Enfield Health Partnership Limited

BMI The Cavell Hospital

Inspection report

BMI The Cavell Hospital
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Overall summary

We carried out an announced comprehensive inspection on 1 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Enfield Community Gynaecology offers consultant led gynaecological consultations, examinations and minor surgical procedures under local anaesthetic from facilities located at the BMI Cavell Hospital, Enfield. The service is commissioned by the local Clinical Commissioning Group and patients access the service via their GP.

The service provides a clinic every Wednesday from The Cavell Hospital between 9am-5pm and occasional clinics on Mondays. A monthly Saturday clinic based at Green Lanes Surgery, Winchmore Hill is also provided. The Green Lanes Surgery location was not visited as part of this inspection.

The service sees 200-500 patients per month across the two sites and has a staffing team consisting of seven gynaecologist specialists, two doctors, one nurse, two health care assistants and two administrative staff. Patients access the service via GP referral and we were advised that the service treated approximately 75% of all gynaecological referrals in the local CCG area.

Summary of findings

Our key findings were:

- The service had systems to manage risk so that safety incidents were less likely to happen.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. Clinical staff ensured that care and treatment was delivered according to evidence-based guidelines.
- Clinical staff were qualified and had the skills, experience and knowledge to deliver effective care and treatment.
- The practice was actively engaged in activities to monitor and improve quality and outcomes.
- Facilities and premises were appropriate for the service being delivered.
- All 30 of the CQC comment cards we received were positive, with key themes being that reception staff were kind, that the lead consultant was knowledgeable and communicative; and that the overall environment was clean.
- There was a proactive approach to understanding the needs of the local community and towards delivering care in a way that met these needs.
- The culture of the service encouraged candour, openness and honesty.
- People could access appointments and services in a way and at a time that suited them.
- We saw examples of inclusive and effective leadership.
- Governance arrangements facilitated the delivery of safe and high quality clinical care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that overall, this service was providing safe care in accordance with the relevant regulations.

- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The environment was visibly clean and well maintained; and there were measures in place to prevent the spread of infection.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- The service provided care and treatment in line with current guidelines; and had systems in place to ensure that all staff had the skills, knowledge and ongoing professional development to deliver a clinically effective service.
- The service carried out assessments and treatment in line with relevant and current evidence based guidance and standards.
- There was a program of quality improvement including the use of clinical audits to drive service improvement.
- We saw evidence to demonstrate that the service operated a safe, effective and timely process for receiving referrals and ensuring their appropriateness.
- The process for seeking consent was monitored through patient records audits and we saw evidence of this during our inspection. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- All 30 of the CQC comment cards we received confirmed that reception and clinical staff treated patients with compassion, kindness, dignity and respect.
- We saw evidence that the lead consultant and other clinicians involved patients fully in decisions about their care and provided all information, including costs, prior to the start of treatment.
- Screens were provided in the treatment room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that conversations taking place in the treatment room could not be overheard.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- Facilities and premises are appropriate for the services being delivered.
- People could access appointments and services in a way and at a time that suited them (such as a monthly Saturday clinic).

Summary of findings

  - The lead consultant assessed each patient referral prior to their attendance to ensure that the service could meet their needs.
- The service had a complaints policy in place and information about how to make a complaint was available for patients.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There was a clear leadership, vision and strategy for the service. Leaders spoke of a focus on high quality and patient centred care.
- The service had a comprehensive range of policies and procedures in place to identify and manage risks and to support good governance.
- The service had systems in place which ensured patients' data remained confidential and secured at all times.
- The practice supported staff members to develop in their role and there was a focus on continuous improvement.
- Governance arrangements facilitated the service's aim of delivering high quality, patient centred care in a community based setting.

BMI The Cavell Hospital

Detailed findings

Background to this inspection

Enfield Community Gynaecology offers consultant led gynaecological consultations, examinations and minor surgical procedures from facilities located at the BMI Cavell Hospital, Enfield. The service is commissioned by the local Clinical Commissioning Group and patients access the service via referral from their GP.

The service provides a clinic every Wednesday from The Cavell Hospital between 9am-5pm and occasional clinics on Mondays. A monthly Saturday clinic based at Green Lanes Surgery, Winchmore Hill is also provided. The Green Lanes Surgery location was not visited as part of this inspection.

The service sees 200-500 patients per month across the two sites and has a staffing team consisting of seven gynaecologist specialists, two doctors (who are also the service's directors), one nurse, two health care assistants and two administrative staff. We were advised that the service treated approximately 75% of all gynaecological referrals in the local CCG area. The service does not provide care and treatment to patients under 16 years of age.

We carried out an inspection of Enfield Community Gynaecology on 1 March 2018. The inspection team comprised a CQC inspector, a GP specialist advisor and a second inspector. Before visiting, we reviewed a range of information we hold about the practice. During our visit we:

- Spoke with the lead consultant, service manager and doctors.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed protocols, policies and procedures.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The organisation's service manager is also the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We have not inspected this service before.

Are services safe?

Our findings

We found that this service was providing safe services in accordance with the relevant regulations.

Safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety:

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff electronically and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- One of the service's directors was also the safeguarding lead for children and vulnerable adults. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role, for example, clinicians were trained to level three and administrative staff to level one.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The service had appropriate systems in place to allow it to make safeguarding referrals to the local authority.
- Notices in waiting rooms advised patients that chaperones were available if required. We were informed that nurses employed by the service's landlord acted as chaperones at the BMI The Cavell Hospital location and that they had received Disclosure and Barring Service (DBS) checks. These identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We were further advised that reception staff who were trained and DBS checked acted as chaperones at the service's other location.
- We reviewed three personnel files and found the service held all necessary pre-employment checks and related documentation.
- The service provided us with evidence of a Legionella risk assessment commissioned by its landlord within the previous 12 months (Legionella is a term for particular bacteria which can contaminate water systems in buildings). We noted that the assessment determined a medium to high risk across the hospital building. Shortly after our inspection, we were sent confirming evidence that an appropriate water safety action plan had been introduced by the landlord.

Risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety:

- The practice had up to date fire risk assessments. Fire extinguishing equipment was in place and had been serviced in June 2017. Fire exit signage was also in place. We noted there was a fire evacuation plan in place. An external contractor had serviced the building's fire alarm in December 2017.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- Records showed that clinicians held the appropriate medical indemnity insurance.
- There was a health and safety policy available and evidence of a recent risk assessment.
- There was an effective system to manage infection prevention and control risks. One of the service's directors was the infection prevention and control (IPC) lead and an IPC policy was in place. Clinical waste was disposed of in a suitable manner. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. Staff had received IPC training and the service's landlord had undertaken an IPC audit in February 2018.
- We observed the premises to be visibly clean and tidy and this aligned with the We saw that cleaning schedules were maintained and that sharps bins were labelled, signed and dated upon assembly.

Information to deliver safe care and treatment

- The information needed to plan and deliver safe care and treatment was available to relevant staff in a timely and accessible way through the service's secure patient record system. This included investigation and test results, health assessment reports and advice and

treatment. For example, we were advised that referral correspondence from GP practices included a unique patient reference code taken from the clinical software system used by both organisations.

- The service had adopted a protocol to ensure that it received and acted on safety alerts and Medicine and Healthcare products Regulatory Agency (MHRA) alerts. This entailed receipt of email alerts by the service manager, followed by appropriate logging and forwarding to clinicians.
- For example, we noted that following receipt of a February 2018 MHRA alert on the possibility of serious liver injury in women prescribed Esmya (ulipristal acetate) for the treatment of uterine fibroids, records showed that the alert had been circulated to clinicians and was scheduled for discussion at the service's next clinical meeting.

Safe and appropriate use of medicines

- The service had effective arrangements for managing and prescribing medicines.
- The service carried out audits to ensure it was managing medicines in line with local CCG policy and protocols (for example regarding antibiotic prescribing and prescribing more cost-effective generic medicines).
- The service also routinely reviewed updates to national guidelines and medicines safety alerts to ensure safe prescribing.
- In accordance with local CCG prescribing guidance, the service always sought to prescribe generic medicines to patients as this ensured value for money.
- We were advised that the service did not store medicines requiring refrigeration.

Arrangements to deal with medical emergencies and major incidents

- The service had adequate arrangements to respond to emergencies and major incidents.
- Staff had received annual basic life support training within the previous 12 months and emergency medicines were easily accessible to staff within the hospital. All the medicines we checked were in date and stored securely.
- Oxygen and adult masks were available in addition a defibrillator was available. A first aid kit and accident book was also available.
- The service had a business continuity plan for major incidents such as power failure or building damage.

Track record on safety

A system was in place for recording, reporting and investigating serious events. Although there had been no serious events recorded in the previous 12 months, staff explained how they would investigate any events or concerns. For example, incidents occurring at the service's BMI The Cavell Hospital location were jointly investigated with its landlord.

Lessons learned and improvements made

- The practice was aware of the requirements of the Duty of Candour. The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing safe services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

- There was evidence that the service carried out assessments and treatment in line with relevant and current evidence based guidance and standards. The service assessed patients' needs and delivered care in line with National Institute for Health and Care Excellence (NICE) evidence based practice (for example regarding assessment and management of heavy menstrual bleeding).
- The practice offered a range of in-house diagnostic tests and developed links with a wide range of specialists to facilitate appropriate referrals.

Monitoring care and treatment

- The service had systems in place to monitor the quality of care and treatment. For example, the service undertook regular antibiotics prescribing audits.

We saw evidence of quality improvement including clinical audit. For example, the service routinely audited the rate of failed or abandoned procedures examining the inside of the womb against the national average failure rate. The audit objective was to ensure the service identified patients who were suitable for the procedure as outpatients rather than for a day case procedure (conducted in one day at a hospital under a general anaesthetic).

The first cycle of the audit in 2014 highlighted a 3.4% failure rate. Following interventions such as more rigorous selection of patients (supported by the use of senior clinicians), a 2015 and 2017 reaudit highlighted that the service's failure rate had reduced respectively to 2.48% and 1.4% which were both well within the national average.We noted that this audit type was highlighted as best practice by the Royal College of Obstetricians and Gynaecologists.

Effective staffing

- Staff had received appropriate training in line with their respective roles. Examples of training included: safeguarding, infection control and basic life support. Staff had access to and routinely made use of the service's its policies. We also saw evidence of annual appraisals.
- We were told that clinicians ensured their skills, knowledge and registration as a doctor were up to date by way of professional revalidation.

Coordinating patient care and information sharing

- The service shared information to plan and co-ordinate patient care effectively.
- We found that the service shared relevant information with other services in a timely way, for example when referring patients to other services.

Supporting patients to live healthier lives

- Patients had access to appropriate health assessments and checks, which were usually part of their initial consultations as new patients and as ongoing assessments. For example, blood tests and pelvic ultrasound tests. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance. The clinical staff understood the relevant consent and decision-making requirements of legislation and guidance relating to adults and children and including the Mental Capacity Act 2005.
- The lead consultant showed an understanding of consent issues and best interest. They detailed relevant competencies and guidance that they would use. Although the service did not provide care and treatment to anyone under the age of sixteen, the lead consultant was aware of Gillick Competency (used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

- Staff we spoke with told us patients were treated with dignity, respect and compassion at all times. We observed treatment rooms to be spacious and that screens were provided. We observed that the treatment room was kept closed to ensure conversations taking place remained private.
- We noted that 30 CQC patient comment cards were completed - all of which were positive about the standard of care they received. Key themes were that receptionists were kind and compassionate; and that the lead consultant was respectful.
- Receptionists knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Chaperones were available on request at both locations and this was clearly signposted.

Involvement in decisions about care and treatment

- Patient comment cards evidenced patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by the lead consultant; and also had sufficient time during consultations to make an informed decision about the choices of treatment available.
- The service ensured that patients were provided with all the relevant information they required so as to make decisions about their treatment prior to treatment commencing.
- Patients were given the opportunity to watch their ultrasound scans on a monitor but screens could be turned off if they preferred not to watch.

Privacy and Dignity

- The practice respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect and the practice complied with the Data Protection Act 1998. All confidential information was stored securely.
- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Patients feedback via CQC comment cards showed their privacy and dignity were always maintained to the highest standard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

- Facilities and premises were appropriate for the services being delivered. For example, there were accessible rooms for baby changing and breast-feeding.
- Visually impaired patients were escorted to their consultation room by a nurse or by a receptionist.
- The service was commissioned by the local Clinical Commissioning Group and we noted a proactive approach to understanding the needs of the local community and towards delivering care in a way that met these needs. For example, the lead consultant reviewed each referral to assess its appropriateness and ensure that patients who attended met the service's treatment criteria. This minimised patient anxiety and also supported the efficient use of available appointment slots.
- The service ensured that each patient had their own assigned consultant so as to ensure continuity of care.

Timely access to the service

- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. For example, appointments usually took place within four weeks of a GP referral.
- Performance data submitted to CCG commissioners highlighted that waiting times, delays and cancellations were minimal. The service told us that patients with the most urgent needs had their care and treatment prioritised.
- Patients had timely access to diagnosis and treatment. The lead consultant spoke positively about how reviewing each referral for its appropriateness and ensuring that blood tests and other initial assessments had taken place ensure that in many instances treatment could take place on one day as opposed to over two or three appointments. This aligned with comment card feedback we received from patients about timely access to the service.

The service provides a clinic every Wednesday between 9am-5pm at BMI The Cavell Hospital and occasional clinics on Mondays. A monthly Saturday clinic based at Green Lanes Surgery, Winchmore Hill is also provided.

Listening and learning from concerns and complaints

- There were no recorded complaints against the service.
- There was a lead member of staff for managing complaints.
- The service had a complaints policy in place which was in line with recognised guidance. Information about how to make a complaint was readily available for patients.
- The practice pro-actively looked for areas of concern through a suggestion box located in the waiting room.
- There had not been any recorded complaints against the service in the previous 24 months. The last complaint had been received in 2015 and related to a clinician's poor communication skills. Following this feedback, we were told that the lead consultant had stressed to the clinical team the importance of clear communication with patients.

  At this inspection we noted that several patients left positive CQC comment card feedback regarding how their care and treatment had been explained to them.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability

- The lead consultant had the capacity and skills to deliver high quality, sustainable care and demonstrated strong clinical leadership skills.

Vision and strategy

- The service's Directors had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

Culture

- There was a positive and professional working culture at the practice. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour with patients.
- There were continuous clinical and internal audits to monitor quality and to make improvements to ensure best possible patient outcomes and care.

Governance arrangements

The service had good governance arrangements in place. For example:

- Suitable arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A range of policies and procedures were in place which were easily accessible by staff.
- A clear staffing structure and both members of staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the service.
- Quality improvement activity such as clinical audit.

Managing risks, issues and performance

- There were clear and effective processes for managing risks, issues and performance. There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service manager and clinical directors had oversight of relevant safety alerts, incidents, audit results and complaints. There was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

- During our inspection we saw evidence that appropriate and comprehensive assessments took place using clear pathways and protocols.
- Systems were in place to ensure that all patient information was stored and kept confidential. There were policies in place to protect the storage and use of all patient information. IT systems were password protected and encrypted.

Engagement with patients, the public, staff and external partners

- The service sought patients' feedback by way of the Friends and Family Test. We noted that the most recent Friends and Family Test highlighted that 98% of patients would either "recommend" or "highly recommend" the service.

Continuous improvement and innovation

There was a focus on continuous learning and improvement within the service. Minutes of monthly clinical meetings highlighted that the service was forward thinking and constantly seeking ways to improve services for its patients. For example, regarding latest NICE guidelines on heavy menstrual bleeding. A programme of continuous clinical and internal audit was also used to monitor quality and to drive improvements in patient outcomes.