their training. The bank staff ranged from 88% to 100% compliant with their training.
- We reviewed the assessment of the CYP staff competencies. A CYP lead nurse from another BMI site had reviewed and revalidated the BMI The Chiltern CYP nurse competencies. Each member of staff now had their own competence assessment log book. We reviewed all the log books for the CYP permanent and bank staff and found them to be complete with a list of practices the nurse could carry out in the service. No new staff had joined the service since our previous inspection, but we were told by staff that all new starters would complete induction training and competency assessments before carrying out procedures at the hospital.

At the previous inspection the children's service staffing levels had not been risk assessed and action taken to mitigate identified risks.

- Since the last inspection, staffing levels in the service had been risk assessed by the DCS and the CYP lead nurse and a new local standard operating procedure (SOP) for staffing requirements had been developed. Nursing staff levels and skill mix were planned according to patient admissions which were known in advance. A review of paediatric established hours had been carried out, and from this review the service had continued to employ three permanent CYP nurses in the service. Any shortfalls in hours were made up using bank staff as necessary. The hospital had a well-established staff bank of five CYP registered nurses.
- Since the last inspection the service had implemented an on-call service which meant there was always a CYP nurse available, 24 hours a day seven days a week. The role of this on-call CYP nurse was to:- give advice, support and guidance to other departments in the hospital where children and young people were seen and treated and provide CYP nurses on duty access to a

senior member of the CYP team. In addition, it meant there was always a CYP nurse available for families to contact following their child's discharge from hospital. The hospital had developed a local SOP for this children's nursing on-call service.

- Following the review of the CYP service the SMT took the decision that all registered healthcare professionals at the hospital should have paediatric competencies and training, excluding the pre-assessment department who only saw adult patients. Heads of departments from diagnostic imaging services, physiotherapy and theatres had all completed paediatric immediate life support (PILS) and level 3 safeguarding children training. All other healthcare professionals at the hospital completed the same life support training with level 2 safeguarding children training. This training programme was to be rolled out across the hospital starting August 2019. This level of training meant staff who were not registered CYP nurses but saw children in their departments, were more equipped to deal with paediatric problems if they arose.
- At this inspection we reviewed the local SOP for staffing requirements, dated February 2019 (review date February 2022). This had been developed by the hospital to ensure safe staffing of CYP patients when they were seen or treated at the hospital, and to ensure staff had the correct knowledge, skills, expertise and competence for their role. The SOP included staffing requirements when CYP patients were admitted for surgical procedures and when they were attending outpatient or diagnostic appointments. The SOP also included the safeguard and life support requirements of nurses working in the CYP service. All CYP nurses, as a minimum, must hold safeguarding children level 3 and paediatric immediate life support (PILS).
- We reviewed the children's nursing team on-call SOP, dated February 2019 (review date February 2022). This had been developed by the hospital describing the on-call service. This included information on the service and flowcharts detailing the procedures and documentation to be completed by the CYP nurse if either parents or hospital staff contacted the on-call service.
- We reviewed staff rotas and CYP activity logs from February to July 2019 and could see the nursing shifts had been worked out according to the patient activity

Services for children & young people

for that day and the staff requirements outlined in the SOP. There was always a minimum of two CYP nurses on duty when children were in the inpatient and day care areas. There was also one nurse per shift who was trained in European paediatric advanced life support (EPALS). There was always a CYP nurse allocated to paediatric outpatient clinics and when children were seen in non-paediatric outpatient clinics or in the diagnostic departments, there was always a CYP nurse available if required. The on-call cover was implemented in April 2019 and from the rota we could see there was always on-call cover by a CYP nurse.

- Details of on-call calls were collected and audited to look for trends or emerging risks. We reviewed the log of calls since the on-call service had been implemented. There had been two calls, both from parents of patients.
- We reviewed the safeguarding and life support training for CYP nurses working in the service and all staff, whether permanent or bank staff had the required training as detailed in the SOP.
- In addition, CYP staffing levels and activity were reported at the hospital daily comm cell meeting. This was a meeting held at 9am each morning with representatives from each department within the hospital and members of the senior management team and covered issues which affected the hospital. This meant all departments at the hospital were aware of children attending the hospital for procedures and the availability of CYP nursing staff that day.

At the previous inspection the provider's policy and procedures for the staffing of paediatric services had not been adhered to.

- During the previous inspection, concerns were raised with the senior management team that a member of staff was working in the CYP service without the required Paediatric Nursing and Midwifery Council registration.

Immediate action was taken by the SMT, with a review of staffing in the service and the member of staff in question, being taken out of the paediatric staffing roster, and relocated to a different role in the hospital.

- Since the last inspection the local and corporate policies and procedures relating to the CYP service have been reviewed by the DCS and CYP lead nurse. Where gaps were found, policies were written and procedures changed.
- Immediately after our previous inspection, the staff member who did not have the required Nursing and Midwifery Council NMC registration for employment in the CYP service, as required by the BMI staffing policy, had been supported by the senior management team and successfully redeployed to a different role at the hospital.
- At this inspection we reviewed the gap analysis carried out by the hospital and the CYP action plan developed to address the issues found. Each issue was listed with the actions to be taken, who owned the action, target date for completion and the evidence needed to show the action had been completed.
- We reviewed the new SOPs relating to staff requirements and on-call arrangements. We reviewed how staff were currently recruited and how pre-employment checks were carried out. The measures put in place by the CYP service made sure the service was now aligned with BMI CYP policies.
- Each CYP patient admitted to the hospital for a procedure had a CYP pathway care record. policy and procedures for the staffing of paediatric services.
- We reviewed staff employment records, staff qualifications, staff rotas and cross referenced them with CYP patient activity and patient care records and found the service was operating according to local and corporate BMI CYP staffing policies.