BMI Healthcare Limited

BMI The Clementine Churchill Hospital

Inspection report

Sudbury Hill
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive to people's needs?	
Are services well-led?	

Summary of findings

Overall summary

This was a focused follow up inspection to investigate whether concerns from our previous inspection in September and October 2019 had been resolved. We did not rate this service at this inspection. The previous overall rating of good remains.

At this inspection we found:

- The provider has complied with the Requirement Notice issued in December 2019.
- The provider had made improvements to ensure that consultant intensivists were immediately available 24 hours a day seven days a week.
- The provider now had a documented escalation procedure in place which detailed that at times when the critical care unit had patients, the unit would not be left without medical cover. The resident medical officer would not be called away from the unit to lead the outreach and resuscitation team and this role was now covered by the ward resident medical officer.
- The provider had also ensured that consultant intensivist led ward rounds were undertaken twice a day and documented.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Critical care		This was a focused follow up inspection to investigate whether concerns from our previous inspection in September and October 2019 had been resolved. We did not rate this service at this inspection. The previous overall rating of good remains. At this inspection we found: • The provider has complied with the Requirement Notice issued in December 2019. • The provider had made improvements to ensure that consultant intensivists were immediately available 24 hours a day seven days a week. • The provider now had a documented escalation procedure in place which detailed that at times when the critical care unit had patients, the unit would not be left without medical cover. The resident medical officer would not be called away from the unit to lead the outreach and resuscitation team and this role was now covered by the ward resident medical officer. • The provider had also ensured that consultant intensivist led ward rounds were undertaken twice a day and documented.

Summary of findings

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Summary of this inspection

Background to BMI The Clementine Churchill Hospital

BMI The Clementine Churchill Hospital is operated by BMI Healthcare Limited which is owned by Circle Health Group.

The hospital has 98 beds. Facilities include five operating theatres, an endoscopy suite, a minor procedures unit, six-bed level two and three critical care unit, outpatients and diagnostic imaging facilities. The hospital provides surgery, medical care, critical care, outpatients and diagnostic imaging. At the time of the inspection, the hospital provided services to adults and young adults over the age of 16; both private and NHS patients, as well as a paediatric non-interventional outpatients' service.

The service was last inspected on 3 September to 5 September and 29 October to 30 October 2019. Following the 2019 inspection, the service was rated as good with one Requirement Notice in critical care for failing to comply with the Heath and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 (Staffing).

BMI The Clementine Churchill Hospital has a six-bed critical care unit providing level two and level three care. Level three care is where patients require advanced respiratory support alone or basic respiratory support with support of two other organ systems. Level two care is where patients require more detailed observation and higher levels of care such as those receiving basic respiratory support or with single organ failure. The unit has two individual side rooms and four cubicles. The cubicles are semi-permanent structures used to divide the unit area into separate individual spaces resembling rooms. Patients could be admitted directly to the unit, post-operatively from theatres, or from medical wards. The critical care unit sees patients across a range of medical and surgical specialities. The service admits patients mostly from the United Kingdom, however, also admits patients from international places of origin. Staffing on the critical care unit consists of critical care consultants, resident medical officers and nursing staff, and is managed by a clinical services manager. There is also multidisciplinary team support that included pharmacy, physiotherapy, dietitian, onsite pathology, imaging, and phlebotomy.

The unit submits data to the Intensive Care National Audit and Research Centre (ICNARC). This is carried out by two nurses. In the last 12 months there were 487 level two and three critical care bed days available in the hospital.

Between August 2020 and July 2021 there were 249 patients. Of these, 198 were planned admissions and 50 were unplanned. There were 220 level two patients and 29 level three patients.

How we carried out this inspection

The team that inspected the service comprised a CQC lead inspector and one other inspector. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

We inspected BMI The Clementine Churchill Hospital on 28 September 2021 using our focused inspection methodology. We inspected only the critical care service to see if improvements had been made since our last inspection. We inspected the service to determine whether the provider was now compliant with the requirements set out in the Requirement Notice issued in December 2019.

This was an unannounced inspection. During this inspection, the team visited the critical care department and spoke with five members of staff, including the registered manager. The team reviewed 10 patient records and hospital policies.

Summary of this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Critical care	Inspected but not rated	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Critical care

Safe	Inspected but not rated
Effective	
Caring	
Responsive	
Well-led	

Are Critical care safe?

Inspected but not rated

During this inspection we looked at specific aspects of the safe domain. Please see the overall summary for more information.

At our last inspection we had concerns around staffing within the critical care unit. At this inspection we found that the service had made improvements in the areas we identified concerns around consultant intensivist availability. The service also now had a documented escalation procedure in place which detailed that at times when the critical care unit had patients, the unit would not be left without medical cover. Records we reviewed now showed that ward rounds were being undertaken twice a day by consultant intensivists.

At our last inspection, consultant intensivists on the critical care unit were following the out of hours 30 minute standard for the whole day and therefore consultant intensivist support was not immediately available during the daytime. The national guidance says that a consultant in intensive care medicine must be immediately available 24 hours a day seven days a week. The consultant intensivist responsible for out of hours must be able to attend within 30 minutes.

At this inspection, consultant intensivists were immediately available 24 hours a day by telephone and in person and were able to attend within 30 minutes. Out of hours, the consultant intensivist on duty would be available to attend within 30 minutes. At our last inspection we identified an inconsistency within the practising privileges policy and deteriorating patient policy between consultant anaesthetist responsibilities and on-call rotas. We saw that this had now been corrected. The service had conducted an audit to check if consultant intensivists who were contacted were available immediately and attended within 30 minutes. Results of the audit showed that there were no incidents where consultant intensivists were unavailable to attend the critical care unit.

We saw a board within the critical care unit which was updated daily with the name of the consultant intensivist on duty, the name of the RMO, nurse in charge, pharmacist and physiotherapist so staff were aware of the cover arrangements on that day.

At our last inspection the resident medical officer (RMO) provided medical cover on the critical care unit and was also part of the outreach and resuscitation team. Therefore, this meant that the critical care unit could have periods of no medical cover when/if the RMO was called to do outreach and resuscitation. There was also no documented escalation procedure in place to show how the unit was medically covered if the RMO was called out.

Critical care

At this inspection, the service had created a standard operating procedure which detailed the escalation procedures to ensure the critical care unit was sufficiently medically covered. The standard operating procedure stated that during periods within the unit where there were acutely ill patient(s) requiring continued attendance/management by the critical care unit RMO, the ward RMO would be contacted to lead the outreach and resuscitation team in the event of a cardiac arrest within the hospital. Staff we spoke with on the critical care unit were able to describe the process clearly.

At our last inspection, we reviewed five patient records and found no evidence of ward rounds in two of the five records. This was not in line with national guidance which states that consultant intensivist led ward rounds must be undertaken twice a day. At this inspection, we reviewed 10 patient records and found evidence of twice daily ward rounds which had been conducted by consultant intensivists. Ward rounds were conducted at 10am and 9pm daily. Due to COVID-19 and to reduce footfall into the unit, evening ward rounds were done virtually and notes were made in patients' records by the RMO.

Since our last inspection, the service had conducted an audit to check that twice daily ward rounds were taking place. Audit results for the period January 2021 to July 2021 showed 100% compliance of the twice daily ward rounds. The service had also conducted an audit on multidisciplinary team attendance of ward rounds such as the physiotherapy and pharmacy team. Audit results for the period January 2021 to June 2021 showed 100% attendance of physiotherapist and pharmacy staff where required.

Following this inspection, we were assured that the provider was now compliant with the requirements set out in the Requirement Notice issued in December 2019.