BMI Healthcare Limited

BMI The Blackheath Hospital

Quality Report

BMI Healthcare Limited
BMI The Blackheath Hospital
Quality report
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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital	Requires improvement
Urgent and emergency services	Requires improvement
Medical care	Requires improvement
Surgery	Requires improvement
Services for children and young people	Requires improvement
Outpatients and diagnostic imaging	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

BMI The Blackheath hospital is an acute independent hospital that provides outpatient, day care and inpatient services. The hospital is owned and managed by BMI Healthcare Limited.

A range of services such as physiotherapy and medical imaging are available on site. The hospital offers a range of surgical procedures and cancer care as well as rapid access to assessment and investigation. The hospital does not provide Level 2 critical care services as defined by the Faculty of Intensive Care Medicine standards 2013.

Services are available to people with private or corporate health insurance or to those paying for one off treatment. Fixed prices, agreed in advance are available. The hospital also offers services to NHS patients on behalf of the NHS through local contractual arrangements.

We carried out a comprehensive inspection of BMI The Blackheath Hospital on 10 – 12 and 20 February 2015. The inspection formed part of a pilot programme of inspections in independent healthcare settings. The inspection reviewed how the hospital provided outpatient, medical care, surgical services, care to children (outpatients from birth and interventional from aged three to 15 years) and young people and urgent care services as these were the five core services provided by the hospital from the eight that that are usually inspected by the Care Quality Commission (CQC) as part of its approach to hospital inspection.

Prior to the inspection, in December 2014, the hospital a new Executive Director was appointed. One of the first decisions they took was to stop terminations of pregnancy being carried out due to the low numbers carried out in the last two years.

This location has been awarded a shadow rating. Shadow ratings apply to inspections which are undertaken during the development of our approach and before our final methodology is confirmed and published."

Our key findings were as follows:

Are services safe?

- The hospital was using an incident reporting system which had both a paper and electronic stage. Incidents are initially recorded on a paper form and then recorded and managed electronically in the Quality and Risk Department. The quality of investigation reports into incidents varied but where recommendations had been made we found they had been actioned. The hospital risk register included mainly environmental risks;the only clinical risk related to the endoscopy unit.
- Medicines were well managed. The hospital had a pharmacy manager, a pharmacist and three technicians. A pharmacist and pharmacy technician visited the wards twice daily. Medicines and controlled drugs were stored safely and regular audits including missed doses and medicine errors were carried out and the results shared with staff.
- The infection prevention and control (IPC) nurse had been in post for four months at the time of the inspection and although the results of IPC audits, use of personal protective equipment and cleanliness of mattress, showed good practice, staff attendance at training needed to improve.
- The endoscopy unit was an area of concern as it did not comply with national guidance, which had been published in 2012, for the decontamination of endoscopes.
- The environment in inpatient areas did not always comply with national guidance for infection prevention and control.
- Staff were aware of their responsibilities in relation to safeguarding children and who to contact if they had any concerns.

Summary of findings

- Although the hospital admitted children and young people as day cases and on occasion as inpatients, it did not have a dedicated area to care for them. They were nursed in private rooms on the same wards. The hospital told us they carried out specific risk assessments yearly as a minimum but we did not see them during our inspection.
- There was a lack of clarity about the level of care provided by the hospital. Although the hospital states it has a high dependency unit (HDU), it had a two bed area where it could provide Level 1 enhanced patient care. Staff confirmed it operated as an extension of the recovery unit the service did not meet the requirements for Level 2 critical care in terms of staffing, equipment, environment and training, as outlined by the standards of the Faculty of Intensive Care Medicine 2013. .
- Service level agreements were in place to transfer both children and adults to NHS hospitals should their condition deteriorate and they required high dependency care**.**
- The area dedicated for patients requiring high dependency care did not comply with modern building standards (HBN 04-02 Health Building Note for critical care units)
- There were sufficient nurses employed to care for adult inpatients and outpatients, with bank nurses used to cover vacancies and sickness absence.
- Although the hospital treated children and young people it only had one paediatric trained nurse and used bank or agency paediatric trained nurses to supplement this.
- Over 300 doctors worked at the hospital under practising privileges and there was 24 hour 7 day cover by a Resident Medical Officer (RMO) for inpatients and a separate RMO. When not in the hospital, consultants were available via phone and the RMO told us they were available if needed.
- The hospital used paper records for patient care and most of the ones we reviewed were up to date. Records that were incomplete and or/inaccurate were due to omissions that had occurred on the night shift.

Are services effective?

- Care and treatment was informed by national guidance and local policies and procedures we reviewed were up to date. Most nursing staff were aware of policies and guidance except some of those caring for children having surgery.
- The hospital was carrying out some audits including national audits and readmission rates following treatment were low.
- Good Surgical Practice 2014 (RCS) says that surgeons should take part regularly in morbidity and mortality meetings. The hospital did not have a dedicated mortality and morbidity meeting. Expected and unexpected deaths were reported and investigated as incidents and were an agenda item at the Clinical Effectiveness meetings along with a list of other agenda items. There had had been seven deaths in the last year but none of them were unexpected.
- All nursing staff working in theatres and recovery had received specific training and been assessed as competent to care for children. Experience and training for RMOs in caring for children varied.
- Information provided by the hospital demonstrated that only one nurse had been trained to care for patients requiring Level 2 critical care.
- Nutritional assessments were carried out on patients.
- Although staff had attended training on the Mental Capacity Act 2005, some staff had very little awareness about their role and responsibilities in relation to assessing patient's capacity. Staff were also unaware of the hospital's policy for Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders and the template did not include sections to record an assessment of a patient's capacity or discussions with patients and their relatives.
- There was a multidisciplinary approach to care with range of multidisciplinary meetings in place. The hospital did not have a permanent occupational therapist and social work services response times varied.

Are services caring

- All of the patients, children and young people we spoke with were positive about the care they had received at the hospital.
- Parents told us they were involved in all aspects of their child's care and staff used appropriate
- Forms of communication to explain procedures to children. Patients told us their consultant explained their diagnosis and discussed their treatment options with them including the risks and benefits.

Summary of findings

- We observed staff speaking with patients in a caring manner and maintained their dignity and respect.

Are services responsive?

- The hospital was meeting the national standards for referral to treatment times for NHS funded patients.
- The hospital had specific operating days for children and they were prioritised at the beginning of the list. Where appropriate, treatment could be arranged to minimise disruption to attendance at school.
- The hospital had generic information about procedures and there was no specific information for children.
- The majority of patients attending the urgent care centre were seen within 15 minutes, of being registered, by either a nurse of doctor.
- Service level agreements were in place to transfer both children and adults to NHS hospitals should their condition deteriorate and they required high dependency care**.**
- The hospital was experiencing delays with pre-assessment and some patients were not seen till the day of their procedure. Some discharges were delayed due to the lack of an occupational therapist.
- There were limited resources and training for staff to care for patients with complex needs such as those living with dementia or learning disabilities. Although staff told us the hospital did not admit patients with complex needs. Staff had access to an interpreter service but awareness of this was variable.

Are services well-led?

- Some services had experienced vacancies in key leadership roles including the inpatient manager, infection prevention and control (IPC) and theatres and endoscopy. An inpatient manager had been in post for three months at the time of the inspection and IPC lead nurse part time for four months
- The impact of the lack of an endoscopy lead and IPC lead are reflected in some of the concerns found during the inspection.
- Many staff told us their manager was visible and they were supported to do their job and felt able to raise concerns.
- Although there some systems in place to minimise risk to patients and monitor the quality of care provided they needed to be strengthened. Some aspects of infection prevention and control needed further development.
- There was a lack of clarity about the level of critical care provided. Some senior staff confirmed that they did not provide Level 2 critical care. The hospital provided Level 1 enhanced care or extended recovery care.
- The hospital had a Medical Advisory Committee chaired by a consultant with representation from each of the specialities. The Director of Clinical Services also attended the meeting. The agenda had standing items which included applications for practising privileges, practising privileges renewed and practising privileges suspended or withdrawn.
- Support and resources for children and young people were limited and there was a reliance on one permanent member of staff who was paediatric trained to deliver the service albeit with some support from bank staff.

Was the hospital well-led?

- Prior to the inspection there had been a change in the senior leadership in the hospital and a new Executive Director had taken up their post in December 2014. The hospital had also become part of a cluster of three hospitals and the current Director of Clinical Services was transferring to another hospital within the cluster. As well as managing BMI The Blackheath Hospital, the Executive Director would have oversight of all three hospitals within the cluster.
- The Executive Director was clear that one of the priorities was to review the services provided at each hospital and develop a clinical strategy that achieved the best from the three sites in terms of performance and quality of care. This work already had started with the decision to cease termination of pregnancies due to the low numbers being carried out.
- The Executive Director had established regular forums with staff to keep them informed about changes and address any questions/concerns they had. All of the staff we spoke with were positive about working at the hospital and the support they received from their manager. The Director of Clinical Services was the professional lead for nurses and attended many of the governance and management meetings including the Medical Advisory Committee (MAC).

Summary of findings

- The MAC had representatives from all the clinical services provided at the hospital along with a GP from one of the clinical commissioning groups.
- Although some nurses had attended leadership courses, the Director of Clinical Services told us that nursing leadership needed to be further developed.
- Systems to monitor the quality of care and performance were in place but need to be further developed and more service specific.
- Although the hospital had collected information about some of its services, it was not using it to review and improve the quality of care provided, for example the Urgent Care Centre.
- The hospital was aware of some of the issues highlighted in this report but had been slow to take action.
- The Director for Clinical Services met with commissioners of NHS funded care and reviewed performance and quality information including incidents and waiting times.
- The hospital sought the views of patients about their experience through a range of surveys. and although the number of responses varied the majority of responses were positive about the hospital and staff. The hospital had identified themes from complaints and taken action including where the complaint involved a particular consultant.

We saw one area of outstanding practice:

- In May 2014 the Oncology Suite achieved the Macmillan Quality Environment Mark.

However, there were also areas of poor practice where the provider needs to make improvements

- Review and improve its systems to monitor and improve the quality of care for all of the services it provides.
- The hospital does not provided Level 2 critical care as defined by the Faculty of Intensive Care Medicine standards 2013.
- Arrangements for decontamination in the endoscopy unit were not in line the national guidance published in 2012.
- The environment did not meet the national guidance for infection prevention and control
- Staff were unaware of their responsibilities in relation to the Mental Capacity Act 2005. The forms for Do Not Attempt Cardiopulmonary Resuscitation orders did not did not allow for the patient's capacity to be assessed or to include information about best interest meetings.
- Staff had not received training about how to provide care and support for patients who had learning difficulties or who were living with dementia.
- Systems to monitor and improve the quality of care provided need to be strengthened.

Importantly, the provider must:

- Review and develop its systems to monitor and improve the quality and safety of care for all of the services it provides.
- Improve attendance at infection prevention and control (IPC) training and ensure the inpatient environment is compliant with national IPC guidance.
- Take action to improve the arrangements for decontamination in the endoscopy unit and the environment and hand washing facilities in inpatient areas to ensure they comply with national guidance.
- Clarify the level of care it provides and ensure it complies with national standards and accurately reflect this in any information provided to patients, members of the public and NHS commissioning groups.
- The provider must ensure staff are aware of their responsibilities in relation to the Mental Capacity Act 2005 and Do Not Attempt Cardio-Pulmonary Resuscitation orders.
- Provide training and support for staff to care for patients living with dementia or who have learning difficulties

In addition the provider should:

- Continue to recruit to vacant manager/lead posts
- Review the resources and training for staff ,including medical staff, for children and young people.
- Provide training and support for staff to care for patients living with dementia or who have learning difficulties.
- Ensure that information about patients care and treatment is recorded and is accurate and that staff are aware of the possible risks for patients if this is not done.

Summary of findings

- Review and develop care pathways for patients admitted with medical conditions.
- The provider should develop a more comprehensive policy around the care of the dying in areas such as the duties of the differing staff groups, withdrawal of active treatments, informing relatives and next of kin and organ donation would provide assurance that all patients were receiving the best possible care.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Urgent and emergency services	Requires improvement 	The urgent care centre (UCC) was open seven days per week and was a fee paying service. It provided care and treatment for adults and children over the age of three. The range of treatments provided included sprains, minor wounds, and ear, nose and throat problems. The UCC did not have any paediatric trained nurses and only one of the two resident medical officers (RMO) had experience of caring for children. They could access advice from the paediatric trained nurse but her working hours did not match the opening times of the UCC Staff had completed safeguarding children training to Level 2. Patients told us that reception staff were friendly and they had enough time to discuss their problem with the doctor and maintained their dignity. Staff were aware of the chaperone policy and patients told us they had been offered a chaperone. An audit of waiting times for January 2015 showed that 13 out of 14 patients had been seen with 15 minutes of registering with the receptionist. Patients told us it was easy to make an appointment. All of the staff we spoke with had had an appraisal and completed most of their mandatory training.
Medical care	Requires improvement 	Patients told us they were involved in their care and had time to discuss treatment options with their consultant. Staff described the hospital as a good place to work and were “proud” to work there. The number of medical admissions was much smaller than for surgery. The hospital admitted few medical patients (on average three medical patients a week) and staff were aware that they needed to develop clearer pathways of care. There was limited support and awareness among staff about how to care for patients who were living with dementia or who had learning difficulties. Staff had little awareness of the Mental Capacity Act 2005 or the hospital’s policy. They were unaware of the action to take if they thought a patient did not have full capacity to make decisions. Staff were aware of how to report safeguarding concerns.

Summary of findings

			Staff were unaware of the hospital's Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) policy. There were omissions and inaccurate information on patients' records at night, which put patients at risk of not receiving the care they needed. Patients receiving chemotherapy as a day case were cared for in a dedicated area.
Surgery	**Requires improvement**		Patients told us they received good care and described staff as "caring". There were sufficient staff to care for patients and staff felt supported by their managers. They also felt able to raise concerns. Staff awareness of the Mental Capacity Act 2005 was limited. Systems to reduce risks to patients and monitor the quality of care required strengthening and developing. These included infection prevention and control procedures. Decontamination processes in endoscopy were a risk which the hospital had been aware of but to date had not taken any action. There were delays with pre-assessments for patients undergoing procedures and discharges were also subject to delays due to the lack of an in house occupational therapist. There was a lack of clarity about the level of care provided by the hospital. The hospital does not provided Level 2 critical care as defined by the of the Faculty of Intensive Care Medicine standards 2013. The hospital has service level agreements with local NHS trusts to transfer patients should they require a higher level of care.
Services for children and young people	**Requires improvement**		Between October 2013 and the end of September 2014 the hospital treated 42 children and young people as inpatients and 250 as day cases. Children and parents we spoke with positive about their care and said they found the staff friendly. Parents said they were involved in their child's care and knew who to contact for further advice once their child was discharged. Children were cared for mainly on one of the two adult wards. They were not cared for in a specific area of the ward. None of the rooms had been adapted to accommodate the needs of children. The hospital had specific equipment such as resuscitation equipment for children. Resources for children were limited. There was one permanently employed staff nurse for children with

paediatric trained bank nurses booked as required. There were no dedicated pharmacists for children, but pharmacists reviewed their medicine charts and checked they had been prescribed the correct dose of medicines for their weight.
Nursing staff in theatres and recovery had received specific training in how to care for children and young people undergoing surgery and post operatively. There were also separate documentation to record care and treatment of children.
The hospital did not admit children as emergencies, but used an early warning scoring tool to help with early identification of deterioration in a child or young person

Outpatients and diagnostic imaging

Good

The Outpatients Department was located in a separate building to the inpatient wards in the same building as the Urgent Care Centre. It has 24 consulting rooms and is open six days per week from 8am to 8pm. Diagnostic and imaging services were in the same building. Radiology services were open five days per week from and Saturday till 1.30pm.
Patients we spoke with told us they were involved in their care and were given information about any medicines prescribed for them.
The average waiting times for an appointment for NHS funded patients was 22 days. The hospital did not collect information about waiting times for privately funded patients, but we were told by staff the average waiting time was a week. Patients we spoke with were satisfied with their waiting times.
The radiology department manager felt there were sufficient staff to meet the demand for tests/ investigations. The department used an electronic reporting and results were available on the same day which meant patients could be seen and treatment started on the same day.
As well nurses and doctors the multidisciplinary team included physiotherapists and cardiac technicians

Requires improvement

BMI The Blackheath Hospital

Detailed findings

Services we looked at

Urgent care; Medical care (including older people's care); Surgery; Services for children and young people; Outpatients & diagnostic imaging.

Detailed findings

Contents

Background to BMI The Blackheath Hospital

BMI The Blackheath Hospital in Blackheath, London is part of BMI Healthcare Limited, the UKs largest provider of independent healthcare. The hospital has 69 inpatient and day care beds. In addition the hospital provides day services to oncology patients, outpatient and diagnostic services. It has an urgent care centre which provides diagnosis and treatment for minor accidents and injuries on a walk in basis to adults and children over the age of three. The hospital no longer carries out termination of pregnancies; an application to cease this activity was submitted to the Care Quality Commission in January 2015.

The hospital operates across two sites: the main hospital building is in Lee Terrace and the outpatients department and urgent care service is in a separate building close to the man hospital. It provides services to people within the catchment of Greater London but will take patients from across the country.

Our inspection team

Our inspection team was led by:

Inspection Manager: Margaret McGlynn, Care Quality Commission

The team included a CQC head of hospital inspection, inspection manager and team of inspectors supported by a number of specialists including: a consultant anaesthetist, a consultant physician, a surgical nurse, a senior orthopaedic nurse, a physiotherapist and an expert by experience.

They are granted the same authority to enter registered persons' premises as the CQC inspectors.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider;

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

Detailed findings

Before visiting we reviewed a range of information we held about the hospital. Patients were invited to contact CQC with their feedback.

We visited the hospital on 10 and 12 February 2015 to undertake an announced inspection. We returned on 20 February 2015 to carry out an unannounced inspection.

As part of the inspection visit process we spoke with members of the executive management team and individual staff of all grades. We also met with groups of staff in structured focus groups.

We spoke with both inpatients and people attending the outpatient's clinics as well as those using day services such as the oncology unit. We looked at comments made by patients who used the services of BMI The Blackheath Hospital when completing the hospital satisfaction survey and reviewed complaints that had been raised with the hospital.

We inspected all areas of the hospital over a two day period, looking at outpatients, medical care, surgical care and children and young people services and the urgent care centre. We did not inspect the core areas of critical care, end of life care, accident and emergency and maternity as these services were not provided at BMI The Blackheath Hospital.

Our inspectors and specialist advisors spent time observing care across the hospital, including in the operating theatres and the radiology department. We reviewed patient's records where necessary to help us understand the care that they had received. We also reviewed maintenance, training, monitoring and other records held by the hospital.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experience of the quality of care and treatment at BMI The Blackheath Hospital.

Facts and data about BMI The Blackheath Hospital

At the time of the inspection visit, there were 347 doctors and dentists working at the hospital under practicing privileges. There were no employed medical or dental staff.

There were 52.1 full time equivalent (FTE) registered nurses employed at the Hospital at the time of our inspection. Of these 29.3 were working on the inpatient department, 18 were working in theatres and 4.8 in the outpatients department. There were 3.6 FTE care assistants working in the inpatient departments and 2.6 FTE care assistants in the outpatient department.

During the period October 2013 to September 2014 the hospital cared for 5,251 inpatients, a further 4,206 were admitted as inpatients for day case procedures. In total, 7029 patients taken to the operating theatres.

Pathology, emergency blood supplies and histopathology were outsourced to third party suppliers.

Accident and emergency, critical care, end of life care, maternity services and termination of pregnancy services are not provided at the hospital.

At a previous CQC inspection, in November 2013, we found concerns with how the hospital was monitoring the quality of care provided, the recording of information in patients' notes and the operating theatre environment was not compliant with national guidance; AAGBI Guideline, Immediate Post-anaesthesia.

Our ratings for this hospital

Our ratings for this hospital are:

Detailed findings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Requires improvement	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Urgent and emergency services

Safe	Good
Effective	Requires improvement
Caring	Good
Responsive	Good
Well-led	Requires improvement
Overall	Requires improvement

Information about the service

The urgent care centre (UCC) at BMI The Blackheath Hospital offers a minor injuries service to adults and children over the age of three who require immediate access to a nurse and/or doctor. It offers diagnosis and treatment for minor accidents and injuries on a walk-in basis. It is located on the ground floor of a four storey building which houses the hospital's outpatient department.

The UCC staff are trained to provide advice and treatment for patients who attend with minor injuries such as sprains, fractures, minor wounds, ear nose and throat conditions and other minor medical complaints. Anyone who attends the centre with a major injury, illness or an emergency is stabilised by staff and depending on the urgency may be immediately transferred by ambulance to a local accident and emergency (A&E) department or advised to visit their GP or local hospital as soon as possible for further investigation.

BMI The Blackheath UCC provides on-site imaging and pathology testing, pharmacy and physiotherapy to support patients and can also offer private onward referral to specialist BMI consultants for further investigations.

The service is open Monday to Friday 7am - 8pm, Saturday 8am - 6pm and Sunday 8am - 5pm. This is a fee paying service and all costs can be seen on their website or at the time of attending.

We spoke with three healthcare assistants, four nursing staff, one resident medical officer and three patients and two relatives.

Summary of findings

In the period from 1 August 2014 to 31 January 2015 162 patients under the age of 18 and 682 adult patients attended the UCC. Staff told us they saw around five patients a day, although there was one day in December when they saw 16 people. Staff reported a steady increase in the service being used. Although they were unaware of any analysis to support this information, the hospital told us that following analysis of monthly reports of attendances the opening hours had been extended at the weekend.

Patients described the UCC at BMI The Blackheath as "excellent" and "convenient". Its purpose was to offer people an immediate appointment with a nurse and/or doctor when they did not want or need to attend an A&E department. Patients were seen by experienced nurses and Resident Medical Officers (RMOs) usually within 15 minutes of arriving.

Although the UCC saw children above the age of three it did not have any dedicated paediatric trained staff and the RMOs experience of caring for children was limited.

Staff were described as "kind"," informative"," thorough" and "courteous". Patients felt informed and were offered treatment options. The staff spoke with patients in an appropriate manner according to their age and level of understanding.

Urgent and emergency services

The environment was visibly clean and tidy. Medicines and records were appropriately stored. We found the daily and weekly checks for the children's and adult's resuscitation trolleys were complete and they were fully equipped.

We identified an Oxygen cylinder that had a red label which indicated it was empty but the gauge indicated it was full and the a member of staff confirmed this. However, they did not remove the label.

Staff were encouraged to report incidents and gave examples of learning when asked. Policies and procedures were referenced to national guidelines where appropriate. Staff could access them through the company intranet or refer to filed paper records. Some staff were up to date with their mandatory training, such as safeguarding.

There were safeguarding procedures in place and all staff were able to give an example of having raised a concern with the local authority. The unit did not have access to the local authority's children at risk register and had an informal process in place to capture repeat attendances through the hospital's paediatric lead and informed patient's GPs and the local authority's school nurse about any concerns.

Records for January showed that out of 14 patient records 13 of them were seen within 15 minutes of their details having been registered. Patients we spoke with were satisfied with the time they waited to see a nurse and if necessary the doctor. One person said, "there is no queuing, which makes it a much better choice for me." Patients told us they liked using the service as they had a longer period of time to speak with nursing and/or medical staff. Patients said "there always seems to be more choice of treatment available here. They can do all the tests you need."

BMI The Blackheath, Chelsfield Park and The Sloane Hospital had recently been brought together under one Executive Director. A review of all the services offered at each of these locations was being undertaken in order to ascertain the best business model to provide services that meet the needs of the people it served. Staff were not aware of how this would affect the UCC.

All the nursing staff and administrative staff supporting them were focused on providing a good experience for patients using the service, but there were limited measures in place to see how they were performing.

Staff were asked for their opinion of working for the hospital and patients were asked for their feedback, however the return rate for this was very low.

Urgent and emergency services

Are urgent and emergency services safe?

Good

We judged the UCC had some systems in place to minimise risks to patients. There were protocols for reporting and investigating incidents and staff were aware of these. They told us they received feedback on learning from incidents at the hospital or within the BMI group through a number of different sources. Staff were able to describe a recent incident, although still under investigation they were all aware of the issue and had provided a 'statement' in regard to their involvement.

Although the UCC saw children over the age of 3 it did not have any paediatric trained nurses. Attendance at mandatory training was variable.

When we returned for our unannounced inspection we identified an Oxygen cylinder that had a red label which indicated it was empty. The gauge indicated it was full and there was a documented checklist to confirm this. The red label had however not been removed and when we asked a staff member, they advised us it had been incorrectly labelled but did not remove the red label.

The environment was visible clean and tidy and there were appropriate cleaning schedules. Staff could access the equipment they needed and any broken items were repaired or replaced quickly. Equipment was maintained and checked regularly.

Safeguarding procedures were in place and staff were able to give an example of reporting a safeguarding concern to the local authority. Staff obtained appropriate consent, however not all staff were clear on how to obtain consent from people who may not have the mental capacity to do so.

There were escalation processes should patients present themselves at the UCC with a major condition, or they deteriorated while in attendance. Staff could describe what to do when given an emergency scenario to talk through.

Incidents

- Staff described the types of incidents they should report and used a paper system to report incidents. They said the system was easy to use and the information was transferred to the electronic system by a manager or senior member of staff who reviewed the incident report.
- Staff told us they all received feedback and learning about incidents within the hospital through one to one discussions, team meetings, the team brief or through email. At the time of our inspection there was an investigation into one incident relating to a possible poor diagnosis and as a result treatment. Staff were aware of the investigation and had provided a 'statement' about their involvement. There were discussions of course of action that could be followed as a result of the complaint.
- Staff at the hospital told us they received feedback, outcomes and learning from serious incidents which had happened at other BMI hospitals. However they were not readily able to recall any incidents relating to other BMI hospitals, saying "there haven't been any that we are aware of recently."

Cleanliness, infection control and hygiene

- The consultation room was visible clean and tidy
- Staff told us that cleaning staff cleaned the clinic rooms daily. Checklists were completed to indicate that areas had been cleaned.
- There were hand washing facilities and a hand gel dispenser in the consultation room.
- The staff we spoke with told us they had completed their mandatory training in infection control and prevention. We were unable to identify from the training records how many of the UCC staff had completed this training.
- Toilet facilities and waiting areas were visibly clean and the cleaning schedules had been completed.
- Personal protective equipment (PPE), such as gloves and aprons, were available for staff use.
- The couch roll was changed after each patient.
- The 'sharps' waste bin in the consultation room was appropriately situated so that patients could not access it easily. It was not more than half full and this reduced the risk of staff receiving a needle-stick injury.

Environment and equipment

- The children's resuscitation trolley in the minors department was clearly labelled so that staff could quickly access equipment for the appropriate age and/or weight of the child up to the age of 12 or 34kgs. After this age or weight the adult resuscitation kit was used.

Urgent and emergency services

- We found the daily and weekly checks for the children's and adult's resuscitation trolleys had been completed and no equipment was reported as missing. However when we returned for our unannounced inspection we identified an Oxygen cylinder that had a red label which indicated it was empty. The gauge indicated it was full and there was a documented checklist to confirm this. The red label had however not been removed and when we asked a staff member, they advised us it had been incorrectly labelled but did not remove the red label.
- None of the staff we spoke with had concerns about accessing equipment. If repairs were needed there were done within a few days or replaced if the repairs took longer.
- Staff told us they had enough consumable products. Consumables were ordered via a paper ordering system and staff told us that ordering them was time consuming as the computerised coding system was not easy to use as items were not easily identifiable. This meant it wasted nursing staff's time searching for the items they required. For example they were unable to search for an endotracheal tube and could only search for tracheal tubes.
- Equipment was maintained and checked regularly to ensure it was safe to use .The equipment was clearly labelled stating the date when the next service was due.
- Staff told us that space in the unit was small and this limited the services they could offer.
- The main reception staff for the outpatients department sat at a desk without any windows, this made it easy for staff and patients to communicate with one another. Patients were directed to the UCC reception next to them. Staff in the UCC reception told us it was difficult for them to hear the patients when they provided their details as they were behind a security window. We were told that speakers had been installed but this had not really resolved the problem.
- The reception staff found the receptions area was very cold in the winter as a draught came through the main door. They had not received complaints from patients about this; however patients attending the unit would likely to be wearing coats which the staff did not do during their working day.

Medicines

- Private prescriptions were given to patients if they required medicines.
- New procedures had been recently put in place to tighten up on prescription security so that inappropriate prescribing was prevented.
- The department kept some prepacks of outpatient medicines and prescriptions for these were written and electronically recorded so that stocks levels were maintained and audited.
- Antibiotics were also provided should it be appropriate.
- There was a fridge to store injections and vaccines. The temperature had been checked and recorded daily.
- All emergency drugs were checked daily.

Records

- Paper records for each patient were stored securely in the consultation room in the urgent care centre.
- Adult records were kept for six months and children's records for 12 months before they were logged and transferred to the hospital's off site record storage facility. This meant they could easily access the patient's information should a patient re-attend within six or 12 months.

Safeguarding

- The UCC had up to date policies and procedures for safeguarding both children and adults. This included the identified adult and children's safeguarding leads in the hospital and their contact details should staff need advice or guidance.
- Staff showed us the flow chart they used if they had any safeguarding concerns.
- All of the registered nurses were required to complete Level 2 child protection training. According to information provided by the hospital 100% of required staff had attended Level 3 training. One of the nurses told us they were due to attend Level 3 which is the highest level that can be attained. The hospital clarified that although not required they had arranged for staff to attend Level 3 training.
- Staff provided an example of a safeguarding concern they had about a patient who attended the minor injuries unit. They were aware of the process and the learning from it.
- Staff spoke positively about the relationship with Lewisham social services in relation to raising safeguarding concerns.
- The hospital did not have access to the local authority's children at risk register. However any concerns regarding children were raised with the child's GP and the local authority's school nurse.

Urgent and emergency services

- Staff informed the paediatric nurse at the hospital of all child attendances. This was an informal way of recognising any children who regularly attended the hospital and identifying any concerns relating to their attendance.

Mandatory training

- Some staff had completed their mandatory training while others were still in the process of completing it. The hospital provided us with information indicating the percentage of staff who had completed each of the mandatory training modules. However we were unable to ascertain from this information how many of the staff working in the UCC had completed their mandatory training and in which modules.
- There was a mixed response as to how easy it was to complete the training. Some staff found the time to complete it, while others said they were too busy to do it in work time and it was difficult to arrange for time during to do it. Some staff opted to complete their training at home in their own time at home. We spoke with the senior co-ordinator for the reception staff and they told us they allocated time during their staff's working day to complete mandatory training.

Assessing and responding to patient risk

- Patients were triaged by the nurse within 15 minutes of arrival. The patients we spoke with confirmed they were seen within this time. If the patient was assessed as requiring to see the doctor they were asked to wait until they became available. The nursing staff assessed case-by-case depending on the needs and age of the patient.
- Patients who attended the unit with a major illness or if their condition deteriorated while they were being treated were automatically stabilised and transferred to the nearest NHS hospital via ambulance. Between 1 August 2014 and the end of January 2015 approximately 24 adults and six children and young people were referred directly to their local hospital A&E department
- All staff, including reception staff, knew the procedure to follow and how to get assistance if required.

Nursing staffing

- There was always one registered nurse and one healthcare assistant on duty each day.
- Busy periods and staff breaks were covered with the assistance of the outpatient department's nursing staff and healthcare assistants. Likewise staff in the UCC helped the outpatient department during busy periods if the demand in the UCC was low.
- At the time of the inspection we were told interviews had been arranged for another paediatric trained nurse to be employed at hospital. This would increase the support that was available for the UCC.

Medical staffing

- Two Resident Medical Officers (RMOs) covered the minor injuries unit rotating on a one week on and one week off basis. Any absences were covered by a locum doctor that regularly worked at the hospital. However, we were told this was rare and usually due to an unexpected absence of one of the RMOs.

Major incident awareness and training

- Staff had taken part in fire safety training as part of their mandatory training and knew the role they played in evacuating patients. There was a fire officer on each floor of the building and they were responsible for clearing their area. Staff had taken part in a fire drill however none of the staff we spoke with had taken part in a live patient evacuation to test their response.
- One of the reception staff was able to describe what they would do if there was a terrorism threat made to the hospital or if there were any suspicious items left on or delivered to the premises.

Are urgent and emergency services effective?

(for example, treatment is effective)

Requires improvement

The service was available seven days per week. None of the nursing staff working in the UCC were paediatric trained and although they had access to advice from the paediatric trained nurse her working hours did not match the opening hours of the unit.

Policies and procedures were available for staff and were based on national guidance but the service had not participated in any audits.

Urgent and emergency services

Most staff had had an appraisal and spoke positively about their appraisal and told us they were encouraged to attend further training related to their role. However, we were not given any examples of staff attending further training.

Evidence-based care and treatment

- Policies and procedures were based on national guidelines, such as National Institute for Health and Care Excellence (NICE) guidelines and other national guidelines, where appropriate. For example the Chaperone policy made reference to the National Medical Council and Royal College of Nursing national guidelines.
- Clinical staff we spoke with were aware of guidelines relevant to their specialist area such as resuscitation guidelines.
- Guidelines were accessible on the hospitals intranet or available as a hard copy filed in the policy and procedure folders in the clinical areas.
- The UCC had not participated in any national audits. However, we were told there were plans to take part in the NICE 'Feverish Child' and College of Emergency Medicine (CEM) 'Pain in Children' audits in March.

Pain relief

- Appropriate pain relief, such as paracetemol or diazepam was offered at the time of a patient's consultation.
- Patients were advised to contact their GP should pain be more than products bought over the counter at a pharmacy could control after leaving the clinic

Patient outcomes

- Patients could be referred to specialist consultants at the hospital for further investigations. Between 1 August 2014 and 31 January 2015 around 254 patients aged 18 and over (adults) and 62 patients under 18 year of age were referred. Three adults were admitted immediately to the BMI The Blackheath under their consultant. Seven adults were referred back to their own GP or another BMI hospital.
- The hospital did not regularly carry out audits of waiting times in the Urgent Care Centre. However they offered a cancellation of the assessment fee if patients waited longer than fifteen minutes to be seen by a member of clinical staff.
- The hospital provided us with waiting time records for January 2015. They showed that 13 out of 14 patients were seen within 15 minutes of their details being registered. The one patient who did not fall into this timescale had been taken into the consultation room on arrival as staff were concerned about their welfare. Their registration was completed after they had been made comfortable.
- Patients we spoke with were satisfied with the time they had waited to see a nurse and if necessary the doctor. One person said, "there is no queuing, which makes it a much better choice for me."
- Patients told us they liked using the service as they had a longer period of time to speak with nursing and/or medical staff; we were told "the time allows the doctor to be really thorough."
- The hospital provided on-site imaging, plastering of simple breaks/fractures, pathology testing, pharmacy and physiotherapy to support patients.
- Patients said "there always seems to be more choice of treatment available here. They can do all the tests you need."

Competent staff

- Permanent staff were reminded by their manager about their appraisal. However the bank staff told us they had to "chase" for their appraisal, which was a requirement of their continuing professional development in order to prove they were fit to practice.
- Five out of the seven staff we spoke with had participated in an annual appraisal in the last 12 months. Staff told us their appraisal included their performance over the last year and set objectives for the following year, such as training courses relevant to their role.
- Most staff spoke positively about the support they received to improve on their competencies and attend further courses in relation to their work. For example it had been identified for one healthcare assistant to attend a course in plastering fractures and an administrative member of staff had attended a customer service course.
- All newly appointed permanent staff had completed an induction programme which included mandatory training as well as an overview of hospital practices and procedures. However we found that a bank member of staff had not received a formal induction and had used their own initiative to read policies and procedures and source the mandatory training.
- None of the nursing or medical staff had specific paediatric experience or training. The RMO on duty was

required to have completed the Paediatric Immediate Life Support (PILS) training. We spoke with two RMOs, one confirmed they had some paediatric experience and had completed a paediatric advanced life support course. We were provided with evidence of the RMO having successfully completing the course. The second RMO told us they had not attended a course and did not have paediatric experience.

- The paediatric sister based at the hospital was able to offer advice over the telephone or attend the urgent care centre if staff required support with a child. All the staff we spoke with told us they had never had a situation where they had not been able to get advice from the paediatric nurse if they required it. However, the paediatric nurse's working hours did not match the opening hours of the UCC.

Access to information

- Information relating to the service provided and charges for it were available on the internet.
- Patients were informed of all costs at the time of checking into the UCC. Patients were informed of any further charges should they require any tests or imaging.
- Staff reported having good access to information through the BMI intranet system. This included policies and procedures, meeting minutes and updates.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients were asked for consent to procedures appropriately. Staff told us they always explained any procedure and the related costs prior to carrying it out.
- Parents and carers were required to give consent to treatment on behalf of their children.
- Some staff were unclear about their responsibilities in relation to the Mental Capacity Act 2005. They were unable to describe the correct procedure for obtaining consent from patients with limited capacity. However they told us they would speak to their manager or the doctor if they were unsure whether someone had the mental capacity to consent to treatment.
- The hospital provided us with information showing that 88% of all the staff had received Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) training. We were unable to ascertain from this information how many of the staff working in the UCC had undertaken this. The hospital has since clarified that 70% of staff in the UCC had completed the MCA 2005 and DoLS training.

Multidisciplinary working

- Staff reported a close working relationship with the RMO and manager. There were weekly meetings between them. Minutes of the meetings showed discussions about patient flow, policies and procedures, new equipment along with any concerns that staff had.
- Nursing staff felt fully supported by the paediatric trained nurse at the hospital and told us they had no problems getting in touch with them.

Seven-day services

- The service is open Monday to Friday 7am - 8pm, Saturday 8am - 6pm and Sunday 8am - 5pm.

Are urgent and emergency services caring?

Good

We spoke with four adults and one child using the service. We observed all the staff, including reception staff, speaking with patients in a helpful and kind manner. All the patients we spoke with said the staff were friendly and caring. Patients told us the doctor spoke with them in a way they understood and at a level appropriate to their age. One family said, "they spoke to my child directly in a way they understood."

Patients told us the staff were thorough and explained treatment options. Patients reported having plenty of time to ask questions and clarify anything.

The nursing staff offered emotional support and patients were invited to include family members or carers into the consultation room if they wished to have the support.

Compassionate care

- Patients were treated with compassion, dignity and respect. We observed receptions staff being polite and asking if they needed any assistance such as using the lift in the reception area. .
- Patients told us all that staff were kind and friendly. One person who had used the service a number of times said that the reception staff were "lovely and knew the family by name".
- Patients spoke positively about the doctors at the service saying "our consultant is a really good doctor. They give you more time than I thought I would get"

Urgent and emergency services

- Patients told us the service was discreet and no one talked about health matters until the door to the consulting room was shut and everyone was seated.

Understanding and involvement of patients and those close to them

- All the patients we spoke with talked highly of the doctor. They said, "the doctor listened to me and explained a course of treatment for me to consider in a clear way, they were keen to ensure I understood properly."
- Another family who attended with a child told us, "the doctor spoke directly to my child in a suitable level for them to understand, and explained thing in slightly more advanced level to me."
- Patients told us the consultations were very thorough and plenty of time was allowed for questions.

Emotional support

- Patients could be supported by family or friends during consultations if they wished to be. Patient's told us that the nurse was also available to talk to or support them if they required it
- Nursing staff described how they would support someone who was upset, such as giving them time to be upset, and talk about how they were feeling. One nurse said, "this job is like being a Mum really."

Are urgent and emergency services responsive to people's needs?
(for example, to feedback?)

Good

The service offered people an immediate appointment with a nurse and where required with a doctor when they did not want or need to attend an accident and emergency department. Patients were seen by either a nurse usually within 15 minutes of arriving. All the patients we spoke to were happy with the time they waited.

The unit was starting to see an increase in demand for its service along with patients using it on a regular basis. Staff told us it was hard to plan as the demand was dependent on other factors affecting the local area such as the local hospital's accident and emergency service being busy or sporting events in the vicinity.

The complaints system was displayed in the waiting area and staff were clear about the procedure to follow. Staff told us they had very few complaints however they were able to give an example of one and the learning from it.

Service planning and delivery to meet the needs of local people

- In the period from 1 August 2014 to 31 January 2015 the UCC saw 162 patients under the age of 18 and 682 adult patients. Staff told us they saw around three to five patients a day. Although there was one day in December when they saw 16 people.
- Staff told us it was not easy to predict which days would be busy the days the needs of the service it could depend on what was happening in the local area. For example on some weekends there may be an increase in the number of children attending due to more sport being played.
- They also found increase in demand may be connected with how busy the local acute hospital's emergency department was.
- Staff told us that they were seeing an increase in the number of patients attending the UCC. They said they were starting to see a number of regular adults and children using the service. The UCC was able to provide data on how many people attended the service. Staff were unaware of any analysis to support this information. However, the hospital told us that following analysis of monthly reports of attendances the opening hours had been extended at the weekend.
- When the service was aware of a potential increase in demand due to local factors more staff were brought in to support the service to ensure patients were triaged within the 15 minute target.
- The nursing staff had identified a gap in the area for a Deep Vein Thrombosis (DVT) scan service. They felt this was a way to utilise the clinic area and nursing staff. At present a patient presenting with a possible DVT was referred to a consultant at the hospital who performed the scans and prescribed the treatment. However at weekends patients were required to travel to other hospitals in central London or mid-Kent to obtain a scan and be treated.

Urgent and emergency services

Meeting people's individual needs

- The UCC was accessible to all patients, including people who used wheelchairs. There was a dedicated seating area for patients attending the UCC. At the time of our inspection there was plenty of seating available for the number of patients attending.
- One patient told us they were always offered a chaperone when they had an examination, even if their relative was available to be with them.
- A family with a child told us the nurse was present throughout their child's consultation with the doctor even though the family was present.
- Staff told us they could use language line if they required an interpreter. They also told us there were a number of staff who spoke another language. However they had not been required to use the service as patients they saw generally spoke English.

Access and flow

- Patients attending the minor injuries unit were directed to the reception area where administrative staff took their details and a brief reason for attending the clinic. Patients were informed of the cost of the consultation at this point.
- Patients were seen by a nurse within 15 minutes of arrival.
- All of the patients we spoke with told us they were seen by a member of nursing staff within 15 minutes of registering at the service.
- Nursing staff first took a history from patients and ascertained why they had attended the UCC. If it was decided by the nurse that the patient needed to see a doctor they were either seen immediately if the doctor was available, or asked to wait in the waiting area until the doctor became available. Nursing staff triaged on a case-by-case basis. They told us they dealt with advice on how to treat general coughs and colds, cleaning up grazes and applying dressings. They said their role was to provide reassurance to patients with a minor illness and to clean and protect minor injuries. Patients were referred to the doctor with more serious conditions for diagnosis, prescriptions, and tests.

Learning from complaints and concerns

- Clinical complaints were dealt with by the clinical manager of the department. If they were unable to resolve the complaint to a successful conclusion a full investigation took place, this comprised of all the staff involved including the consultant.
- There had only been one clinical complaint in the last five years. All of the staff we spoke with were able to tell us about the complaint, how the investigation was conducted and the learning from it.
- Information on how to complain was located in the waiting areas. The reception manager told us they would aim to deal with any administrative complaints at the time if they were made aware of them.

Are urgent and emergency services well-led?

Requires improvement

Staff reported that the Outpatients Service Manager, who was responsible for the UCC, the Executive Director (ED) and other senior members of staff were supportive and approachable. The hospital was going through a review of the service offered at the location. Nursing and administrative staff were aware of the Executive Directors vision but were unsure how this would affect the urgent care centre.

Patients were invited to complete a patient satisfaction survey however very few were returned. Staff did not know how well the department was performing and what set key performance indicators there were.

Although most staff had had an appraisal some had fallen behind due to external factors. This had been discussed with more senior managers, however there had been no extra support put in place to ensure appraisal targets were achieved.

Staff were positive about their work and ensuring patients had a good experience using the minor injuries unit. They felt the team worked closely and supported one another well.

Vision and strategy for this service

- BMI The Blackheath, Chelsfield Park and The Sloane Hospital had recently been brought together under one Executive Director. A review of all the services offered at each of these locations was being undertaken in order to ascertain the best business model to provide services that meet the needs of the people it served.
- All of the nursing staff and administrative staff were focused on providing a good experience for patients.

Urgent and emergency services

- Staff were aware of the Executive Director's vision for the hospital and the services it provided. There had been a number of hospital wide briefing sessions about the future direction of the whole service but staff were not unaware if or how it was going to affect their own department.

Governance, risk management and quality measurement

- The UCC and outpatient department had a daily lunchtime meeting. They discussed any concerns relating to the departments such as late running consultants, flow of patients, staffing issues, and any new policies and procedures. Staff told us this was a useful meeting as they felt supported by having this meeting.
- Although the UCC did not have any paediatric trained staff and the RMOs had limited experience this had not been recognised as a potential risk for the hospital.
- Staff were not provided with information regarding the UCC's performance, although incidents and complaints were discussed in staff meetings.
- Although some staff had had appraisals some had fallen behind due to external pressures and although the manager had raised it as an issue they had not received any additional support.
- The UCC held a monthly meeting. Meeting minutes showed they discussed issues and concerns relating to the UCC, updated staff on policy and procedure, staff issues and new equipment. Staff, including bank nurses, told us they were routinely invited to the meetings and received copies of the minutes.

Leadership of service

- Staff reported seeing all their managers and leads including the executive director and clinical services director. Everyone we spoke with told us that new and long standing senior staff were supportive and they felt able to raise concerns.
- Staff told us they felt able to raise any concerns with their immediate manager saying they had an 'open-door policy'.

Culture within the service

- Staff were positive about their work and enjoyed the unpredictability of who they would see and what treatments they would carry out each day. One member of staff said, "it's really varied work and it's exciting to see what you get each day."
- Administrative staff and nursing staff told us they worked together to help patients have the best experience they could when visiting the service. A member of staff said, "the teamwork is very good, we have close working relationships with everyone."
- The Outpatient Service Manager told us they encouraged an open and honest approach. Staff were encouraged to report incidents and supported through the process. Staff told us they thought the hospital had a no-blame culture and felt able to raise any concerns or mistakes made.

Public and staff engagement

- Patients were invited to complete a patient satisfaction survey. However staff acknowledged that very few were returned.
- The executive team acknowledged they wanted to improve patient communication. This included encouraging patients to feedback on the services they received, and setting up regular patient forums.
- Staff were asked to take part in a survey about working at the hospital and for BMI on an annual basis. We did not see the results of the last survey.
- Monthly bulletins were sent to staff which included both hospital and regional BMI information. These included learning from incidents and staff we spoke to were aware of them

Innovation, improvement and sustainability

- There was little information about improvements in the service.
- Staff voiced the need for more room and staff in the UCC in order to meet the increasing demand on its services.

Medical care

Safe	Requires improvement
Effective	Requires improvement
Caring	Good
Responsive	Requires improvement
Well-led	Good
Overall	Requires improvement

Information about the service

The BMI Blackheath Hospital provides a range of medical services including cardiology, gastroenterology, respiratory medicine, and oncology and in 2014 treated 2,000 inpatients. The hospital has two wards, a day surgery ward and an inpatient ward, where patients stay overnight. All medical patients are cared for on Meridian inpatient ward. We inspected Meridian Ward (which had 27 beds including three double rooms). The hospital has a dedicated oncology suite for private patients needing chemotherapy. It does not have a lead, dedicated end of life care team or a patient pathway but it did have access to a palliative care consultation.

We spoke with nine patients, two family members and eight members of staff including doctors, nurses, managers and support staff. We observed interactions between patients and staff, considered the environment and looked at medical records and attended handovers. We reviewed other documentation from stakeholders and performance information from the hospital.

Summary of findings

Medical patents are cared for by specialist visiting consultants. The hospital did not admit many medical patients and ward nurses and the Resident Medical Officers (RMOs) were more skilled and experienced in caring for surgical patients who made up most of the patients in the ward.

All patients were under the direct care of a consultant who saw their patients regularly and usually each day. Medical treatment was informed by National Institute for Health and Clinical Excellence (NICE) guidelines.

There were no dedicated hand wash taps and basins in patient bedrooms, staff and visitors used the basin in the bedroom's ensuite bathroom or the washing facilities in the sluice. Treatment rooms had hand wash basins but they were not standard utility sinks with mixer taps. None of these conform to national infection prevention and control guidance (IPC). Medical and nursing staff did not have the experience and training to deal effectively with all the medical situations that might arise

The hospital carried out regular clinical audits to identify areas for potential improvement. All emergency drugs to support oncology day patients and kits for spillage were readily accessible, but chemotherapy was not stored in a separate fridge to other medicines. The hospital had a pathology department and patients were able to have their blood tests carried out when they visited their consultant.

Medical care

Although staff had attended training, most of the nursing staff we spoke with were unaware of the hospital's policies for the Mental Capacity Act 2005 and Do Not Attempt Cardiopulmonary Resuscitation orders (DNACPR).

Patients knew who to contact if they had an emergency. One patient told us they had used the on-call system twice and attended the hospital at midnight on two occasions. The On Call Nurse had made all the arrangements for the consultant to attend and for a room to be made available. Consultants worked together effectively as a team to treat patients in a holistic way.

Friends and Family Test (FFT) results were positive with scores between 80 and 100 each month but on a 25% response rate which was low.

Throughout our inspection, we observed patients being treated with compassion, dignity and respect. We saw that call bells were answered in a timely manner. The patients and relatives we spoke with were pleased with the care provided. They told us doctors, nurses and other staff were caring, compassionate, and responded quickly to their needs. One patient told us, "This hospital provides the best aspects of a cottage hospital accompanied by 21st century medicine. It has the personal aspects of an old fashioned hospital. I am treated as an individual as opposed to a statistic."

Patients told us that they were able to arrange admissions times in agreement with their consultants. Both consultants and the hospital are able to accommodate admissions at weekends and late in the evening.

Managers told us that there was a designated medical care pathway which included assessment of patients with dementia. However, staff we spoke with were not aware of the system for identifying and supporting people who were living with dementia. None of the staff we spoke with had received training in identifying and supporting people living with dementia.

The hospital had an effective meeting structure for managing the key clinical and non-clinical operational issues on a day to day basis. The hospital had a risk register. However, this focused on environmental risks such as the endoscopy unit and flooding. There were no clinical risks identified.

Staff spoke positively about the high quality care and services they provided for patients and were proud to work for the hospital. They described the hospital as a good place to work and as having an open culture. The most consistent comment we received was that the hospital was a friendly place to work and people enjoyed working there.

Medical care

Are medical care services safe?

Requires improvement

Systems in medical services required improvement. Staff we spoke with told us they were encouraged to report incidents and knew how to report an incident and said they reported incidents frequently. They told us they received feedback on the incidents they had reported. Between April 2013 and March 2014 there had been no never events or Serious Incidents Requiring Investigation (SIRIs) in the medical division.

Staff generally followed the hospital infection prevention and control (IPC) policy. However, there were no dedicated hand wash taps and basins in patient bedrooms, staff and visitors used the basin in the bedroom's ensuite bathroom or the washing facilities in the sluice. Treatment rooms had hand wash basins but they were not standard utility sinks with mixer taps. Although the environment appeared clean none of these conform to national infection prevention and control guidance. The ward had a lead nurse for IPC but they did not have sufficient time to carry out this role.

Some patient's records, including national early warning scores, we reviewed were incomplete and/or inaccurate. We found this happened mainly during the night.

There were sufficient nursing staff on duty to care for patients and arrangements in place for the storage of medicines. Although we had some concerns that chemotherapy was not stored separate to other fridge medicines.

Incidents

- Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. There had been no never events in medical services between April 2013 and March 2014.
- Between November 2013 and October 2014 no Serious Incidents Requiring Investigation (SIRIs) were reported. In the same period, the hospital reported 286 clinical incidents.
- Staff we spoke with stated they were encouraged to report incidents. Staff knew how to report an incident and said they reported incidents frequently. Nursing staff told us they received feedback on the incidents they had reported.

Safety thermometer

- The NHS Safety Thermometer is a national tool used for measuring, monitoring and analysing common causes of harm to patients such as new pressure ulcers, catheter and urinary tract infections (CUTI and UTIs), falls with harm to patients over 70 and Venous Thromboembolism (VTE). Safety thermometer scores were not displayed on the wards other than staffing numbers and patient falls with harm. However, we were told patients coming to harm was so rare that a trend would be identified very easily. All safety thermometer related incidents were fully investigated.
- Figures under the safety thermometer showed it was rare for a patient to come to harm.
- Venous thromboembolism (VTE) screening was above 95% compliance in all but one three month period in the last 12 months. All the VTE assessments we reviewed were completed. Performance information data was entered onto the system by clinical staff.

Cleanliness, infection control and hygiene

- The hospital conducted a series of infection prevention and control (IPC) audits and the results were generally good for ; cleanliness of mattresses (88% of mattresses checked), adhering to cleaning schedules (91% of schedules completed), adherence to personal protective equipment use (100%), correct use and disposal of sharps (85%), and correct disposal of waste (100%). Although some staff raised concerns regarding disposal of waste, these had been actioned at the time of our inspection.
- IPC in healthcare training rates were low at 58% against a target of 90%.
- Patients we spoke to told us that they thought the hospital was very clean. One person said, " They are always cleaning, the place is spotless".
- Staff generally followed the hospital IPC policy. We observed that staff regularly washed their hands in between seeing patients; they used the hand gels in place when entering and leaving patients rooms. Gel dispensers were appropriately placed and had signage to remind people to use them.

- Staff used personal protective equipment (PPE), such as gloves and aprons, and adhered to the hospital's 'bare below the elbows' policy. However, we observed two consultants speaking to patients while they were wearing suits including long sleeved
- There were no dedicated hand wash taps and basins in patient bedrooms, staff and visitors used the basin in the bedroom's ensuite bathroom or the washing facilities in the sluice. Treatment rooms had hand wash basins but they were not standard utility sinks with mixer taps. None of these conform to infection control guidance.
- All the corridors and most of the bedrooms were carpeted on the wards and chairs were made of fabric rather than easy to clean material. We were told these were steam cleaned but this does not ensure that infections such as norovirus are not spread. None of these conform to IPC guidance (Health Building Note 00-09: Infection control in the built environment March 2013 3.41 and 3.42).
- Some sharps bins did not have their temporary lids closed.
- There was a ward based liaison nurse for infection prevention and control. However, they reported they did not have enough time to carry out this role.
- The hospital had not reported any outbreaks of Methicillin-resistant staphylococcus aureus (MRSA) or C Diff in the last 12 months.
- The hospital had isolation procedures and we observed these used appropriately. Staff were able to describe how patients, who had been transferred from another hospital or care home and those who were identified as high risk, were placed in isolation until an MRSA test had been completed.

Environment and equipment

- The ward area had sufficient moving and handling equipment to enable patients to be cared for safely.
- None of the staff we spoke with had concerns about the availability of equipment and if anything required repair, it was fixed quickly.
- Equipment was maintained and checked regularly to ensure it continued to be safe to use .The equipment was clearly labelled stating the date when the next service was due.
- We examined the resuscitation equipment on the ward. There had been regular checks of the equipment which had been documented
- Oncology patients were cared for on a dedicated oncology suite which had seven bays. In May 2014 the hospital achieved the Macmillan Quality Environment Mark which involved an external assessment of the environment. The assessment concluded that the environment was welcoming and modern with comfortable arm chairs for patients and screens to maintain their privacy.

Medicines

- A pharmacist and medicine technician visited the ward daily. They checked supplies and prescriptions to prevent errors in giving the wrong medicines. The pharmacist was involved in medicines reconciliation when people were admitted to the hospital, clinical scrutiny of the medicines charts and the discharge of patients. Technicians were involved with medicine supply top-ups to maintain supplies on the wards. In theatre and outpatients nurses ordered medicines to an agreed stock level.
- Patients were given information about their discharge medicines and generally the pharmacist or technician explained them to the patient.
- The hospital had a licence from the Home Office to store and supply controlled drugs. All were stored safely and records and wastage recorded accurately. All other medicines we saw were stored securely.
- We saw evidence of regular audits of Controlled Drugs, safe storage of medicines and missed doses and medicines errors. An audit on Meridian Ward in July 2014 found 100% compliance with checking and storage of controlled drugs. In August 2014 an audit of the storage of medicines and controlled found 100% compliance on Meridian ward.
- The pharmacy department ordered and supplied chemotherapy drugs to oncology patients. The pharmacist screened the protocols before ordering and stored them in the pharmacy until needed. The medicines fridge was very full and chemotherapy was not kept separate from other fridge medicines to ensure safe storage.
- We looked at the emergency drugs stored in all departments. All were sealed and checked daily or after use to ensure that they were always available and in date and fit for use.
- The pharmacist participated in the hospital's governance and medicines management meetings and the Head of Department meetings. Any concerns on

medication were actioned and appropriate learning and training carried out. One recent error in giving the wrong medicines resulted in retraining and competency assessments of the nurses concerned before they were allowed to give medicines again.

Records

- Records were kept in paper format and all health care professionals documented care and treatment in the same record. Patients' records were legible with entry dates, times and designation of the person documenting indicated.
- We found some records were incomplete with omissions or inaccuracies that had occurred at night. For example, staff did not record blood pressure numbers, only a line to show roughly where the high and low was. Day staff always recorded the actual reading which improves the likelihood of correct diagnosis. Total scoring on fluid balance charts and assessments was either inaccurate or not completed. We found a patient who scored high enough for a falls care plan but one was not completed.
- Ten patient records were audited a month to ensure they were accurate and complete. The average compliance was 95 – 100% each month. January's compliance was 90%. There were some gaps in theatre registers. Omissions and errors were discussed with individual staff members.
- Patient information and records were stored securely in locked cabinets at the nursing station.
- Patients attending the oncology unit had a chemotherapy record book which contained information about their diagnosis and treatment. The book had been developed by a cancer network.

Safeguarding

- Information provided by the hospital showed that 100% of the required staff had completed Level 3 safeguarding vulnerable adults training.
- There was a safeguarding policy and procedures in place and staff were aware of these. Two safeguarding alerts had been raised by the hospital in the last two years.
- Staff were able to describe situations in which they would raise a safeguarding concern and how they would escalate any concerns. Staff we spoke to were able to give examples of when they had used the hospital's safeguarding policy to raise concerns.
- Medical and nursing staff we spoke to knew who the safeguarding lead in the hospital was and most were up to date with their adult and children's safeguarding training.

Mandatory training

- Staff were up to date with some of their mandatory training, with compliance mostly above 80%. However, some modules were below this. This included fire (60%), Aseptic Non Touch Technique (35%), blood transfusion (53%), and infection control and prevention in healthcare (58%).
- Training was monitored online and each member of staff had a training account and received alerts by email when a training module was due. However, not every member of staff had access to an email account; although they had been given an email account they had not used it and the account had become inactive. This meant that some staff had to be reminded in person and given access to a computer to update their training.
- Staff were supported in their training by the hospital giving them time back if they had undertaken training at home.
- Some staff told us their formal induction had been delayed by several months so they had only had a local induction before they started working at the service.

Assessing and responding to patient risk

- Risk assessments were undertaken for venous thromboembolism (VTE), falls, malnutrition and pressure sores. These were documented in the patient's records and included actions to mitigate the risks identified.
- Staff used the National Early Warning Score (NEWS) and medical and nursing staff were aware of the appropriate action to be taken if patients scored higher than expected. We examined three sets of NEWS records during our unannounced visit. We found that, scores had not been totalled for two days and scores had not been done at night. This creates a risk that deteriorating medical patients will not be identified.
- Staff told us they felt well supported by doctors when a patient's condition deteriorated. The RMO would always come and see patients if called and they were always prepared to be woken and see patients at night.

Medical care

- Nursing staff told us that the RMOs and consultants were very responsive when called. One nurse told us, "They know it's their responsibility, so they always come if we need them, I have never had a problem getting a doctor when I needed one".
- If a patient's condition deteriorated to the extent that the hospitals High Dependency Unit (HDU) was unable to look after them safely they were transferred to the local NHS hospital
- Patients know who to contact if they had an emergency. One patient told us they had used the on-call system twice and attended the hospital at midnight on two occasions. The On Call Nurse had made all the arrangements for the consultant to attend and for a room to be made available.

Nursing staffing

- Nursing staff levels had been reviewed and assessed using an acuity tool to ensure staff numbers always met the needs of patients. BMI Blackheath Hospital had adopted the corporate labour tool to plan the nursing skill mix required against patient activity and complexity at least 48 hours in advance. The tool is used as a rolling review to ensure adequate staffing levels.
- There were four nurses, including a Sister, and two healthcare assistants for up to 30 beds on the day shift. Nurses we spoke with said this was usually manageable. The only time staffing levels were an issue were during the morning when new patients were being admitted. This had to be balanced with providing support to patients with their personal care needs and mobilising. None of the patients we spoke with told us they had an issue in calling a nurse, patients said that a nurse would always come immediately if they rang the call bell.
- Nursing staff told us that most of the time they had enough staff on duty. One nurse told us, "It's fine most of the time; the only problem is if we lose a nurse at the last minute. We try to get an agency in but there isn't always one available. Then we have to work much harder but we still cope".
- Between June 2013 – November 2014 bank usage varied and ranged from 4% to greater than 20% in five months (peaking at 36% in September 2014) with an average 10% bank use in November 2014.
- On the Friday evening we conducted our unannounced inspection there were four nurses on the ward for thirteen patients, two of the them were bank nurses. However, they both had extensive experience of working at the hospital.
- The sickness rate for nursing staff for inpatient departments was below 10%, except for March 2014 when it was 21%.
- The nursing handovers, which we observed, included a discussion of each patient and their progress and any potential concerns.

Medical staffing

- The hospital had over 300 consultants, who worked at the hospital under 'practising privileges'.
- The permanent medical presence at the hospital is provided by Resident Medical Officers (RMOs) who are engaged by the provider via a third party contractor.
- The RMO conducted a ward round every 12 hours with the charge nurse to review all patients who had stayed overnight. Their remit was to ensure patients were comfortable and to prescribe additional pain relief. They only intervened if a patient had a problem such as a bleed, and this was discussed with their consultant. The patient's pathway and care plan was conducted by their consultant. However, the RMO did not take any of the nursing or medical notes with them during this round as they said this was discussed at handover. Any changes to medicines were noted by the nurse to record in the notes.
- We observed the medical handover in the evening. The process was led by the senior nurses in conjunction with the RMO. The handover covered all of the surgical patients but the RMO was not present for the handover of the two medical patients. Staff displayed a good understanding of the needs of their patients and worked well as a team.

Major incident awareness and training

- Generators were tested monthly and serviced six monthly.
- Emergency drills were conducted. A recent resuscitation drill identified training needs which have been discussed with the appropriate team and we were told the necessary actions had been taken.
- Staff were aware of what to do in the event of a fire and we were told a drill had been done last year where evacuation was done by compartments (between each set of fire doors).

Medical care

- A corporate appropriate business continuity plan was in place defining responsibilities from a national to hospital level. BMI Blackheath Hospital had specific action cards in place for different scenarios such as loss of utilities, loss of staff, and loss of communication infrastructures with actions to take in their event. However, these did not define individual staff responsibilities or how each service should respond.

Are medical care services effective?

Requires improvement

All patients were under the direct care of a consultant who reviewed them regularly and usually each day. Medical treatment generally adhered to National Institute for Health and Clinical Excellence (NICE) guidelines for the treatment of patients. However, the core activity of the hospital was surgery and medical and nursing staff felt they did not have the experience and training to deal effectively with all the medical situations that might arise. Deaths were discussed at various clinical governance meetings but the hospital did not have regular mortality and morbidity meetings.

All emergency drugs to support oncology day patients and kits for spillage were readily accessible. Chemotherapy medicines were not stored in a separate fridge to other medicines.

Although staff had received training in the Mental Capacity Act 2005, they had little awareness of the process for obtaining consent from a patient who may have had limited capacity. They were unaware of the hospital's policies in relation to the Mental Capacity Act 2005 and the Do Not Attempt Cardio-Pulmonary Resuscitation policy. Some staff had not had an appraisal.

There was good multidisciplinary working and patients know who to contact if they have an emergency at the hospital or after they return home. All services including consultant cover are available seven days a week, either on duty or on call at night and parts of the weekends.

Evidence-based care and treatment

- Medical treatment was informed by National Institute for Health and Clinical Excellence (NICE) guidelines and Royal College guidance.
- All patients were under the direct care of a consultant who reviewed their patients regularly and usually each day. The hospital had access to a palliative care consultant.
- NICE and hospital guidelines were available on the hospital intranet. Staff told us that guidance was easy to access, comprehensive and clear. One of the RMOs was able to show us on the intranet and explain how he had recently followed the NICE guidelines on the use of Warfarin (an anticoagulant normally used in the prevention of blood clots).
- The hospital had an oncology unit which treated patients with a range of cancers. They had a 24 hour on call service and protocols in place to ensure that if people needed emergency admission for neutropenic sepsis, they could be admitted promptly for treatment. We saw that one patient of the hospital was admitted the day before the inspection and was treated within one hour of admission.
- All emergency drugs to support oncology day patients and kits for spillage were readily accessible. The hospital had a pathology department and patients were able to have their blood tests carried out when they visited their consultant.
- We were told that BMI were trialling an electronic prescribing programme in March. A National Peer Review Report on Chemotherapy Services 2012/2013 recommended it as a mandatory requirement in the NHS
- The hospital had recently organised an antibiotic awareness day and prescribing quiz.

Pain relief

- We observed staff monitoring the pain levels of patients and recording the information. Pain levels were scored using the National Early Warning Score (NEWS) chart.
- We observed the RMO's ward round and they checked to see if any patients required additional pain medication. Those who had a pain score received additional pain relief.
- Although some patients told us they had been in pain, they said staff quickly gave them additional pain relief if they needed it.

Nutrition and hydration

- Patients are assessed to ensure they have had enough to eat and drink using the Malnutrition Universal Screening Tool (MUST). MUST assessment compliance was recorded as 98.6%.

- The hospital did not have a dietician
- All patients had drinks within their reach. Nursing and support staff checked that regular drinks were taken where required.
- The patients we spoke with told us they were always given a choice of food and snacks. They were very positive about the quantity and quality of the food they received in the hospital. One patient told us, "You can't fault the food, there is plenty of choice.

Patient Outcomes

- The hospital did not have mortality and morbidity meetings but all deaths were discussed at various meetings including the Medical Advisory Committee. Mortality and Morbidity meetings are different to reviewing incidents as they review a patient's length of stay rather than the circumstances surrounding their death.
- Information about emergency readmissions showed BMI Blackheath was rated better than expected, with eight cases of unplanned readmission within 29 days of discharge within the period April 2013 to September 2014.
- The average length of stay on Meridian ward was just over two days.

Competent staff

- The majority of nursing staff were trained and experienced in caring for patients who were admitted for surgery. To address the needs of medical patients, a number of nurses had completed additional training in caring for patients with acute medical conditions. This acute medical training involved nurses spending a few days in a local NHS hospital developing their skills to meet the specific needs of acute medical patients. However, there was no system in place to ensure that one of these nurses was on duty at all times.
- Both of the RMO's we spoke to had a surgical background. They told us they did not always feel that they had sufficient training and experience to deal with all of the clinical needs of medical patients
- Staff told us they had not always had regular annual appraisals. They were supervised clinically and felt that handovers, ward rounds and board rounds provided them with learning opportunities.
- Data provided by the hospital showed that as of August 2014, 84.4% of staff in medical services had completed an appraisal against a hospital target of 90%.
- Staff had not received training in identifying and caring for people living with dementia and were unaware of the special needs of these patients.

Multidisciplinary working

- Throughout our inspection, we saw evidence of multidisciplinary team working in the ward areas and doctors and nursing staff told us they worked well together.
- The hospital did not have an occupational therapist and had been trying to recruit one for the last three years.
- We spoke to a physiotherapist who told us that they felt part of the team caring for the patient. They said that patients were appropriately referred to them by other professionals. Although, they identified most of the patients themselves through their own ward round.
- We observed that the hospitals physiotherapists worked effectively with NHS colleagues to ensure continuity of care. For example physiotherapists would contact patients community nurses to ensure exercise programmes were properly handed over.
- One of the consultants we spoke to told us there was a good relationship with local social services departments.
- One Oncology patient told us that they had a team of consultants who worked together to support them with their various health issues. The Oncology team could also arrange access to dieticians, complimentary therapies, occupational therapy, physiotherapy and palliative care.
- The hospital was developing a local antibiotic policy in conjunction with a local microbiologist.

Seven-day services

- There was a consultant presence on the medical wards when needed seven days a week. Staff told us that consultants would see patients whenever needed, including weekends.
- The Pharmacy Department was open Monday to Friday from 8.30 am to 5.00 pm and on Saturdays from 8.30 am to 12.30 pm.
- There were pharmacists on call out of hours to provide advice and if necessary, come into the hospital. Staff had access to the pharmacy and could dispense most drugs, except controlled drugs themselves, without needing the pharmacist.

Medical care

- The Radiology Department is open Monday to Saturdays. Outside of normal hours, there was always an on call radiographer who was available to come into the hospital if needed.

Access to information

- Staff confirmed that GPs received a copy of the discharge summary and the patient received a copy as well. A more detailed letter was sent by the patient's individual consultant to the GP setting out future treatment.
- The RMO and nursing staff showed us they were able to easily access corporate medical guidance and patient information such as test results via the BMI computer system.
- There was good access to corporate and local information electronically via the hospitals intranet. This included policies, meeting minutes and bulletins.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Despite the fact that training records showed over 80% of staff had received training in the Mental Capacity Act (2005), staff we spoke with had little or no awareness of the MCA 2005. Staff told us that they had not had any patients with limited capacity, but it was difficult to know if they would be able to assess this properly given their lack of awareness.
- Staff were unable to describe the correct process for establishing consent for a patient who had a limited capacity to make their own decisions. They were unable to give examples where they had involved families or independent advocacy to support a patient's best interests.
- In the five patient notes we examined, we found consent to any procedure had been properly recorded.
- Where there was a risk that a patient's heart might stop or they might stop breathing, medical staff should consider discussing with the patient and those who care for them a 'Do Not Attempt Cardio–Pulmonary Resuscitation' (DNACPR) order. We found there was no process in place for ensuring these discussions took place. In two of the patient notes, where it appeared that DNACPR should have been considered, there was no record of any discussion and no DNACPR form.
- The hospital showed us up to date DNACPR and MCA 2005 policies and the associated BMI forms. However, very few medical or nursing staff were aware of the policy or the forms.
- Staff told us that if a patient needed resuscitation, then all staff would immediately go to their room. However, documentation was not kept in patients' rooms. This meant that there was a risk that attempts may be made to resuscitate patients against their wishes. Staff we spoke to were unable to say which, if any, patients had a DNACPR form without checking their notes.

Are medical care services caring?

Good

Throughout our inspection, we observed patients being treated with compassion, dignity and respect. We saw that call bells were answered in a timely manner. The patients and relatives we spoke with were pleased with the care provided. They told us doctors, nurses and other staff were caring, compassionate, and responded quickly to their needs. One patient told us, "This hospital provides the best aspects of a cottage hospital accompanied by 21st century medicine. It has the personal aspects of an old fashioned hospital. I am treated as an individual as opposed to a statistic".

We found that staff were caring towards patients and their families. However, there was limited additional emotional support for patients other than those receiving treatment for cancer.

Compassionate care

- The patients and relatives we spoke with were pleased with the care they received. They told us doctors, nurses and other staff were caring, compassionate, and responded quickly to their needs. One patient told us, "I appreciate how well they accommodate my family here. When my wife came to visit at lunch time, they were happy to make lunch for her too "
- The hospital undertakes a Friend and Family Test (FFT). This involves asking patients to complete questionnaires which are available at the hospital. The hospital also sent out questionnaires by post to a cross section of patients after they had been discharged.
- Friends and Family Test (FFT) results were positive, between 80 and 100 each month but this was based on a low response rate of 25%.Scores for December 2014 showed that the most improved areas since 2013 were the amount of information provided to patients, assistance with planning departure and room facilities.

Medical care

The three areas where scores had deteriorated the most over the same period were recommending the hospital to a friend, opinion of the pharmacy and information packs received from the hospital.

- Throughout our inspection, we observed patients being treated with compassion, dignity and respect. We saw that call bells were answered in a timely manner. Curtains were drawn and privacy was respected when staff were supporting patients with their personal care.
- Oncology patients had a separate waiting area and with a private consultation room. The oncology sister has made window boxes with flowers in so patients have a nicer view to look at and they gave patients a card and present for birthdays and Christmas.
- Comfort rounds or intentional rounds, where nursing and health care assistant staff regularly checked on patients, were undertaken. Staff visited each patient every hour to check that they were comfortable and if they needed anything to eat or drink or support in going to the toilet. Medical records confirmed that regular comfort rounds were being undertaken for the patients.

Understanding and involvement of patients and those close to them

- Patients and relatives we spoke with told us they felt involved in their care. They had all been given the opportunity to speak at length with their consultant.
- Patients told us that they had honest and open discussions about treatment options, side effects, prognosis, and success rates.
- Patients told us that consultants had explained their diagnosis and that they were aware of what was happening with their care. None of the patients we spoke with had any concerns in regards to the way they had been spoken to. All were very complimentary about the way in which they had been treated.
- We observed nurses, doctors and therapists introducing themselves to patients at all times, and explaining to patients and their relatives about the care and treatment options.

Emotional support

- We observed patients receiving emotional support from staff. However, when we asked staff what external or internal people they use to provide emotional support such as counsellors; they were unable to tell us what was available other than Macmillan support nurses and counsellors for those patients with cancer.
- Nurses told us that if a patient was going to receive bad news from a consultant then they would always make sure that there was a nurse present as well to provide additional support.
- The only specific support available was the breast care support nurse for women undergoing breast surgery. However, most emotional support came mainly from family and literature given by staff. No patients had been offered counselling or group support sessions. One patient said it would have been helpful to have had support when they were going through low mood due to treatment, they said "It would have been nice to speak with someone who has gone through it or understands".
- Staff in Oncology offered an informal "drop in " session on Fridays for past and present patients to share their experience and offer support to each other.
- Staff told us that there were no existing relationships with religious or other support organisations. There were able to give examples where they had contacted a minister on behalf of a patient to provide them with support.
- Patients were encouraged to wear their clothes as opposed to hospital gowns. Wearing your own clothes can be very comforting for people.

Are medical care services responsive?

Requires improvement

The hospital did not admit high numbers of patients with medical conditions and had not developed any specific care pathways for them. Patients told us that they were able to arrange admissions times in agreement with their consultants. Both consultants and the hospital are able to accommodate admissions at weekends and late in the evening.

There was a lack of occupational therapists and social workers on site. Therefore, those patients who needed support in their home or in the community were at risk of having their discharge delayed

There was limited support available for patients living with dementia and staff had not received training in how to care

and support people who were living with dementia. Staff were unaware of how to access an interpreter. The hospital had an effective complaints system. Information about complaints was available for patients.

Service planning and delivery to meet the needs of local people

- Patients told us that they were able to arrange admissions times in agreement with their consultants. Both consultants and the hospital were able to accommodate admissions at weekends and late in the evening.
- The oncology unit was fully integrated to ensure it incorporated all aspects of patient care such as diagnostics, surgical oncology and evidence based treatment including [drug] therapies not routinely available on the NHS.
- The hospital admits on average three medical patients per week. Some staff told us that the hospital should focus solely on surgery. The hospital told us they had care pathways and senior managers said they were working towards developing clearer pathways for patients with arrhythmias and other cardiac conditions. However, we did not see any care pathways in patients notes and staff were unaware of them.

Access and flow

- On the first day our visit the hospital was below its bed capacity with 25 out of 27 beds occupied on Meridian Ward. Four of the patients on the ward had medical conditions. On the second day we visited, which was a Thursday, there were 13 patients on Meridian Ward. Two of the patients on the ward had medical conditions.
- As most of the patients on the ward were there for planned surgery the hospital was able to manage patient flow to ensure there was always capacity for the small number of medical patients who had to be admitted at short notice.
- The oncology service provided approximately 40 episodes of chemotherapy per month and has the capacity to deliver many more episodes if needed.
- There was a lack of occupational therapists and social workers on site. Therefore, those patients that needed support in their home or in the community were at risk of having their discharge delayed. Some patients told us their discharge had been delayed by one or two days.

Meeting people's individual need

- Medical patients and their families told us that they were given their consultants private secretaries telephone number should they need additional advice or needed to contact their consultant.
- When we spoke with staff about supporting people with communication needs or those with mental health or learning disabilities, they told us they never admitted any patients with those support needs. However, we were not provided with any information stating that the hospital did not admit patients who had learning disabilities or had mental health needs.
- There was limited support available for patients living with dementia. The hospital did not have a system for identifying and supporting people who were living with dementia. None of the staff we spoke with had received training in identifying and supporting people living with dementia.
- Staff told us they rarely used interpreters as family or friends normally attended if a patient did not speak English. There were also nurses that spoke other languages, such as Portuguese. The hospital had an interpreter service but staff we spoke with were not aware of the arrangements for obtaining the services of an interpreter.
- Kitchen staff were available from 6am to 10pm each day to provide patients with food and drink at set meal times three times a day and on request. Pre-prepared food was available after 10pm to give the patients choice as to when to eat.
- Information booklets about the hospital were available for patients. These included room facilities, meals, care expectations, health and safety, discharge and a patient guide which included information on charges and complaints..
- Televisions were available for patients on the oncology unit to watch during treatment.

Learning from complaints and concerns

- The hospital made available both its own and the NHS complaints procedure, depending if a patient was receiving NHS or privately funded care. If a patient was privately funded, their complaint was reviewed first by the hospital and then regionally, if the patient was not satisfied. Targets were to acknowledge the complaint in two days and respond in 20 days.
- All patient rooms had a Patient Guide which includes a section which covers the formal complaints procedure.

Copies of the BMI leaflet entitled 'Please tell us' are located throughout the hospital and outpatients department to inform patients and carers of how they can highlight any concerns. All patients are encouraged to complete a patient satisfaction survey during or after their admission or outpatient visit; they can complete a section asking for the hospital to contact them should they wish.

- Staff told us that they did their best to deal with issues and complaints at ward level.
- More formal complaints were handled in line with the hospital's policy. This would involve the in – patient manager undertaking an investigation, including liaising with consultants if necessary.
- Managers told us that they had been trying to set up a patient experience group but had found it very difficult to find patient representatives.

Are medical care services well-led?

Good

Staff we spoke to were clear that the hospitals vision was to provide a high quality service to patients. Some staff felt that the focus on patients was lost in the drive to save costs.

The hospital had an effective meeting structure tor running the key clinical and non-clinical aspects on a day to day basis. The hospital had a risk register. However, it focused mainly on environmental risks. We were also provided with the hospital's quality and risk report for January 2015 which included some clinically related information but no specific information related to medical patients.

Staff spoke positively about the high quality care and services they provided for patients and were proud to work for the hospital. They described the hospital as a good place to work and as having an open culture. The most consistent comment we received was that the hospital was a friendly place to work and people enjoyed working there.

The executive team acknowledged they wanted to improve patient communication. This included encouraging patients to feedback on the services they received and setting up regular patient forums.

Vision and strategy for this service

- There was a plan to refurbish and improve the facilities including the building and a facilities manager was being recruited to help do this.
- The hospital's vision was to provide quality and value in the provision of facilities for advanced medical and surgical treatment and to provide safe, friendly and professional care.
- Staff we spoke to were not aware of the detailed vision but were clear that the hospital's vision was to provide a high quality service to patients. Some staff felt that the focus on patients was lost in the drive to save costs.

Governance, risk management and quality measurement

- The hospital had a dashboard to monitor performance, which was reviewed both locally and regionally. This included monitoring staffing levels, skill mix, revenue, acuity and dependency, agency use, incidents, wound infections, mortality, complaints, patient feedback, effectiveness and cancelled surgeries. Outcomes from these performance targets were linked to senior staff pay. Recommendations from regional meetings were fed back to the hospital and tracked to ensure they were completed.
- There was a clinical governance structure which included a range of committees at both, clinical and operation levels including executive meetings, consultant meetings, risk management, health and safety and clinical effectiveness. These reviewed performance and daily operations at the hospital such as staffing levels, activity, incidents, risk registers, infection prevention and control, and audits. Each tier of meeting acted as scrutiny above it, such as the Medical Advisory Committee reviewing reports from the executive.
- The hospital had a risk register. However it focussed mainly on environmental risks such as flooding. The only clinical risk related to the endoscopy unit.
- A quality and risk report was produced monthly. This reviewed external stakeholder inspection including any actions from these, projects, communications with external providers, consultant concerns, complaints at regional or above stage, risk register changes, incidents, patient satisfaction, training, and average length of stay.
- The Executive Director chaired a 10@10 meeting with the Clinical Services Director and other managers from

Monday to Friday. This meeting reviewed staffing, activity, impact, list of patients including highlighting complex cases and unexpected events. The meeting enabled the service to be flexible when necessary.

Leadership of service

- Staff reported that all their managers and leads, including the executive director and clinical services director, were visible. Everyone we spoke with told us both new and long standing senior staff were supportive and front line staff felt able to raise concerns.
- Staff working in the oncology unit were positive about the sister in charge and said they felt supported by her.
- We observed good leadership skills during medical and nursing handovers. Senior nursing staff were visible in leading these meetings and gave clear direction and support to junior colleagues.
- Staff told us that the Executive Director ran a monthly forum meeting to keep people updated on developments and to ask questions. They said they were encouraged to go to these meetings and where possible, were released from their duties.
- Staff told us that team leaders hold weekly meetings and also attend the weekly hospital management team meetings.
- We found that the pharmacy manager was enthusiastic and proactive in managing their area.

Culture within the service

- Staff reported a positive culture at the hospital with good team working. However, some senior staff were concerned that a few staff needed to embrace change better.
- Staff stability was average and turnover of staff was low. They told us they were happy to be working at the hospital and felt they were supported.
- Staff spoke positively about the high quality care and services they provided for patients and were proud to work for the hospital. They described the hospital as a good place to work and as having an open culture. The most consistent comment we received was that the hospital was a friendly place to work and people enjoyed working there.

Public and staff engagement

- Monthly bulletins were sent to staff, which included both hospital and regional BMI information. These included learning from incidents. Staff we spoke to were able to tell us about these.
- The executive team acknowledged they needed to improve communication with staff including building a better culture, improving appraisal rates including adding mid-year reviews, ensure staff knew what they were accountable for, and improve communication from the executive team down to the floor.
- The executive team also wanted to improve communication with patients. This included encouraging patients to feedback on the services they received, and setting up regular patient forums.
- We reviewed the minutes of the inpatient staff meetings, which involved all inpatient staff and the inpatient manager. They showed that front line staff were engaged in discussions about a variety of subjects including staffing levels, incidents, and training. There was also an open opportunity to raise any concerns.
- Not all staff had a corporate email account. This was due to some staff not using their account and it had become inactive. This made it harder to ensure that all staff received information.

Innovation, improvement and sustainability

- The provider was currently engaged in a cost improvement programme. We spoke with staff who generally felt they had been fully involved in the development of this plan and had been kept informed its implementation and progress.

Surgery

Safe	Inadequate
Effective	Requires improvement
Caring	Good
Responsive	Requires improvement
Well-led	Requires improvement
Overall	Requires improvement

Information about the service

Surgery was the primary inpatient activity of BMI Blackheath. It carried out orthopaedic, gastroenterology, gynaecology, plastics, neurosurgery, oncology, urology, ear nose and throat (ENT), oral, vascular, and ophthalmology. It did not carry out high risk complex surgery. There were 7,296 admissions of which 2,051 were inpatients and 5,245 were day cases in 2013/jan15. Of these admissions most were orthopaedic (1,736) followed by general surgery (1,203) and gastroenterology (1,126) with high numbers of urology and gynaecology as well.

The hospital has three theatres with a six bedded recovery area and a six bay endoscopy unit. There were two wards comprising of 58 beds, one dedicated to day surgery patients, and another had a mix of medical and surgery patients who stayed at least overnight or longer. The 58 beds included, what the hospital described as, a two bed high dependency unit (HDU).

It had two pre-operative assessment clinic rooms and a booking and admissions office. Although the hospital was registered for Termination of Pregnancy only six terminations had been done surgically in the last two years, this activity was cancelled before our inspection so we did not inspect this service.

We inspected all of the other areas, spoke with 18 patients, 35 members of staff including consultants, the registered medical officer (RMO), nurses of all seniority, administrative staff, allied health professionals (such as therapists and pharmacists) and senior members of staff such as service managers. We also checked ten pieces of equipment and 16 patient records.

Surgery

Summary of findings

We found a number of concerns in surgical services, although the service was mostly aware of these and had taken some action, but some significant issues remained unresolved.

Some aspects of safety were not robust such as the arrangements for decontamination in the endoscopy unit, incident reporting procedures and safety checks.

Although the hospital states it has a 2 bed high dependency unit there was a lack of clarity about the level of care it provided. The HDU did not meet the Faculty of Intensive Care Medicine (FICM) standards for Level 2 critical care 2013 and senior staff we spoke with agreed they didn't provide high dependency care and the unit was an extended recovery area.

There was a lack of information to benchmark the service against other similar units although data we received showed the service was performing well such as readmission and mortality rates.

There was also a lack of understanding among staff about some of the policies and procedures including some national guidance. However, staff were aware of the safeguarding policies and their responsibilities if they suspected or witnessed abuse.

Some aspects of the patient pathway were not appropriately designed. There had been recent changes in leadership with a new inpatient manager and changes in theatre manager. Work was being done to address some of the concerns highlighted but this was still in its early stages.

All of the patients we spoke with were positive about the care and treatment they had received and we observed appropriate interactions between patients and staff.

Are surgery services safe?

Inadequate

Surgical services had some aspects of safety that needed to be strengthened. Incident reporting was not robust and learning from patient safety orientated incidents was not comprehensive. The endoscopy unit did not conform to best practice in relation to infection prevention and control. The high dependency unit did not meet the Faculty of Intensive Care Medicine (FICM) standards for intensive care units 2013

Some other equipment and facility checks were not up to date or had not been actioned including areas of infection prevention and control.

Safety audits such as WHO checklists did not always include a sufficient sample of records to ensure valid findings. Attendance at some mandatory training rates was below target levels. Handovers and medical ward rounds did not always ensure patient information was fully shared. Some aspects of responding to emergencies still required improvement.

Incidents

- Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. There had been no never events in the last two years and no serious incidents (SIs), although the hospital graded these as scoring 16 or higher (which at its lowest is major harm that's almost certain to happen again or catastrophic harm that's possible for likelihood which is higher than the National Reporting and Learning System (NRLS) guidance.
- There had been a total of 286 incidents in the last year but these were not broken down by service or department. Incident reporting has been consistent over the last two years with 54 incidents of moderate harm or below in quarter 2 of 2013. These were not split by service or department.
- Staff feedback varied on how to report an incident, but the hospital has clarified that incidents are reported on a paper form which is then recorded and managed

electronically by the Quality and Risk Department. Feedback we received stated that all incidents were reported to a manager before the documentation was completed.

- All staff said they received feedback about incidents including any learning and were able to describe an incident when this had happened. Clinical effectiveness meetings reviewed incident learning across the hospital.
- There had been a recent incident where a patient had been incorrectly sent for surgery as they were identified by room number rather than name. We were told this had been actioned by ensuring staff referred to the patient's name rather than their room number when sending patients down for surgery. However, there was still no paper record that went with a patient when they were transferred to ensure they were the correct patient going for surgery and we were concerned there could be a similar incident in the future and that learning from the incident had not been robust.
- We reviewed two root cause analysis (RCA) of surgical site infections. Although the investigations followed an appropriate procedure by obtaining statements from staff, identifying contributing factors and making recommendations that were followed up to ensure they were actioned, the investigation was not fully robust. The chronology was not fully complete as the actual surgery was omitted. The investigations concluded there was no root cause despite identifying areas of practice which had contributed to the infection and required improvement.
- Although there had been seven deaths in the in the last two years, the hospital does not hold mortality and morbidity meetings. However we did review an investigation into a patient's death. Although the patient died at another hospital, as the main care was conducted at BMI Blackheath Hospital, the hospital appropriately conducted an investigation. Although no direct cause for the death was found in any of the care recommendations were made to make improvements including a review of the emergency transfer of care policy. This learning was followed through to ensure the recommendation had been implemented.
- Staff were reporting near misses but during discussions with staff we identified some events were not being reported as near missed.

Safety thermometer

- Safety thermometer scores were not displayed on the wards other than staffing rates and patient falls with harm. However, we were told patient's coming to harm was so rare that a trend would be identified very easily. All safety thermometer related incidents were fully investigated. Safety thermometer figures for each surgical speciality for patients having NHS funded care were recorded and shared.
- Performance figures under the safety thermometer showed it was rare for a patient to come to harm.
- Venous thromboembolism (VTE) screening was above 95% compliance in all but one three month period in the last 12 months. All the VTE assessments we reviewed were completed. Information was entered onto the system by clinical staff.
- Pressure relieving requirement was available in theatres in case a patient had a pressure ulcer or poor skin integrity.

Cleanliness, infection control and hygiene

- There had been two surgical site infections (SSIs) in the last two years, one E-Coli and one staphylococcus. This meant the hospital had an SSI rate of 2% for knee replacements and 1.9% for hip replacements. These had both been investigation.
- There had been no cases of MRSA, MSSA or C Difficile in the last two years. MRSA screening compliance was high at 91%.
- Pre-operative assessment cleaning checks were not up to date. One room's cleaning check was last recorded in November 2014. Although the other room had cleaning checks recorded for the last week, the ones before this were not dated. In addition, items requiring checking daily were signed at the same time as those requiring checks weekly, monthly and between patients so it was unclear whether checks were being carried out as required. When we asked the nurses about these, they were unable to tell us why this was the case and referred us to housekeeping.
- The hospital conducted a series of infection control audits and the results were good for cleanliness of mattresses (88%), adhering to cleaning schedules (91%), adherence to use of personal protective equipment (100%), correct use and disposal of sharps (85%), and

correct disposal of waste (100%). Although some staff had raised concerns regarding disposal of waste, these had been actioned at the time of our inspection. Water temperatures were checked and monitored daily.

- Another set of self-assessment infection control audits were conducted. The results for these were variable with wound care information available, an identified waste management lead, and laundry management scoring 99 or 100%. However involvement of infection prevention and control in a new build, annual programme of staff education on infection control, decontamination responsibilities, infection leaflet availability, transfers colonisation policy, infection control link per department all scored under 40%.
- Infection prevention and control (IPC) training in healthcare rates were low at 58% although all theatre staff had completed the training. The training module for this was online but no additional observation or audit took place to ensure staff were following the training.
- The last patient led assessment of the care environment (PLACE) audit scored above average with the lowest score being 92%.
- Most staff we observed used hand gels prior to when entering and exiting patient rooms. Gel dispensers were appropriately placed and had signage to remind people to use them. Staff had appropriate awareness of aseptic non touch technique (ANTT). All staff we observed were bare below the elbows. Hand hygiene audits showed 100% compliance.
- Some sharps bins did not have their temporary lids closed. The last sharps audit in November 2014 found concerns in endoscopy, theatres and both wards with sharps bins including temporary lids not used, protruding items, overfilled bins, and unlabelled waste bins.
- The last external waste audit was completed in 2012 and showed mostly compliance. The only concerns were with how the hospital disposed of anatomical waste and returned medicines and these had been actioned appropriately.
- In addition to the IPC lead, there was a ward based liaison nurse for IPC however they reported they did not have enough time to carry out this role. A link infection IPC nurse was in place for theatres. Regular audits were undertaken but we were unable to see these as the lead was on leave.
- Equipment checks for cleanliness were up to date with clean stickers.
- Housekeeping kept the operating theatres clean which was done at night. A deep clean was conducted every six months. Monitoring audits were recorded outlining how good the cleanliness of each aspect of the theatres was against set cleaning standards.
- The hospital had isolation procedures and we observed these were used appropriately. Staff were able to describe how patients being transferred from another hospital or care home and those who were at high risk were placed in isolation until an MRSA test had been completed.
- All the corridors and most of the bedrooms were carpeted on the wards and chairs were made of fabric rather than easy to clean material. We were told these were steam cleaned but this does not ensure that infections such as norovirus are not spread.
- There were no dedicated hand wash taps and basins in patient bedrooms for staff or visitors. We were told staff and patients either used the ensuite basin in the bedroom or the washing facilities in the sluice. Treatment rooms had hand wash basins but they were not standard utility sinks with mixer taps. None of these conform to IPC guidance (Health Building Note 00-09: Infection control in the built environment March 2013 3.41 and 3.42).

Environment and equipment

- Equipment checks were mostly up to date. Curtains in double rooms were clean and had been changed in line with the policy.
- Although most resuscitation trolleys had up to date checks with all the appropriate equipment, some had checks and equipment missing such as the observations machine in the pre-operative assessment rooms. In the pre-operative assessment rooms, one machine had a portable appliance testing (PAT) test that was two years out of date.
- None of the staff we spoke with had concerns about equipment availability and if anything required repair, they reported that it was fixed quickly.
- Equipment and space in theatres was appropriate although there was no portable ventilator if a patient required transferring to an intensive care unit in another hospital.
- The endoscopy unit did not meet practice guidance for decontamination of endoscopes.. Although the hospital

had mitigated the environmental issues, there was not a separate dirty and clean space to decontaminate endoscopes. There was no pass through for the washer disinfector. This does not meet best practice guidance (Choice Framework for local Policy and Procedures 01-06 – Decontamination of flexible endoscopes: Operational Management revised 2013) which was first published in 2012 and providers were required to be working to achieve the standards. BMI had completed an audit in August 2014 and December 2014 which had identified these problems. We were told a wall would be introduced to separate the cleaning and rinsing areas but this had been proposed for over a year. The hospital was aiming to achieve Joint Advisory Group (JAG) accreditation but executive staff said this was in the early stages.

- Linen was appropriately stored on shelves and in wrapped in boxes. However some sheets were crumpled and not folded which could increase the risk of a patient developing a pressure ulcer.
- Supplies of air mattresses and VTE stockings were in place for patients who needed them. If a mattress was needed that was not on site, we were told one would arrive within a few hours.
- Blankets, fluids, emergency intubation, resuscitation equipment was available in theatres and had been checked and audited.
- The theatres sluice was being used for storage which meant limited the available space. Although theatres and the recovery area had been refurbished since our last inspection, the recovery area was being used for storage space which made space tight to transfer patients.
- Theatres had emergency call bells in place and these were tested daily. Theatre checklists were in place in all areas to ensure all necessary theatre equipment was available on a daily basis.
- The area referred to as the HDU would be considered too small for level two patients) as it was smaller than the normal inpatient and day case bedrooms, contrary to HBN 04-02 guidance. This was acknowledged in an external insurers audit and referred to in the risk register report dated January 2015. This was also identified by the Provider visit in December 2014. The January 2015 risk register does not include any actions or timescales. The January 2015 Quality and Risk report states that environmental changes were 'made immediately' but it does not say what the changes were.
- Ten patient bedrooms were checked each month to ensure any environmental issues had been picked up. Any concerns found were highlighted and we saw action that these were remedied such as loose toilet or door handles.
- Daily facility and equipment checks were conducted in theatres which picked up any unclean or damaged areas and if waste had not been emptied.

Medicines

- Medicines were appropriately managed and drug charts were complete. Medicines were only ordered to agreed stock levels.
- Fridge temperatures were checked daily and temperatures were within the accepted range.
- Controlled drug cupboards were fixed to walls and placed within rooms that were also locked. Medicine trolleys were locked.
- Medicines were available in theatre and recovery in case of a reaction to anaesthesia. Emergency drugs were available and checked daily to ensure they were up to date.
- Theatre medicines were audited by pharmacy with results fed back to theatre staff.
- The last safe and secure storage of medicines audit in November 2014 recorded 100% compliance other than fluids being labelled in warming cabinets and the temperature of warming cabinets being recorded in theatres.
- The last missed dose audit in December 2014 showed 11% omissions but these were mainly from three patients who had refused medicines on inpatient wards.
- The last controlled drugs audit in January 2015 across the whole hospital showed no issues for surgical patients.
- There was no medicines reconciliation audit as all medicines brought in are checked by the pharmacist on their daily round.
- There was pharmacist interventions audit (assessment of pharmacist prescribing on patients) as all interventions were recorded on the prescription chart.
- There had been five medicine incidents since August 2014. This included a spinal needle introducer was left in situ post-surgery (the hospital told us it was reported and categorised as a non adverse incident and investigated) and incorrect doses of medicines. Recommendations from these incidents

were made including training and changes to procedures such as intravenous antibiotic administration instructions to be printed with drug charts.

Records

- Most of the paper patient records we reviewed were complete with up to date pre-operative assessments, nursing assessments, care plans and observation charts. These were comprehensive including clinical notes, anaesthetic record, surgical records, and post operation care plan. However, some old templates were in use although these covered the necessary requirements. The records we found that were not complete all had omissions or inaccuracies at night. For example, some of the observations at night did not include blood pressure numbers, only a line to show roughly where the high and low was which was unclear and inconsistent with day staff records. Total scoring on fluid balance charts and assessments was either inaccurate or not completed.
- Ten patient records from both wards were audited each month to ensure they were accurate and complete. The average compliance was 95 – 100% each month. January's compliance was 90%. There were some gaps in theatre registers. Omissions and errors were discussed with individual staff members.
- Patient records were stored appropriately behind the nurses' station in a locked cabinet.
- Consultant and operation notes were copied and left with the hospital to ensure the patient notes were available in their entirety when the consultant was off site.
- Patient observation charts in the HDU were being duplicated which could result in staff confusion on what to use as there were two sets of notes for each patient.
- Eighty four percent of staff had completed the documentation training.

Safeguarding

- There was a corporate safeguarding vulnerable adults and children policy with defined responsibilities at national, regional and hospital level as well as a flow chart for how to report concerns. The hospital policies were up to date, reflecting the corporate policy for local responsibilities including the necessary local authority information.
- Staff were aware of how to raise a safeguarding alert and knew the appropriate internal procedure for doing so. They were also aware of who the lead for safeguarding vulnerable adults was.
- Safeguarding training rates were at 90% for adults.
- Two safeguarding alerts had been raised in the last two years.

Mandatory training

- Most staff were up to date with their mandatory training with compliance mostly above 80% with overall compliance at 92%. However some modules were below this. This included fire (60%), blood transfusion (53%), and infection control and prevention in healthcare (58%). Training rates were linked to pay reviews to encourage compliance with a target of 90%. All mandatory training had to be completed by end of March 2015
- Training compliance was monitored online with each member of staff having a training account and receiving alerts by email when a training module was due. However, not every member of staff had access to an email account as accounts had been given but had become inactive if they were not used. This meant some staff had to be reminded in person and given access to a computer to update their training.

Assessing and responding to patient risk

- The hospital used the National Early Warning Score system (NEWS) and patient scores were appropriately recorded and escalated if there was a concern.
- The anaesthetist and theatre recovery team on site held the cardiac arrest bleep in theatres. The RMO held the bleep on the wards. The RMO was available 24 hours, seven days a week although was on-call overnight.
- In most instances, patients who deteriorated would be stabilised either by the RMO or consultant and transferred to a local NHS hospital. A service level agreement (SLA) was in place for this which included the criteria for when a patient would be transferred, staff responsibilities and that the consultant anaesthetist would accompany the patient to the NHS hospital. It also included the risks of transfer and what needed to be completed prior to transfer. The SLA ensured direct handover from the hospital to a critical care facility.
- Theatre staff were trained in retrieval skills to ensure a patient's airway could be stabilised before they were transferred to another hospital's ITU. Equipment was in

place in the event of a patient who was difficult to intubate. Staff informed us about an incident where a patient had developed pulmonary oedema and this procedure had worked well.

- A haemorrhage protocol was in place and a scenario audit was undertaken which showed overall competence but areas for improvement particularly regarding some staff training.
- For the period April 2013 to September 2014 there were 15 unplanned transfers of an inpatient to an NHS hospital. The rate of unplanned transfers (per 100 inpatient discharges) has been stable over the same period. Data held about the hospital confirms that the number of such transfers is comparable 'to units of a similar size.
- The HDU did not function as a HDU as described by national standards (FICM 2013) and senior staff said it was an extended recovery unit. The January 2015 Quality and Risk report notes that the Provider visit in December 2014 highlighted a number of problems with the HDU including staffing and equipment and that only planned elective admissions would be admitted to the unit.
- Information provided by the hospital state they would only accept patients if they were confident the HDU facilities and staffing could meet their requirements. However, some staff expressed concern about how they would manage a patient who required more than the facilities or staff were able to cope with. . At the time of the inspection the hospital was in the process of developing a standard operating procedure for the HDU.
- Staff were able to explain the procedure if a patient deteriorated. However, the last resuscitation audit showed there were concerns regarding staff awareness of their roles and responsibilities in the event of a patient needed resuscitating.
- All staff were trained in Immediate Life Support (ILS).
- We observed the five safer steps to surgery including the World Health Organisation (WHO) checklist were completed appropriately. A briefing sheet on how to complete the WHO checklist was also displayed showing each step including team briefing, sign in, time out, closure count, sign out and debrief. The WHO checklist template was appropriate with identified staff responsible for each part of the checklist.
- An audit, in December 2014, of 20 sets of patient notes showed 100% completion of the WHO checklist other than anaesthetist and theatre staff signing, which were at 90%. Similar results were recorded back to April 2014 on a bi monthly basis. However, this means 120 notes would be checked a year which would be less than 2% of all the operation undertaken which is a low sample size as it should be at least 10%. Therefore we were not assured the WHO checklist was being appropriately audited.

Nursing staffing

- There were sufficient nursing staff to meet the acuity and dependency of the patients admitted for surgery and endoscopy. A corporate nursing tool was used to calculate acuity and dependency and this was worked out 48 hours before each shift.
- On the day case ward, they worked out they needed three nurses and one healthcare assistant for up to 15 patients during the day and a reduction of one nurse at night if there were any patients overnight. On the inpatient ward, there were four nurses and two healthcare assistants for up to 30 beds. Nurses we spoke with said this was usually manageable. The only time staffing levels were an issue were during the morning with all the patient admissions if there were also medical patients who required additional support such as when mobilising. None of the patients we spoke with told us they had an issue in calling a nurse.
- Bank usage varied from 4% to 35% on some days.
- In theatres, the majority of staff were bank with 21 permanent nursing staff and 37 bank staff. during However, theatre staff reported they had enough staff. Vacancies included a substantive theatre manager (an interim manager was in place), nurse sister, health care assistant and recovery nurse. These vacancies were being recruited to at the time of our inspection which aimed to reduce the reliance on bank staff.
- Information about staffing for the HDU stated there was a lead nurse.
- Theatre staff brought patients back to the ward after surgery. However, they reported that a ward nurse was not always available to receive the patient.
- There was no lead nurse for endoscopy and two previous lead nurses had left. The advert for this post was in progress at the time of our inspection.
- We observed a nursing handover which included the new nurses on shift and the RMO. Each named nurse for each patient from the previous shift handed over each of their patients. This included a full medical and social history including plans for the shift such as tests,

medicines or discharge. However the notes were kept by the nurse handing over and were not passed or shown during the handover to the nurse leading the next shift for review. There was also no face to face contact with the patients during handover; this was only done solely with the shift lead nurse during the medical round in the morning. Therefore patients were not formally introduced to their nurse or involved in the handover.

Medical staffing

- The hospital had over 300 consultants who worked for the hospital via practising privileges and attended the hospital depending on whether they had patients there.
- The permanently employed doctors were Resident Medical Officers (RMOs). The hospital had four who worked individually on a rotational basis each week. One RMO was on site during the day and on-call at night but on-site.
- The RMOs had a variety of experience. One was a registrar whereas another had worked as a GP. The RMO's we spoke to both had surgical background.
- The RMO conducted a round every 12 hours with the charge nurse to review all patients who had stayed overnight. Their remit was to ensure patients were comfortable and to prescribe additional pain relief. They only intervened medically if a patient had a problem such as a bleed post-surgery, and this was discussed with their consultant. The patient's pathway and care plan was managed by their consultant. However, the RMO did not take any of the nursing or medical notes with them handover, the RMO did not look through the notes. Any changes to medicines were noted by the nurse to then record in the notes.
- Consultants were required to always be available by phone or have a named alternative contact if they were unavailable. We witnessed the RMO call a consultant after a patient had an unexpected bleed and the consultant immediately agreed to come in and review the patient. We were told it was very rare for a consultant to not answer their phone.
- Anaesthetic consultants stayed on site until the patient had recovered from their surgery. There was an anaesthetist on-call overnight in case of any issues. However, there were no intensivists on site and information provided by the hospital stated that anaesthetists admitting patients to the HDU had critical care experience and/or access to advice from local NHS trusts.
- There was an emergency theatre on-call rota if a patient required emergency surgery.
- All the patients we spoke with said they saw their consultant both before and after their procedure.

Major incident awareness and training

- Generators were tested monthly and serviced six monthly.
- Emergency drills were conducted. A recent resuscitation drill showed findings showed there was a lack of understanding by staff on responsibilities which caused a five minute delay in their response time. The hospital told us actions had been taken to address this.
- Staff were aware of what to do in the event of a fire and were we told a drill had been done last year where evacuation was done by compartments (between each set of fire doors).
- A corporate appropriate business continuity plan was in place defining responsibilities from a national to hospital level. BMI Blackheath Hospital had specific action cards in place for different scenarios such as loss of utilities, loss of staff, and loss of communication infrastructures with actions to take in their event. However these did not define individual staff responsibilities or how each service should respond.

Are surgery services effective?

Requires improvement

Some local audits took place and the hospital participated in some national audits. Where national audit data was available, activity levels were low. However, in areas we could benchmark, the hospital performed well such as mortality and readmissions.

Food and drink was provided and monitored to ensure patient's nutritional needs were met. There was appropriate access to services and staff out of hours and patients received effective pain relief. . The hospital had a range of seven day services in place and consultants were always available in person or via the phone. There was good multidisciplinary working and arrangements to transfer patients to NHS hospitals should their condition deteriorate.

However, there were some concerns with the effectiveness of the service. Staff awareness and understanding and

implementation of the Mental Capacity Act 2005 was variable. Their awareness of national and hospital policies and procedure was not comprehensive. Competency of the HDU staff was difficult to maintain because of its low activity levels.

Evidence-based care and treatment

- Some staff were not aware of policy or procedure changes or updated national guidance. This was despite regular bulletins sent to staff which highlighted updated guidance on a monthly basis.
- Findings of nursing audits were positive with high impact intervention intra operation at 100%, surgical site dressing practice at 82%, and pre operation hair and showering compliance at 100%. An audit of care bundles showed they were in place 83.6% of the time. We did not see any There protocols or procedures for nurses to follow that ensured care was standardised and appropriate no matter what consultant or speciality patients were under. However, the hospital has told us there are standardised corporately agreed pathways for endoscopy, day care, surgical care, medical care, hip & knee replacements
- Most policies and procedures we reviewed were up to date and in line with current guidance. They followed the steps to safer surgery including the WHO checklist. They conducted NEWS and conducted VTE assessments.
- Policies and procedures were reviewed as part of a steering group which included management representatives of services including theatres. New guidance was reviewed at clinical effectiveness meetings such as National Institute for Health and Care Excellence (NICE) guidelines.
- Physiotherapists we spoke to told us that all consultant surgeons had signed up to a single spinal surgery physiotherapy protocol to ensure patients received consistent high quality physiotherapy.
- The HDU did not participate in any critical care network for audit or peer reviews as recommended by the national standards.

Pain relief

- Pain assessments were being undertaken and scored. We observed the RMO's ward round and they checked to see if any patients required additional pain medication. Those where they scored highly on a pain score received additional pain relief.
- Although some patients told us they had been in pain, they said staff quickly gave them additional pain relief if they needed it.
- Nursing staff had received training and were aware of how t to manage epidurals and syringe fluids in theatres if a patient required them to reduce their pain.
- A pain team was available which was led by an anaesthetist who could be called by staff in the event the RMO could not manage a patient's pain. However, we were unable to interview them and no patient we spoke with had required them.

Nutrition and hydration

- In January 2015 compliance with the malnutrition universal screening tool (MUST) was 91%. All the patient notes we reviewed showed completed fluid balance charts, and weight charts.
- Kitchen staff were available from 6am to 10pm each day. Some staff commented that when kitchen staff were not available to serve meals, nurses had to do it as there were no volunteers they could use.
- All the patients we spoke with enjoyed the food and said they always had something to drink. All the patients we observed at least had water within their reach.
- A nil by mouth policy was in place and observed. There was access to an external dietician when required.

Patient outcomes

- Utilisation of the theatres was monitored and reviewed to show where gaps were. Patients were rarely operated on overnight as no patient was admitted for emergency surgery. Performance was reviewed monthly via a dashboard to show how well utilised theatres were.
- Readmission rates were very low at eight in the last two years which calculated at less than 0.2% of admissions.
- There had been seven patient deaths in the last two years and four between April 2014 and January 2015, all of which were expected. We asked for the calculated mortality score or rate across surgical procedure and were given the number of deaths.
- However the national joint registry showed BMI Blackheath's hip replacement mortality rate was better than the national average and the knee mortality rate was similar to the national average although this was on one of the lowest caseloads compared to other hospitals that participated nationally and the caseload complexity was also low. Data was not available for groin hernia, overall mortality or varicose vein surgery

from 2013/14. This was the only national audit the hospital said it was eligible to complete as it either did not have enough activity to participate or did not conduct that type of surgery.
- There had been 15 unplanned patient transfers in the last two years, with nine in the last year which calculated to less than 0.3% of admissions.
- Patient outcome measures (PROMS) showed the hospital performed average to poor. However, these were based on low numbers of patients, both NHS and private. Otherwise, patient outcomes were not measured by the hospital.
- There were 18 unplanned returns to theatres in the last two years with eight in the last year and this rate had been falling. Five of these were due to surgery complications, two for exploration into pain and another due to their surgical wound.
- The hospital had participated in several BMI Quality audits including: Critical Care, Breast cancer, Bowel cancer and Inpatient. However, these audits only gave raw information and did not benchmark. For example, the bowel network audit recorded whether outcomes were audited and monitored such as mortality, reoperation rate and length of stay but we were not given the results from these.
- The endoscopy unit was not accredited by the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy and did not carry out any audits related to the standards.

Competent staff

- New staff had an orientation pack which included competency training. However some staff told us they had waited several months after they were appointed before they started their competency training and only had a local induction before their first shift. Staff told this this was due to a gap in the leadership to ensure competencies were up to date. Some staff had not updated their competencies.
- Appraisals were 80% complete. Most of the staff we spoke with told us they had supervision and appraisals. The ones that did not said this was due to changes in management in recent months in areas including inpatient care and theatres
- Consultant revalidation was part of the requirement for maintaining their practising privileges. If a consultant wanted to carry out a new procedure, this had to be agreed as part of their practising privileges.
- Practising privileges were reviewed on an annual basis requiring evidence of their GMC registration, professional indemnity insurance, criminal record check (DBS), appraisal, Hepatitis B status, and registration with the Information Commissioners Office. We saw evidence that practising privileges had been suspended, not renewed or revoked due to poor outcomes, lack of documentation or lack of surgical activity. Appropriate terms and conditions were in place to ensure those who were granted practising privileges adhered to policies and procedures.
- Staff had not been trained to care for patients who required mechanical ventilation (use of a machine to assist or replace spontaneous breathing) but had been trained in how to manage acute illness and identify and stabilise patients who became acutely unwell. Information provided by the hospital showed that the lead nurse for the HDU had been trained to Level 2 Critical Care. For other staff we were provided with a set of signed BMI competencies and an introduction to critical care nursing dated 2008 and an acute illness management certificate dated 2014. However we were concerned that there was a low occupancy of the HDU, so the lack of patients would be a risk as staff competency would be too rarely tested.
- We were given information about staff undertaking external training including catheter care, radiation, airways, apprenticeships, epidurals, palliative care, nasogastric tubes, pre-operation and breast cancer.
- Staff were trained to use the equipment on site such as syringe drivers and infusion pumps. However we saw no evidence of regular medical device training in either theatres or for the HDU.
- We received varied feedback on the training in place for the RMO. Although one told us they had competency based training at BMI, another said they had only had induction training.

Multidisciplinary working

- Throughout our inspection, we saw evidence of multidisciplinary working in the ward areas. Doctors and nursing staff told us they worked well together.
- There was a lack of occupational therapist and social care involvement in people's treatment as the hospital did not have their own. Although some staff told us external therapists and social services were quick, some

staff said there were delays. This meant those patients who required additional at home support when they were discharged, sometimes had their discharge delayed.
- We spoke with physiotherapists who told us that they felt part of the team caring for patients. They said that patients were appropriately referred to them by other professionals, although they would identify most of the patients themselves through their own ward round.
- There was currently no physio or occupational therapist involvement at pre-operative assessment although there were plans to do so.
- A weekly meeting between all heads of department took place. There were daily meetings between radiology, pharmacy and physiotherapy staff.
- Service level agreements were in place to transfer patients to other hospitals for treatment such as if they deteriorated or required correction surgery.

Seven-day services

- Radiology was accessible seven days a week. Urgent diagnostics was completed within one hour and non-urgent within 12 hours.
- The Pharmacy Department was open Monday to Friday from 8.30 am to 5.00 pm and on Saturdays from 8.30 am to 12.30 pm. There were pharmacists on call out of hours to provide advice and if necessary, come into the hospital. Staff had access to the pharmacy and could dispense most drugs, except controlled drugs themselves, without needing the pharmacist. The RMO had access to pre packed take home medicines when the pharmacy was closed to ensure patients could still be discharged.
- The Radiology department was open Monday to Saturdays. Outside of normal hours, there was always an on call radiographer who is available to come into the hospital if needed.
- Pathology services were available on-call 24/7.
- The RMO was available on site at the weekend. However, consultants were required to be available by phone and we were told there were never issues in asking a consultant to come in.

Access to information

- Staff confirmed that GPs received a copy of the discharge summary and the patient received a copy as well. A more detailed letter was sent by the operating consultant to the GP regarding the outcome of the patient's surgery.
- Ninety three percent of discharge summaries reached patients within 24 hours and 90% reached GPs within 24 hours according to hospital audits.
- There was good access to corporate and local information electronically via the hospitals intranet. This included policies, meeting minutes and bulletins.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All the patient records we reviewed showed that patients had consented to their surgical procedure and this had been done twice, once at the pre-operative assessment, and again before the operation either on the same day or the day before. Consent forms included a description of the procedure, risks the procedure may entail and clarification on what the consent meant.
- When we spoke with staff, awareness of consent and the Mental Capacity Act 2005 varied, with some unable to explain a best interest assessment or in what circumstances it would be used despite training levels above 80%. They said it was rare for additional forms to be used as patients normally had capacity. This was despite an appropriate corporate Mental Capacity Act 2005 and Deprivation of Liberty safeguards policy in place that provided an appropriate capacity assessment form. We were told there was a separate consent leaflet for patients who required an advocate but we were unable to find one.
- The Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) form was inappropriate. Although the template allowed for the decision to be reviewed, it did not allow for a patient's capacity to be assessed or a best interest assessment. When we spoke with staff, they told us no patient required a DNACPR. We were told one patient had been admitted with an existing DNACPR but this had not been reviewed by the hospital.

Are surgery services caring?

Good

Patient feedback was very positive, both in individual interviews, questionnaires and surveys. Observations of care were positive and ensured privacy and dignity.

Surgery

Patients were kept informed about their care and involved in making decisions. However, although there were a range of systems in place to obtain feedback, response rates were low. Emotional support available was not always offered.

Compassionate care

- Friends and Family Test (FFT) results were positive with scores between 80 and 100 each month but on a 25% response rate which did not meet their Commissioning for Quality and Innovation (CQUIN) target. Scores for December 2014 showed that the most improved areas since 2013 were the amount of information provided to patients, assistance with planning departure and room facilities. The three areas where scores had deteriorated the most over the same period were recommending the hospital to a friend, opinion of the pharmacy and information packs received from the hospital.
- Although some patients recalled getting an FFT survey previously, they said they had not received one for their current admission. Although FFT results were based on a low response rate, the hospital was following up patients to complete them with phone calls 48 hours after they were discharged.
- The hospital conducted a patient satisfaction survey which covered October to December 2014. This showed scores of above 86% (mostly over 90%) on a 20.6% response rate which judged a range of its services including accommodation, arrival, consultants, nursing care, catering, discharge and overall experience. A lot of comments commended individual staff members. However, the hospital was in in the bottom 10 BMI hospitals nationally and scored between 50 and 70% on exceeding expectations.
- Patient feedback during the inspection was very positive. All the patients we spoke with commended staff saying they were friendly and nice. One patient called the nurses 'darlings'.
- We observed staff maintained patient privacy and dignity and they were friendly towards patients. Patient doors were kept closed during treatment conversations to ensure privacy and dignity.
- There were only two comments on the NHS Choices website but both were positive. .
- We received 18 comment cards relating to inpatients and endoscopy. All but one response was completely positive particularly regarding the friendliness of staff, standard of care and staff communication.
- Staff were aware of the chaperone policy which was coming up for the review at the time of our inspection.
- Comfort rounds, where patients were asked if they wanted anything, were conducted hourly but these were not noted in the records.
- The hospital did not have an end of life team or policy but did have access to a palliative care consultant. It had a policy about managing a patient's body if they passed away. This included ensuring the families rights are respected along with religious requirements and appropriate handling of the patient's belongings such as leaving wedding rings in place.

Understanding and involvement of patients and those close to them

- During observations we noted that patients and their family were involved in their care. Staff introduced themselves to new patients and explained any procedures they were due to undertake. Test results were fully explained. If the patient was able to see the procedure being performed, this was offered to them, such as an anaesthetic block. Patients were encouraged to ask questions regarding their care and we observed staff either answering these or getting a more appropriate staff member to do so.
- Patients told us they were kept up to date regarding their care including explanations about their procedure and the risks and benefits and this was recorded in their notes.
- None of the patients we spoke with had any concerns in regards to the way they had been spoken to. All were very complimentary about the way in which they had been treated.

Emotional support

- We observed patients receiving emotional support from staff. However, when we asked staff what external or internal people they had accessed to provide emotional support such as counsellors, they were unable to tell us what they offered other than Macmillan Nurses for those patients with cancer. Staff told us patients and family rarely needed emotional support.
- Nurses told us that if a patient was going to receive 'bad' news from a consultant, then they would always make sure that there was a nurse present as well to provide additional support.
- There was a breast care support nurse available for patients undergoing that type of surgery. However, most emotional support came from family and literature

given by staff. No patients had been offered counselling or group support sessions. One patient said it would have been helpful to have had support when they were experiencing a low mood due to treatment, they said "it would have been nice to speak with someone who has gone through it or understands". This was despite clinical nurse specialists being available for pain management, oncology and breast surgery.

- Staff told us that there were no existing relationships with religious or other support organisations although we were provided a list of places of worship for different religions in the local area. Staff were able to give examples of when they had contacted a minister on behalf of a patient to provide them with support.
- Patients were encouraged to wear their clothes 24 hours after surgery. Wearing your own clothes can be very comforting for people and in particular provide some familiarity for people living with dementia.

Are surgery services responsive?

Requires improvement

Patients were able to agree the date for their surgery with their consultant, but there were aspects of the patient pathway that needed to be strengthened. There were delays with pre-operative assessment with some patients having their assessment on the day of their surgery. There was not always good access to therapists and social workers for patients who required support in the community, leading to delayed discharges.

Staff had not received training and no resources were available to meet the needs of patients who required additional support such as those with learning disabilities or living with dementia. Complaints were not always responded to appropriately.

Service planning and delivery to meet the needs of local people

- Patients told us that they were able to arrange admissions times in agreement with their consultants. Both consultants and the hospital were able to accommodate admissions at weekends and late in the evening.
- Currently, the hospital did not admit patients who required complex surgery or patients who had complex medical histories. For example, delirious patients were not admitted and surgery requiring two specialists was not carried out.
- The hospital previously undertook termination of pregnancies but as there had only been six in the last two years the hospital stopped conducting these from January 2015.
- Patients had a follow up telephone call post discharge to ensure everything went well.
- Curtains in double rooms were able to be pulled so they fully enclosed a patient's bed. Some areas of the hospital had tired looking walls and some of the bed sheets, although clean, were well worn.
- Staff worked between theatres and the wards to ensure the workload was shared.

Access and flow

- Theatres were open from 7.30am to 9pm Monday to Friday and 8.30am – 5pm on Saturdays. Endoscopy was open 7.30am to 9.30pm. There was no requirement for Sunday working.
- Patients were informed about their surgery via an admission letter.
- The day case ward was closed overnight as patients were only expected to be there during the day. On some occasions day patients had to be moved to the inpatient ward to be cared for overnight.. The day case ward only remained open if there was a lack of bed space but this was rare.
- The two HDU beds had a low average occupancy rate of 27% or below in the last two years.
- Pre-assessment was not working effectively. Some patients did not have a pre-assessment until the day of their operation due to a backlog of patients. Therefore nurses had to triage patients via their questionnaires or referrals to decide if a pre-operative assessment was needed. Figures for December 2014 showed that only 56% of patients had had a pre-operative assessment.
- There was a lack of occupational therapist and social workers on site although they could be requested from external providers. Therefore, those patients who needed support in their home or in the community were at risk of having their discharge delayed. Some patients told us their discharge had been delayed and patient notes showed this was the case.

Surgery

- On the days we visited, the hospital was far below its bed capacity with 25 beds occupied on the overnight stay ward and 15 on the day case ward. Bed capacity was constantly below 85%.
- The hospital average length of stay for patients who had hip and knee operations was higher than the BMI target although in January 2015 it had decreased to 3.3 days for NHS and five days for private hip replacements and 3.4 days for NHS and 4.3 days for private knee replacements. This was a decrease of up to 1.6 days compared to 2014.
- Discharges were authorised by the admitting consultant. However, sometimes the RMO would act on behalf of the consultant to discharge a patient after speaking with the consultant to ensure the discharge was appropriate.

Meeting people's individual needs

- The advice leaflets following surgery were mostly provided by the consultant from their own leaflets rather than the hospital. However depending on the consultant, leaflets were sometimes not available at all, depending on the patient's surgery.
- There was a BMI specific advice sheet for patients following a colonoscopy with sedation. The sheet advised patients to contact their GP or consultant with any questions. However the contact details were for the hospital switchboard and the ward. These both do not give the patient access to a doctor who could advise in the event of any complications.
- When we spoke with staff about supporting people with communication needs or those with mental health or learning disabilities, they told us they never admitted any patients with those support needs. They did not provide any evidence, such as a policy to support this statement.
- There was limited support available for patients living with dementia. The hospital did not have a system for identifying and supporting people who are living with dementia. None of the staff we spoke with had received training in identifying and supporting people living with dementia. Although a dementia champion was in place for the inpatient ward but patients living with dementia would not be admitted to the day case ward
- Staff told us they rarely used interpreters as family or friends normally attended if a patient did not speak English although there was access to interpreters. There were also nurses who spoke other languages such as Portuguese.
- Information booklets about the hospital were available for patients. These included room facilities, meals, care expectations, health and safety, discharge and a patient guide which included information on charges, and complaints
- There was no limit on visiting times.
- All the areas of the hospital were accessible by a wheelchair. Lifts were in place between levels and each part of the hospital was wide enough to accommodate a wheelchair.

Learning from complaints and concerns

- The hospital made available both its own and the NHS complaints procedure, depending if a patient was receiving NHS or privately funded care. If a patient was privately funded, their complaint was reviewed first by the hospital and then regionally if the patient was not satisfied. The targets were to acknowledge the complaint in two days and respond in 20 days. All the patients we spoke with were fully informed about the complaints procedures.
- The hospital had received 51 complaints for 2014/15 and 30% of them had been upheld. These were reviewed quarterly and improvements were discussed at team meetings. However these were not broken down by service although we were told most related to outpatients.
- Trends for complaints included unexpected charges when a patient's insurance did not cover the whole costs of their care. Other key issues were treatment (30%), administration and communication (26%), and car parking (10%). Recommendations to improve included improving discharge, communication with social services, and review of consultants who ran late theatre lists.
- All patients received a patient guide which includes a section covering the formal complaints procedure. Copies of the BMI leaflet entitled 'Please tell us' are located throughout the hospital and outpatients department to inform patients and carers of how they can highlight any concerns. All patients are encouraged

to complete a patient satisfaction survey during or after their admission or outpatient visit; they can complete a section asking for the hospital to contact them should they wish.
- Staff told us that they did their best to deal with issues and complaints at ward level.
- More formal complaints were handled in line with the hospital's policy. This would involve the Inpatient Manager undertaking an investigation and liaising with consultants if necessary.
- Managers told us that they had been trying to set up a patient experience group but had found it very difficult to find patient representatives.
- We reviewed two complaints responses and summaries. Although they had identified some areas for improvement, both responses were in medical terminology that could not be easily understood and the wording of the responses was not always respectful or courteous towards the person complaining.

Are surgery services well-led?

Requires improvement

Leadership in surgery services had been hampered by vacancies and temporary managers in post. An Inpatient Manager had recently been appointed and a temporary manager for theatres had been in post since January 2015, but endoscopy did not have a lead nurse/manager. This meant that issues were only just starting to be addressed during our inspection. There was an outline plan and vision for the service but the detail had not yet been finalised.

Engagement and governance was improving after previous difficulties. Staff spoke positively about working at the hospital and felt there was an open culture. The hospital was aware it needed to improve patient engagement.

Vision and strategy for this service

- The hospital had a vision which included providing advanced treatment, using modern technology, having a comfortable environment and friendly staff. However staff awareness of the vision was mixed.
- Staff we spoke to were clear that the hospital's vision was to provide a high quality service to patients. However some staff felt that the focus on patients was lost in the drive to save costs.
- The executive team told us they planned to increase the number of patients using the hospital by admitting patients with more complex needs. They told us they would need to develop the HDU into a full critical care unit admitting level three patients with 1:1 nursing support to do this. They would also need nurses specifically trained to care for these patients. .
- There was a plan to refurbish and improve the facilities and building and a facilities manager was being recruited to help do this.
- However, the vision for surgery and the HDU services were still in the early stages of development due to most of the managerial staff in post being new or not permanently in post.

Governance, risk management and quality measurement

- Senior staff had some awareness of the concerns we found during the inspection, specifically the endoscopy unit, pre-operative assessment, appropriate policies and procedures and the environment. There was a lack of clarity about the level of care provided by the HDU which potentially puts patients at risk. Staff referred to is as high dependency unit but it does meet the national FICM standards for Level 2 critical care 2013..
- The hospital had a dashboard to monitor performance which was reviewed both locally and regionally. This included monitoring of staffing levels, skill mix, revenue, acuity and dependency, agency use, incidents, wound infections, mortality, complaints, patient feedback, effectiveness and cancelled surgeries. Outcomes from these performance targets were linked to senior staff pay. Recommendations from regional meetings were fed back to the hospital and tracked to ensure they were completed.
- There was a clinical governance structure which included a range of committee meetings at both clinical and operation levels including executive meetings, consultant meetings, risk management, health and safety and clinical effectiveness. These reviewed performance and daily operations at the hospital such as staffing levels, activity, incidents, risk registers, infection prevention and control, and audits. Each tier of meeting acted as scrutiny above it such as the medical advisory committee reviewing reports from the executive.

- There was a clinical governance tracker and meetings both locally and at regional level which included discussion of theatre audits such as the WHO checklist.
- The hospital had a risk register. However, this focused mainly on environmental risks. The only clinical risk related to the endoscopy unit.
- A quality and risk report was produced monthly. This reviewed external stakeholder inspection including any actions from these, projects, communications with external providers, consultant concerns, complaints at regional or above stage, risk register changes, incidents, patient satisfaction, training, and average length of stay.

Leadership of service

- Staff reported that all their managers and leads including the executive director and clinical services director were visible. Everyone we spoke with told us both new and long standing senior staff were supportive and front line staff felt able to raise concerns.
- Staff told us that the Executive Director ran a monthly forum meeting to keep people updated on developments and respond to questions. Staff said they were encouraged to go to these meetings and where possible were released from their duties to attend.
- The was an interim theatre manager in post who had been with the hospital previously in 2014. The inpatient manager had only been with the hospital nearly three months. We found that various items and issues were currently being resolved due to the new leadership.
- There was no direct lead or manager for the endoscopy unit. Theatre staff managed this service but they were mainly recovery staff and reported to the current theatre manager.

Culture within the service

- Staff reported a positive culture at the hospital with good team working. They told us they were happy to be working at the hospital and felt supported by the business. However, some senior staff were concerned that a few staff needed to embrace change better.
- Sickness levels fluctuated and had been as high as 10% in a month over the last six months.
- Staff stability was average and turnover of staff was low.
- Staff spoke positively about the high quality care and services they provided for patients and were proud to work for the hospital. They described the hospital as a good place to work and as having an open culture. The most consistent comment we received was that the hospital was a friendly place to work and people enjoyed working there.
- The staff survey results from 2014 were not benchmarked. However most results were more positive than negative. They did particularly well on 'doing my best for BMI health care' and 'I am trusted to do my job' (overall staff rated it as more than 4 out of 5). They did least well on 'I am paid fairly for the job I do' and 'communication is good between different parts of the hospital'.

Public and staff engagement

- Monthly bulletins were sent to staff which included both hospital and regional BMI information. These included learning from incidents, reminders and updates about guidance and procedures, and safety alerts. Staff were able to tell us about these.
- The executive team acknowledged they needed to improve communication with staff including building a better culture, improving appraisal rates along with mid-year reviews, ensuring staff knew what they were accountable for, and improve communication from the executive team to the staff delivering care. .
- The executive team acknowledged they also wanted to improve patient communication. This included encouraging patients to feedback on the services, and setting up regular patient forums.
- We reviewed the minutes of the inpatient staff meetings which involved all inpatient staff and the inpatient manager. These showed front line staff were engaged in discussions about a variety of subjects including staffing levels, incidents, and training. There was also an open opportunity to raise any concerns. However, these had only recently started taking place again when the new inpatient manager had started.
- There was a gap with theatre staff meetings with the last one taking place in July 2014 before one in February 2015. However these reviewed training, policies, previous meeting minutes, contracts, incident reporting, equipment, cleanliness, safer steps to surgery and any other issues staff wanted to raise.
- When we spoke with staff about how their ward performed, they were aware of this in relation to recent infection control audits and safety thermometer performance.

- Not all staff had access to a corporate email account as they became blocked if they were left inactive for too long. This made it harder to ensure staff received important messages.

Innovation, improvement and sustainability

- We were concerned the performance and compliance in theatres was at risk of not being sustained due to the current theatre manager being temporary and we were not made aware of any forthcoming replacement or anyone being mentored to take over.
- The provider was currently engaged in a cost-improvement programme. We spoke to staff who generally felt they had been fully involved in the development of this plan and were kept informed of its implementation and progress.

Services for children and young people

Safe	Requires improvement
Effective	Requires improvement
Caring	Good
Responsive	Good
Well-led	Requires improvement
Overall	Requires improvement

Information about the service

BMI The Blackheath Hospital provides services for children and young people over the age of three. They are admitted to the hospital mainly on a day-case basis for minor surgery only, primarily ear, nose and throat procedures. However, in the event that a child needs to stay overnight the hospital had some arrangements in place to accommodate this. Between 1 January 2014 and 31 December 2014 the hospital had 42 planned paediatric in-patients and 250 day cases, of which one day case converted to an overnight stay post-surgery.

Admissions usually take place during the working week, although procedures could sometimes take place on Saturday mornings. The hospital had only one full time paediatric sister who was supported by bank nurses who are paediatric trained.

Children of all ages were seen for consultation in the outpatient department across a range of specialities.

Out of hours and emergency paediatric admissions are not accepted.

We spoke with members of staff including consultants, doctors, theatre staff, nurses, and senior members of staff. We spoke with six parents and three children about their experience of using the hospital. We visited the two wards at the hospital and viewed the private rooms the children and young people used during their stay. We looked at training records and policies and procedures relating to the children and young people's services.

Summary of findings

Children admitted to BMI The Blackheath were accommodated in one of the two hospital wards, but primarily Paragon Ward. There was no separate areas for paediatrics which this meant children, young people and adults were admitted to the same wards, however both wards had individual private rooms with ensuite facilities.

We found that children and young people and their and parents were complementary about the service at BMI The Blackheath Hospital. They told us staff were friendly, helpful and thorough. Appointments ran to time and they could choose to attend the hospital on days that suited their family needs.

Children and parents told us they felt involved in all the discussions related to their care plan. Parents told us that the consultants and nurses talked to their child at a level they could understand. Children told us "the doctors and nurses are really nice" and "they showed me pictures to explain what they were going to do."

There were no areas in outpatient area or rooms on the ward dedicated to children. The hospital environment was adult-focused. However toys and DVDs were available and children could bring an electronic tablet and connect to the hospital's Wi-Fi.

There were systems to report and investigate incidents. Staff received feedback on outcomes and shared learning from incidents at the hospital or within the BMI group through a number of different sources.

Services for children and young people

Although children and young people and their families liked the carpeted floors and fabric covered chairs as it made the environment less like a hospital, we had some concerns that it would be difficult to prevent the spread of infections such a norovirus even with regular steam cleaning. We also found that there were no dedicated staff and visitor hand wash taps and basins in the bedrooms and the basins in the treatment rooms were not standard utility sinks with mixer taps. This did not conform to infection prevention and control best practice.

The paediatric resuscitation trolleys were regularly checked. The hospital had a policy and procedure to follow should a child deteriorate during their admission and could no longer be supported adequately by the clinical staff and environment the hospital offered.

Nursing guidelines (Royal College of Nursing 2011) stipulate that for children up to the age of 12 years old who are having day surgery must be supported by a minimum of two paediatric trained nurses. Children over the age of 12 require support from a minimum of one paediatric nurse and an adult nurse.

There was one full time paediatric trained member of staff. They were supported by a bank member of staff when paediatrics were admitted. Most of the staff who worked with children and young people had received appropriate training in safeguarding and paediatric life support. However, staff who had no training or experience in paediatrics relied heavily on the paediatric trained staff for support. As all children had planned admissions the hospital was able to ensure enough appropriately trained staff were in attendance. Staff expressed a concern that it might not be always possible to have two paediatric trained nurses on duty, but this had not happened between July 2014 and February 2015..

The hospital policies and procedures referred to national guidance where appropriate. The hospital told us they had a corporate Care of the Child Policy and staff told us the hospital was currently writing a local 'Care of Children policy. However this was not near completion at the time of our inspection.

There was no clear vision on whether the service would be developed at the Blackheath Hospital or provided at another local BMI location so that more children would be seen at one location, thus creating a hub/centre of excellence in paediatrics.

Staff told us they were aware of that services at the hospital would be reviewed but were unsure what this meant for the service. They said they felt supported by their line manager and the executive team. They all reported on good working relationships with their peers.

Services for children and young people

Are services for children and young people safe?

Requires improvement

We found some aspects of the hospital's systems to provide safe care and minimise risks to children and young people required further development.

National guidelines state that children under the age of 12 must be nursed by a minimum of two paediatric trained staff. The hospital had one full-time member of paediatric trained staff and relied on bank staff to fill this gap. This could be accommodated most of the time as all day case admissions were planned. Although staff were concerned about the possibility of not always being able to have two paediatric trained nurses on duty at night this had not happened between July 2014 and February 2015.

Children were cared for on the same wards as adults and although they were in private rooms and the ward was secure no specific risk assessments had been carried out.

The floors in the corridors and bedrooms were carpeted, and fabric covered chairs were used. The hospital told us these were regularly steam cleaned however this does not ensure that infections such as norovirus are not spread. We received information from the hospital about incidents and infections however these did not relate specifically to any issues surrounding children and young people.

Paediatric emergency equipment was easily accessible. Appropriate daily and weekly checks had been made to ensure the resuscitation trolley was adequately equipped in accordance with the hospital's policy and procedure.

There were systems for reporting and investigating incidents and staff were aware of these. Staff received feedback on outcomes and shared learning from incidents at the hospital or within the BMI group through a number of different sources. Incidents of harm were rare and therefore any trend could be easily identified and followed up.

The hospital had a policy and procedure to follow should a child's condition deteriorate during their admission and could no longer be supported adequately by the clinical staff and environment the hospital offered. There was a paediatric retrieval arrangement in place with a local NHS Trust.

Much of the information in medical and surgical services applies to children and young people services as they were cared for on the same wards.

Incidents

- Between November 2013 and October 2014 no Serious Incidents Requiring Investigation (SIRIs) were reported. In the same period, the hospital report 286 clinical incidents but these were not broken down by service and it was unclear how many, if any were related to children and young people.
- Staff were able to describe the types of incidents they should report and told us they used a paper or electronic system to log them. They said the system was easy to use. A manager reviewed the incident report prior to submission.
- Staff told us they all received feedback and learning about incidents within the hospital through one to one discussions, team meetings, the team brief or through email.
- Staff at the hospital told us they received feedback, outcomes and learning from serious incidents which had happened at other BMI hospitals. Staff could not recall any incidents relating specifically to children or young people at any of the hospitals within the BMI group.

Safety thermometer

- Safety thermometer scores were not displayed on the wards other than staffing rates and falls with harm. The scores did not identify anything specific to children and young people.

Cleanliness, infection control and hygiene

- At the time of our inspection attendance at infection control and prevention training was at 58%. The hospital aimed to have 80% compliance for training. We were unable to ascertain from the training figures provided whether all staff caring for children had completed their training.
- There had been two surgical site infections in the last two years but neither involved a child.

Services for children and young people

- The parents and children we spoke with told us they felt the hospital and toys provided were clean and hygienic. Nursing staff cleaned the toys after use and they were stored in the paediatric sister's office.

Environment and equipment

- There were no dedicated bedrooms for children. All the beds and chairs were suitable for adults and therefore bed rails were used for smaller children. The parents we spoke with did not raise any concerns with regard to bed rails being used. They told us it kept their child safe while they recovered from anaesthetic.
- Although the wards were secure and children and young people were cared for in private rooms on the same wards as adults, they were not cohorted to a specific area of the ward. The hospital told us they carried out specific risk assessments yearly as a minimum but we did not see them during our inspection and staff were unaware of them.
- The children's resuscitation trolley on the wards and in the outpatient department was clearly labelled so that staff could quickly access equipment for the appropriate age and/or weight of the child up to the age of 12 or 34kgs. After this age or weight the adult resuscitation kit was used.
- We found the daily and weekly checks for the children's resuscitation trolleys had been completed and were fully equipped on the wards and in the outpatient's department.
- There was one bay dedicated for children in the recovery area. Paediatric life support equipment was available in this area.
- None of the staff we spoke with had concerns about the availability of equipment and if anything required repair, it was fixed quickly.
- Equipment was maintained and checked regularly to ensure it continued to be safe to use .The equipment was clearly labelled stating the date when the next service was due.
- The parents, children and young people reported liking the carpeted floors in the bedrooms and corridor as it made the environment less like a hospital. The hospital told us these were steam cleaned but this did not ensure that infections such as norovirus were not spread.

Medicines

- We observed that the ward and pharmacy had copies of the children's British National Formulary (BNF).We were told that although there was no paediatric pharmacist, pharmacists checked body weight and age to ensure that children received the right dose of their medicines.
- Medicines were appropriately managed and drug charts were complete.

Records

- A pathway document was used for children. This included a pre-op assessment, children and young people questionnaire, medical history, consent forms, anaesthetic, theatre and operation records, medicine charts, nursing interventions and medical notes, recovery record, post-operative care and discharge record.
- Risk assessments included environmental and bedrail assessments, but were not specific to children and young people,
- Children and young peoples' information and records were stored securely in locked cabinets at the nursing station.

Safeguarding

- Staff could describe situations or factors that would arouse suspicions of abuse or safety concerns about a child. Staff were aware of how to raise a safeguarding alert and knew the appropriate internal procedure for doing so. They were also aware of who the lead for safeguarding children at the hospital was.
- There was a flow-chart diagram available for staff to follow if they had a safeguarding concern.
- Staff spoke confidently about raising a safeguarding concern and spoke positively about the relationship with the local authority when investigating any concerns.
- Paediatric nursing staff were required to be trained to Level 3 in safeguarding children and young people. Information provided by the hospital showed that 100% of required staff had completed their Level 3 training.
- The hospital did not have access to the local authority's children at risk register. However, any concerns regarding children were raised with the child or young person's GP and the local authority's school nurse. Staff spoke positively about the relationship with Lewisham social services in relation to raising safeguarding concerns.

Services for children and young people

Mandatory training

- The paediatric nurse had completed all their mandatory training requirements. This included data protection, fire safety, moving and handling, paediatric life support, and infection prevention and control.
- Staff told us they had found time to complete their mandatory training during their normal working week.

Assessing and responding to children and young people risk

- The paediatric sister saw all children between the ages of three and 15 for their pre-operative assessment. Children between the ages of 16 and 17 were seen for their pre-op assessment by an adult trained nurse, however this was overseen by the paediatric nurse to ensure they did not have specific paediatric needs that an adults' nurse may overlook.
- The hospital did not admit paediatric emergencies. All paediatric admissions were planned and any possible risks were identified prior to admission and safeguards put in place. For example, the risk that a child may require an overnight stay following a tonsillectomy. This was discussed with the child and parents and the appropriate staff would be placed on stand-by to cover the night shift should the need arise for the child to stay overnight.
- Paediatric early warning scores (PEWS) were in place and were relevant for each age range. Observations were recorded and scored. The chart included guidance on what intervention was required for score range, for example a score over three would require contact with the RMO and consultant for advice.
- If a child or young person became critically ill during their admission they were stabilised and transferred to another hospital. BMI the Blackheath had a paediatric retrieval arrangement in place with a local NHS Trust. The paediatric sister was responsible for escorting the child or young person to the receiving hospital.
- Emergency drills (responding to clinical emergencies) were conducted, but staff were not aware of any emergency drills relating specifically to children or young people.

Nursing staffing

- Nursing guidelines stipulate that children up to the age of 12 years old must be supported by a minimum of two paediatric trained nurses. Children over the age of 12 required support from a minimum of one paediatric nurse and a qualified adult nurse.
- The hospital employed one full time paediatric trained nurse. When children under the age of 12 were admitted a paediatric trained member of bank staff was rostered to support the full-time member of staff.
- We were assured by the paediatric sister that when children were admitted to the hospital paediatric trained staff were always present and should the child require an overnight stay there would be appropriate medical and nursing cover.
- A paediatric trained member of staff was on duty three nights per week (usually Monday to Wednesday). If a child was admitted overnight on any other night a member of paediatric trained bank staff was called in. However, staff expressed concern that it might not be always possible to have two paediatric trained nurses on duty but this had not happened between July 2014 and February 2015.
- Non-paediatric trained staff said that they had always been able to find a paediatric nurse for advice when a child stayed in the hospital.
- At the time of our inspection there were planned interviews for another full-time paediatric nurse.

Medical staffing

- Consultants worked for the hospital via practising privileges. This meant the consultants only worked at the hospital when they were seeing a child or young person under their care.
- The only permanently employed doctors were Resident Medical Officers (RMOs). The hospital had four of these who worked individually on a rotational basis. One RMO was on site during the day and on-call at night but on-site for a seven day period.
- The RMO conducted a round every 12 hours with the charge nurse to review all patients who were required to stay overnight, this includes children when the need arose. The children and young peoples' care pathway was conducted by their consultant. However, the RMO did not take any of the nursing or medical notes with them during this round as they said this was discussed at handover. Their remit was to ensure that all patients, including children and young people were comfortable and to prescribe additional pain relief if necessary. They only intervened medically if a children or young person had a problem such as bleeding, and this was discussed with their consultant. Any changes to medicines were noted by the nurse to then record in the notes.

Services for children and young people

- There was an emergency theatre on-call rota if a child and young people required emergency surgery on site. The on-call anaesthetist was paediatric trained.
- Parents told us they and their children saw their consultant both before and after their procedure if they were a day case.
- A paediatric anaesthetist was on duty on the days the hospital had a paediatric surgical operations list. We saw the anaesthetist meet with children and young people and their families prior to their operation.

Major incident awareness and training

- Staff had taken part in fire safety training as part of their mandatory training and knew the role they played in evacuating patients and their families. We were told a drill had been done last year where evacuation was done by departments.
- All paediatric admissions were kept electronically. The paediatric sister also kept a paper diary of all admissions. This meant that should the computer systems fail they had knowledge of who was being admitted each day.

Are services for children and young people effective?

Requires improvement

The hospital had not taken part in any national audits specifically for children and young people. However there were plans to take part in two child specific audits in March 2015. The hospital was unable to provide us with information on how well they were performing in relation to children and young people's services..

The hospital policies and procedures referred to national guidance where appropriate. The hospital had a corporate Care of the Child Policy and was currently writing a local 'Care of Children' policy. Most staff told us accessing policies and procedures on the organisations intranet was easy to do. Most of the staff we spoke with told us of a number of ways they were informed of policy or procedural changes.

There was one member of full-time staff who was paediatric trained. Some other members of staff had received paediatric life support training should they need to support a child in an emergency. The hospital had planned admissions for children and this meant, that on most occasions, they could arrange for appropriate staff on duty during that day and night when required.

The paediatric nurse supported all children under the age of 16 years old they discussed each child with other members of staff on the ward who may support the children and young people during their admission. Consent was appropriately sought from parents or carers for children.

Children were supported appropriately with pain relief. Children and young people were happy with the choice of meals and we saw that they had water accessible and were regularly offered other refreshments.

Evidence-based care and treatment

- All children and young people were under the direct care of the consultant who saw them regularly and usually each day they were admitted into the hospital. Therefore the care plan was consistent. Children and young people and their parents reported that they saw the same consultant at each visit and for their procedure.
- NICE and hospital guidelines were available on the hospital intranet. Staff told us that guidance was easy to access, comprehensive and clear.
- The hospital had a corporate Care of the Child Policy and was in the process of writing a local 'Care of Children' policy. This was not near completion at the time of our inspection as the paediatric sister tasked with the work had little time to work on other aspects of her role while children were attending the hospital.
- We found some staff were not aware of changes to policies and procedures in the hospital. For example there had been a recent change in the way patients were called to theatre after an incident when the incorrect patient had been taken down. However when staff were asked about the change some were unaware of it and had been using the previous system.

Pain relief

- We observed staff monitoring the pain levels of children and young peoples and recording the information. Pain levels were assessed using the paediatric early warning score (PEWS) chart. Observations were scored differently for each age bracket (0-4 years, 5 -12 years and 13-18 years) in order to assess the level of pain and required intervention.

- Pain relief was discussed with children and parents prior to the operation.
- We observed staff asking a child about the level of pain they felt and advising their parents to inform a member of staff if their child complained of any pain.

Nutrition and hydration

- All the children and young people we observed had water within their reach and were supported to drink if required.

Children and young people outcomes

- The hospital planned to participate in national quality audit 'Feverish illness in Children' for NICE and College of Emergency Medicine (CEM) 'Pain in Children' audits in March 2015.
- The hospital monitored a number of activity levels within surgery however we were unable to break this down between adults and children.
- We observed the nursing handovers at our unannounced inspection. These included a discussion about each patient, their progress, any potential concerns and expected discharge time/date. At the time of our observation no children had been admitted as inpatients to the hospital, however we were assured that had there been their needs and concerns would have also been discussed.

Competent staff

- We spoke with two of the hospital's RMOs. One told us they had received training in paediatric resuscitation but had not had any other specific paediatric experience or training. They had also not been trained in safeguarding training since arriving at the hospital. The second RMO we spoke with did not have any training or experience in paediatrics. We were unable to speak with the hospital's other two RMOs to ascertain their level of paediatric training or experience as they were not on duty during our inspection days.
- The paediatric sister had received an appraisal within the last year. They spoke positively about the experience and informed us of their objectives for the coming year. However they had not had a one-to-one supervision meeting since a change in manager late last year.
- All theatre staff were competent in children specific corporate competencies and recovery of children modules
- Anaesthetists working with children were trained in the management of paediatric airway.
- Two anaesthetic assistants had completed a paediatric immediate life support (PILS) course in August 2014. The hospital provided the signed competencies documents to support this.
- Children were supported in the recovery area by dedicated recovery staff who were trained in paediatric immediate life support. Staff had received training in the 'Recovery Care of Children' and the hospital provided certificates of competency to support this.
- There were new procedures were in place to ensure consultants who treated children were competent to do so. Consultants provided evidence of their paediatric training competencies, the number of children they had operated on and the frequency over a given period of time in order to gain practicing privileges to treat children at the hospital.
- We spoke with a nurse in the outpatients department who confirmed they were trained in paediatric life support.
- Staff had not received specific training in working with children or young people with learning difficulties. Staff told us they would rely on their nurse training knowledge and take a lead from the parents or carers in how to support the child in the best way.

Multidisciplinary working

- Throughout our inspection we saw evidence of multidisciplinary team working in the ward areas. Doctors and nursing staff told us they worked well together and supported each other.
- The paediatric sister was aware of all children who attended the hospital and supported staff with any concerns relating to children.
- Paediatric trained staff attended the cross-nursing staff meetings, however there were no meetings specifically about children's services.

Access to information

- Discharge summaries were given directly to the parents or carers of the child or young person. A copy was not sent to their GP by the hospital. Parents confirmed they received the discharge summaries on previous occasions at the hospital.
- Parents were given a generic information leaflet on what their child could expect during their stay at the hospital. It was not specific to children.

Services for children and young people

Consent

- The parents of the children we spoke to told us they had been asked to give consent to their child's operation. All the risks and expected outcomes had been discussed with them prior to treatment.
- Staff asked children and their parent's permission to touch them prior to any examination.
- Staff in the children's outpatient department were clear about the appropriate procedures for obtaining consent from a parent or guardian. They were also clear about how this process was very different for older children.

Are services for children and young people caring?

Good

We found services for children and young people at The BMI Blackheath Hospital were caring. Children and young peoples and their families told us they were treated with dignity and respect and their care needs were met by friendly, kind, professional and thorough staff. A parent described the paediatric sister as "always having a smile on her face."

Children and young peoples and their families told us they were involved in the care planning process and felt well informed. The children told us the doctors and nurses always spoke to them about what was going to happen in a way they understood and sometimes by showing them pictures. They said all the staff helped by reassuring them when they were feeling nervous.

Parents told us they had enough time to discuss any questions or concerns with the consultant and knew how to contact them should they have any queries prior to their child being admitted or afterwards.

Compassionate care

- Children and young people feedback was very positive. All the children and young peoples and families we spoke with commended the staff. One family described the staff as "friendly and helpful. They really couldn't do anymore." And one child said, "the doctor and nurses are really nice."
- We observed staff talking with the children and young peoples and their families in a friendly and caring manner. They regularly explained what they were doing and checked whether the children and young people were comfortable. A parent told us "she [the paediatric sister] was very thorough, she checked and re-checked. It gave us real confidence."
- We saw one parent was encouraged to be involved in supporting their child by helping staff transfer the child back to their bed after they had returned from surgery.
- All staff knocked on the children and young peoples' bedroom doors before asking if they could enter. The doors were kept closed during treatment, care and conversations.
- Staff were aware of the chaperoning policy however they did not offer this ordinarily for children as their parents were usually in attendance.

Understanding and involvement of children and young people and those close to them

- Families told us that at every stage of their child's admission they had felt involved in their child's diagnosis, treatment and care.
- Each of the families we spoke with told us the doctors and nurses explained what was wrong and how they could treat them at a level their child could understand.
- One child said "the doctor used pictures to explain what I had wrong with me and what they would do in the operation."
- Children and young peoples' families told us they were kept up to date regarding their care including explanations about their procedure and what risks it entailed.
- The families of the children and young people we spoke with said they had enough time to ask questions and they knew who to contact should they require further clarification prior to the treatment date or afterwards.
- Staff introduced themselves to new children and young people and their families.

Emotional support

- We observed children receiving emotional support from staff. Families were encouraged to support their children through their treatment by ensuring parents were fully informed about how their child might feel post operatively.
- One parent told us they had been able to discuss the best way to support their child through their first operation with the nurse.
- The paediatric sister told us the best way she was she was able to support children was by having

Services for children and young people

conversations with parents prior to their child's admission. For example if she knew the child had a particular fear she would be able to come up with other options or consider a different approach.

Are services for children and young people responsive?

Good

We found the services for children and young people to be responsive. The hospital did not take any emergency cases. All admissions were planned and on most occasions appropriate staff were available to support the paediatric surgical list on the days required.

Children and young people were able to access appointments at a time that suited their needs. Parents told us that they were very satisfied with the time it took for their appointment to be arranged following referral to the service.

The facilities within the hospital and outpatient department did not have specific areas or bedrooms for children. All the decoration was adult centred. However, parents did not see this as an issue within outpatients as they waited for very short periods of time and did not need to amuse their children for long. Parents also liked having a private room in the hospital. They were usually given one of the double rooms so that it was easy for them to stay overnight should they need to.

Children and young peoples and their families were asked for their views and experience of the hospital. Parents told us they would feel confident to raise any concerns with a member of staff. The complaints procedure was available in the bedroom should they require it.

The hospital was currently evaluating its children and young people services as it was reviewing the hospital's business plan in line with the need of the people who use it.

Service planning and delivery to meet the needs of local people

- At the time of the inspection the hospital was going through some changes due to internal re-structuring. The provision of children and young people's services at the hospital was under review however this was very much in its infancy.
- The Inpatient Manager thought the service for children and young people was good and responded well to the small number of children and young people they saw. They told us that due to the low numbers the service delivery was more reactive as opposed to a planned and structured delivery, such as set pre-admission clinics and dedicated theatre lists. Consultants and families identified a day suitable to them and the hospital responded to those needs accordingly.
- The hospital did not take any emergency cases. All admissions were planned and appropriate staff were available to support the paediatric surgical list on the days required. However we noted it was not always possible to have appropriately trained staff should a child or young person require an unplanned overnight stay.
- The hospital did not have a specific ward or area for children and young people who were patients. All children and young people had a private room. Children were usually placed in one of the double bedroom rooms so that parents could stay if their child required an overnight admission. All rooms had ensuite bathroom facilities.
- All the families we spoke with told us they preferred attending BMI The Blackheath Hospital as it offered them a personable cottage style hospital. Most of them told us it was like "coming to a hotel."
- Families were offered food and refreshments while they attended the hospital.
- Admitted children and their siblings were offered toys to play with and DVDs to watch. We saw children playing with the toys provided and colouring pictures while they waited for their procedure.
- There was no dedicated area for children who attended outpatient clinics. However there were a few toys available. Parents we spoke with told us appointments rarely ran late and they were not at the clinics long enough to be concerned about how to entertain their child.

Services for children and young people

Access and flow

- Between 1 January 2014 and 31 December 2014 the hospital treated 42 children and young people as inpatients and 250 as day cases of which one day case converted to an overnight stay post-operation.
- We were told there were few children or young people admitted to the hospital and all of them were planned and easily accommodated.
- Children's operations generally took place from Monday to Thursday although there were some exceptions occurred to this and only if the correct staffing mix was available.
- It was the hospital's policy to prioritise children at the beginning of the operating lists to minimise the child's anxiety and allow for the shortest fasting time possible.
- During our announced inspection there were three paediatric admissions. On the day of our unannounced inspection, which was a Friday, no children or young people had been admitted.
- Children and young peoples' parents were informed about their surgery via an admission letter.
- Children and young people were invited to the hospital for a pre-operative assessment prior to the day of the operation. However, this was not always possible due to families being unable to attend and therefore the paediatric nurse would at a minimum speak with the child's parents over the telephone prior to admission in order to ascertain any specific needs or concerns.
- There were no dedicated pre-operation assessment rooms for children to use. All checks and observations prior to the procedures were done in the children and young peoples' bedrooms. While this was not a problem for children, it meant that the paediatric sister had to carry equipment from their office to the wards to use.
- Families reported that all outpatient appointments generally ran to time and test results were available at each appointment.
- We were told that appointments had not been cancelled or changed by the hospital however if the family requested a change of time or date it had been easily accommodated.

Meeting people's individual needs

- All the families we spoke with told us they had arranged appointments and admissions at a time that suited their family's needs.
- One parent told us about a time when they had forgotten to take their child to an outpatient appointment. They said, "the consultant called me personally to see if we were attending. I had forgotten about the appointment and he gave me the time to get to hospital."
- The hospital told us that a number of families chose for their child to undergo procedures during school holiday periods to cause less disruption to their education.
- Parents told us the pre-admission checks were useful as they were able to discuss any concerns they or their child had as well as having the routine observations. One family gave us an example about their child who had a needle phobia.. Their parent was worried about having a cannula inserted. The nurse was able to discuss other anaesthetic options which did not require cannula insertion and met the children and young people's individual needs.
- All the children and young people we spoke with enjoyed the food and one child said, "there was lots to choose from. I am looking forward to having a burger after my operation."
- There was no specific information relating to children and young people's services at the hospital.

Learning from complaints and concerns

- One family told us they on one occasion they had made a suggestion through the patient survey that fathers should be offered a meal as well as mothers as this was not routinely done and fathers felt "side lined". Since their comment they found that all immediate family members attending were offered refreshments and a meal. They were unsure whether this was a result of their comment.
- The hospital made available both its own and the NHS complaints procedure, depending on whether the child or young people was NHS or privately funded. If they were privately funded, their complaint was reviewed firstly within the hospital and then regionally if the outcome was not satisfied. Targets were to acknowledge the complaint in two days and respond in 20 days.

Services for children and young people

Are services for children and young people well-led?

Requires improvement

Although the hospital treated a low number of children and young people resources and specific information either about or for children and young people were limited. There was only one paediatric trained nurse employed by the hospital who oversaw children and young people's care in all services.

The strategy for children and young people services was being developed with the options of developing the services provided at BMI Blackheath Hospital or at another hospital in the cluster creating a hub/centre of excellence and as a result providing a dedicated and structured child-focussed service.

Staff told us they were aware of the hospital's future vision, but were unsure about how this would impact the children and young people's service. They said they felt supported by their line manager and the executive team. They all reported on good working relationships with their peers.

Vision and strategy for this service

- The hospital had a vision 'to provide safe, friendly, professional care within a friendly and comfortable environment'. Parents of children and young people told us staff were friendly and caring and thought the environment was "homely" and "hotel-like."
- Staff we spoke to were clear that the hospitals' vision was to provide a high quality service to all patients including children and young people. Some staff felt that the focus on patients was lost in the drive to save costs.
- BMI The Blackheath, Chelsfield Park and The Sloane Hospital had recently been brought together under one Executive Director and a review of all the services offered at each of these locations was being undertaken in order to ascertain the best business model to provide services that meet the needs of the people it served.
- This evaluation exercise included children and young people's services. The review was in its infancy and this meant we were unable to ascertain what the vision or strategy for children and young people's services was specifically for this location.
- There was a plan to refurbish and improve the facilities including the building and a facilities manager was being recruited to help do this.

Governance, risk management and quality measurement

- The hospital had a dashboard to monitor performance which was reviewed both locally and regionally. This included monitoring of staffing levels, skill mix, revenue, acuity and dependency, agency use, incidents, wound infections, and cancelled surgeries. However it did not have any quality measures specifically relating to children and young peoples' services.
- Executive staff and managers also had a daily meeting reviewing staffing levels, expected patient activity, highlighting complex patients and unexpected events. We cannot ascertain whether these discussions included services for children and young people.
- There was a clinical governance tracker and meetings both locally and at regional level.
- The hospital had a risk register but it did not include any information related to children and young people..
- The September 2014 clinical effectiveness committee minutes included discussions relating to the hospital not being compliant with meeting with the paediatric policy. The main concerns were in the imaging and outpatient departments for the under three age group. There had been recent approval granted to recruit an additional paediatric nurse, meeting minutes showed that this was discussed at the senior management team meeting.
- Meeting minutes dated August to November 2014 from the senior management team and the hospital management team did not indicate that paediatric services were a regular agenda item therefore we were unable to ascertain whether paediatric services were discussed at a senior level and how the department was performing.

Leadership of service

- The paediatric sister was the lead for children and young people's services. They reported directly to the inpatient manager.
- The paediatric sister was based in the hospital in Lee Terrace and supported staff at this location and the urgent care centre and outpatient department (located nearby in Independent Road) with any queries relating to children and young people.

- The paediatric sister reported seeing their manager and leads including the executive director and clinical services director regularly. We were told that both new and long standing senior staff were supportive and front line staff felt open to raise concerns.

Culture within the service

- The paediatric sister told us the hospital was a good place to work at. They felt supported by other members of staff and valued the teamwork.

Public and staff engagement

- Monthly bulletins were sent to staff which included both hospital and regional BMI information. These included learning from incidents. Staff we spoke with were able to tell us about these.
- The executive team acknowledged they wanted to improve patient communication. However there was no reference about how the hospital would engage children and young people in sharing their experience of the service.
- One of the families we spoke with had used the hospital a number of times. They told us they were asked after each occasion to complete a patient survey with their child. However the survey was a generic hospital survey and not specific to children and young people's services.
- We reviewed the minutes of the inpatient staff meetings, which involved the paediatric sister, all inpatient staff and the inpatient manager. These showed front line staff were able to be engaged in a variety of subjects including staffing levels, incidents, and training. There was also an open opportunity to raise any concerns.

Innovation, improvement and sustainability

- The paediatric nurse was looking forward to a new full time member of the team being recruited. This would allow them to further develop the service, further their training and support other areas of the hospital, such as outpatient and the urgent care centre.

Outpatients and diagnostic imaging

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Requires improvement
Overall	Good

Information about the service

The main outpatient department is located in a four storey building and has 22 consulting rooms. Between September 2013 and October 2014 the outpatient department saw 45,644 patients. The outpatients department includes a variety of specialisms, such as pre-operative surgery consultations, paediatrics, oncology, gynaecology, gastroenterology, dermatology, and neurology. There is a specialist cardiology clinic which includes a cardiology laboratory.

There is a small phlebotomy service based in the department, which is open from 8am to 8pm. The department also provides a range of radiology services, MRI scans, X-Ray, bone density scanning, ultrasound scanning and mammography.

We inspected the outpatients and radiology departments. We spoke with seven patients and two family members or carers. In addition, we spoke with nine members of staff including managers, consultants, nurses, administrators and receptionists. We observed care and treatment and looked at care records. Before our inspection, we reviewed performance information from, and about, the hospital.

Summary of findings

The outpatients department and imaging and diagnostic service provided a range of services for privately funded and NHS funded patients. Patient we spoke with were positive about the care and treatment they received in both the outpatients department and the imaging and diagnostic service.

Patients did not experience long waiting times to see a consultant; NHS funded patients were usually seen within four weeks of being referred and privately funded patients normally within a few days and rarely more than 10 days of being referred. Treatment was always consultant lead. Consultants and other staff, followed best practice and worked well as a multi-disciplinary team.

Staff were aware of the correct safeguarding procedures should they suspect an incident of abuse. Staff were unclear about their responsibilities in line with the Mental Capacity Act 2005. They were unable to describe the correct procedure for obtaining consent from patients with limited capacity.

Patients were treated with compassion, dignity and respect. All patients told us that their experience in the department was very positive. One person said "it's easy to make an appointment, I always get an appointment within a couple of days", another said "whenever my doctor is examining me, he is gentle and kind and as thorough as I would expect him to be".

Outpatients and diagnostic imaging

Most complaints were about parking tickets and treatment costs. There were very few complaints about the quality of care and treatment

The outpatients department did not have a comprehensive process to monitor its performance. Key information, such as waiting times and letters being sent to GPs, are not recorded and monitored. There are no time standards by which letters need to be sent to GPs. Staff we spoke to were unable to say what good performance looked like in numerical terms. They were unable to provide information to demonstrate how well the service was performing.

Are outpatients and diagnostic imaging services safe?

Good

The department had systems in place to minimise risks to patients.

There were effective systems in place to report incidents. Staff told us they felt confident to report incidents and they received feedback on investigations.

There were enough nursing and medical staff to meet the needs of patients. Staff were aware of the correct safeguarding procedures should they suspect an incident of abuse.

The environment was clean and all equipment had been tested for safety in line with hospital policy.

Incidents

- Serious incidents known as 'Never Events' are largely preventable patient safety incidents that should not occur if the available preventative measures had been implemented. There has not been any never events in the out patients' department.
- Staff reported clinical or non clinical incidents on a written form. The forms are then entered by the Risk Manager onto the hospital electronic recording system.
- Staff told us they felt confident to report incidents when needed. They told us the department had a 'learning' not a 'blame' culture.
- Senior staff were able to talk through and show us reports of incidents that had occurred in the department and explained the changes that had been made as a result. For example, radiology staff were able to describe an ionising radiation incident, which had occurred two years ago and the action taken to minimise the risk of it recurring.
- There had been no recent incidents reported resulting from a patient undergoing a medical exposure (The Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) Regulation 4(5) to the Care Quality Commission.

Cleanliness, infection control and hygiene

- Clinical areas were visibly clean and tidy.
- Staff told us that domestic staff cleaned the clinic rooms daily. We saw checklists had been completed to indicate that areas had been cleaned.

Outpatients and diagnostic imaging

- In the eight consulting rooms we checked we found that all the examination curtains had been recently changed and had labels with the date they had been changed on.
- Toilet facilities and waiting areas were visibly clean and we found cleaning schedules had been completed.
- There were hand washing facilities and hand gel dispensers in every consultation room.
- Personal protective equipment (PPE), such as gloves and aprons, were available for staff.
- There were 'sharps' waste bins in all of the clinic rooms and none on them was more than half full.
- Overall for the hospital, 58% of staff had attended infection prevention and control in healthcare training.
- The ward had completed infection control audits for; use of personal protective equipment (PPE), use of sharps bins, clinical waste and hand hygiene.

Environment and equipment

- Equipment was appropriately checked and was visibly clean. Staff told us that there was adequate equipment available in all outpatient areas.
- The resuscitation equipment in the clinic had been regularly checked and maintained.
- In the radiology department we found that there was appropriate clothing and changing facilities for patients to change into for their procedure. Radiology staff had access to the appropriate protective clothing to prevent any harmful exposure to radiation.

Medicines

- The outpatients' services manager had recently put new procedures in place to improve the security of prescription pads.
- The department kept some prepacks of outpatient medicines and prescriptions, these were hand written and electronically recorded so that stocks levels could be maintained and audited. Some injections and vaccines were kept in a fridge and we saw records to ensure that their potency was maintained.
- All emergency drugs in outpatients were checked daily and were readily available in cupboards or on the resuscitation trolley. No patient group directives were used and prescriptions were written at the time of the patient's consultation.

Records

- Records for NHS funded patients were stored securely in the medical records department. Records for private patients were retained by the individual consultant. Staff told us that records for both groups of patients were always available for clinics.
- The hospital does not monitor its performance in how often patient records are available. This means that the hospital is unable to exhibit its apparent good performance in this area.
- The radiology service used a picture archiving and communication system (PACS) image which could be viewed via the intranet on computer terminals in any BMI hospital and via a remote access facility. Report results were available from the radiology management computer system where the report was typed.

Safeguarding

- The department had up to date policies and procedures for safeguarding both children and adults. This included the identified adult and children's safeguarding leads in the hospital and their contact details should staff need advice or guidance.
- The outpatients' clinical manager told us the department had not had any safeguarding issues or referrals in the last 12 months. However, the manager was able to demonstrate that the last safeguarding incident that had occurred in the department had been managed appropriately and in line with hospital and local authority policies and procedures.
- Staff were clear about what action they should take should they suspect that a patient was at risk or the subject of abuse.
- We noted that there was safeguarding information on the walls of the clinic for both staff and the public.
- The hospital had a chaperone policy, which was also summarised on posters throughout the department, for staff and patients to see. We found that where a chaperone had been used, this was recorded correctly in patients' notes.
- Patients we spoke with told us about occasions where they had been accompanied by a chaperone.

Mandatory training

- Most staff were up to date with their mandatory training with compliance mostly above 80%. However, some modules were below this. This included fire, moving and handling, ANTT (Aseptic non touch technique), acute

illness, phlebotomy, blood transfusion, medical gases, paediatric life support, basic life support, advanced life support and infection control and prevention in healthcare.

- Training was monitored online and each member of staff had a training account and received alerts by email when a training module was due. However, not every member of staff had access to an email account, as their account had become inactive due not being used. These staff had to be reminded in person and given access to a computer to update their training.
- Mandatory training was provided either face to face or on line, depending on the topic. We were told that cover was provided to allow staff to attend training when required. For example, staff who undertook online training at home were allowed to take it as 'time off' at a later date.

Assessing and responding to patient risk

- The manager told us that all patients, who attended the clinic, were seen when they arrived by the receptionist who would identify any patients who were unwell or at risk of becoming more seriously ill or falling and appropriate action would be taken.
- Staff told us that they had not had any training about how to identify sick or frail patients who came into the department. Most non clinical staff told us that if they had concerns about a patient, they would call the Urgent Care Centre which is located in the same building and ask a nurse or doctor to come and see the patient.
- Staff we spoke to were unclear about the correct procedure for dealing with vulnerable patients. For example, some said they would ensure an elderly and frail patient was chaperoned and possibly moved to the front of the consultants list. Other staff said that the order of a consultants list would never be changed.
- The 'Crash' team, who are responsible for immediately attending a patient who has stopped breathing or whose heart has stopped, held a meeting at 8.30am each morning to ensure that everyone was available in the building and each person was clear about their role in case any patients experienced respiratory or cardiac problems.

Nursing staffing

- The department has one Sister, two fulltime registered nurses, two part-time registered nurses, one fulltime health care assistant and two part-time health care assistants.
- There had been two vacant registered nurse posts for more than six months in the department. Staff and managers were unclear why this was the case. Some staff believed that the reason it had taken so long to fill the post was because the hospital was not attractive to potential candidates. Other staff told us that there had been a number of interested applicants but the corporate HR department had been too slow in 'progressing' their applications so candidates had taken other offers or lost interest.
- Although there were not enough nurses to cover all of the clinics, staff were able to describe how nurses were allocated to areas where there was a regular need for chaperones or nursing skills. For example, paediatrics, gynaecology and cardiology.
- Many staff had been working in the department for a long time. This meant they were experienced in working with the consultants and they told us they felt confident in supporting patients to ask consultants to clarify points about their treatment.

Medical staffing

- Every clinic was run by a consultant who saw everyone on their specific list.
- Clinic records we reviewed showed that consultants were always available, although they were on average three to four incidents of lateness each month.
- Managers told us that if a consultant was consistently late then they would be spoken with by the clinical manager. This had happened very rarely.
- Patients were always able to see the appropriate consultant for their medical condition.

Major incident awareness and training

- Generators were tested monthly and serviced six monthly.
- Emergency drills were conducted. A recent resuscitation drill showed findings showed there was a lack of understanding by staff on responsibilities which caused a five minute delay in their response time.
- Staff were aware of what to do in the event of a fire and were we told a drill had been done last year where evacuation was done by compartments (between each set of fire doors).

Outpatients and diagnostic imaging

- A corporate appropriate business continuity plan was in place defining responsibilities from a national to hospital level. BMI Blackheath Hospital had specific action cards in place for different scenarios such as loss of utilities, loss of staff, and loss of communication infrastructures with actions to take in their event. However these did not define individual staff responsibilities or how each service should respond.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate

The outpatient department was providing effective treatment for patients. Diagnostic imaging was effective in providing medical staff with prompt and accurate reports.

Treatment was always consultant lead. Consultants and other staff were following World Health Organisation (WHO), National Institute for Health and Care Excellence (NICE) and Royal College best practice.

Staff were unclear about their responsibilities in relation to the Mental Capacity Act 2005. They were unable to describe the correct procedure for obtaining consent from patients with limited capacity.

Evidence-based care and treatment

- Clinical staff we spoke to were aware of the NICE guidelines relevant to their specialist areas.
- From the six sets of medical records we examined, we did not find any evidence of poor clinical practice or guidelines not being followed.
- The hospital followed World Health Organisation (WHO) and Royal College of Radiologists guidelines for interventional radiology.
- We found that clinical equipment such as Ultrasound and Laser devices had been subject to regular and recent audit. Monthly audits are carried out on health and safety and infection control issues. The hospital told us the diagnostics departments carried out a programme of Ionising Radiation (Medical Exposure) Regulations (IRMER).

Pain relief

- Staff told us that patients were given the contact number of the consultant or their personal secretary to ring if they experienced pain after leaving the outpatient department.
- Some patients told us that they had been given the consultant's number but others said they had also been told to contact their GP if they experienced pain.

Patient outcomes

- Staff told us that diagnostic test results were available promptly to support consultations. We spoke with the radiology department manager, who told us that the department was well staffed and able to provide reports electronically within a few minutes for most cases. This means that patients can be diagnosed and treatment started on the same occasion the patient sees their consultant.

Competent staff

- Staff we spoke with were competent and knowledgeable in explaining their specialist areas. For example, the cardiology clinic had specially trained cardiac technicians, who were able to analysis test results from data stored on cardiac monitors.
- Nursing staff tended to be generally trained and operate in all of the specialist areas. This allows them to cover any of the Outpatients' clinics.
- All staff had participated in an annual appraisal in the last 12 months. However, most staff had not had their objectives set for the current business year which had started in October 2014. During their appraisal, staff were asked to identify how they could develop their performance in the future.
- Managers told us that 9 out of 11 radiology staff were up to date with their appraisals.
- All newly appointed staff in the department had completed an induction programme which included mandatory training as well as an overview of hospital practices and procedures.

Multidisciplinary working

- There were good examples of multidisciplinary working in the cardiology clinic where cardiologists worked alongside cardiac technicians.
- We observed consultants and nurses working well together to undertake minor surgical procedures in the clinic.

Outpatients and diagnostic imaging

Seven-day services

- The outpatient service was open six days a week from 8am to 8pm.
- The radiology department was open from 8.30am to 8.30pm Monday to Friday and 8.30am to 1pm on Saturdays. If an outpatient needed radiology on Saturday afternoons or a Sunday this would be undertaken at the nearby main hospital site.

Access to information

- The radiology service used a picture archiving and communication system (PACS) image which could be viewed via the intranet on computer terminals in any BMI hospitals and via a remote access facility. Report results were available promptly from the radiology management computer system where the report was typed.
- Health records were kept by consultants who brought them to each appointment or in the case of NHS funded patients were collected and returned to the referring NHS hospital.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients we spoke with told us they had been asked for their consent prior to any procedure being carried out. They told us that staff always explained any procedure before carrying it out.
- We examined six sets of patient notes and found that, where consent should have been recorded, there was a correct record of the patient's consent.
- The cardiology technician was able to describe the consent process for cardiology procedures, such as asking a patient to run on a treadmill while linked to a heart monitor. We found that consent forms for cardiology procedures were available and properly completed.
- Staff were unclear about their responsibilities in relation to the Mental Capacity Act 2005. They were unable to describe the correct procedure for obtaining consent from patients with limited capacity.

Are outpatients and diagnostic imaging services caring?

Good

Patients were treated with compassion, dignity and respect. All patients told us that their experience in the department was very positive. One person said "it's easy to make an appointment, I always get an appointment within a couple of days", another said "whenever my doctor is examining me, he is gentle and kind and as thorough as I would expect him to be".

Generally patients privacy was respected and maintained. Patients were kept up to date on their diagnosis and treatment plans. People were involved in the planning of their care.

Compassionate care

- Patients were treated with compassion, dignity and respect. For example, we observed reception staff being polite and taking time to explain the process to patients and their relatives.
- We observed doctors, nurses and support staff speaking to patients in a dignified way; they greeted them and introduced themselves by name.
- All patients told us that their experience in the department was very positive. One person said "It's easy to make an appointment, I always get an appointment within a couple of days", another said "Whenever my doctor is examining me, he is gentle and kind and as thorough as I would expect him to be".
- Patient consultations took place in private rooms and we noted that sensitive information was never discussed in public areas. On one occasion, we were able to hear a consultation taking place while we were sat outside of the room with the door closed.

Understanding and involvement of patients and those close to them

- Patients we spoke with said they felt they were involved in their care. For example, they said they had been told about the side effects of any medicines they were prescribed and were given a choice about which medicines would be the best for them.

Outpatients and diagnostic imaging

- There was a range of written information available for patients in the outpatient waiting areas. Some of these leaflets had been produced by the hospital and others had been produced by professional organisations.
- Patients' families or carers could accompany them for their consultation.

Emotional support

- Staff told us they would support patients who had received bad news by taking them to a quiet room and giving them the time to talk about their feelings.
- The outpatient department did not have a process for providing patients with additional emotional support such as cancer support groups or community support groups.
- One patient said about their consultant, "He speaks to me as an intelligent adult and not an idiot, yet makes sure that I fully understand what he's talking about".

Are outpatients and diagnostic imaging services responsive?

Good

Patients did not experience long waiting times to see a consultant: NHS patients were usually seen within four weeks of being referred and private funded patients normally within a few days of referral.

The department was accessible for people who used a wheelchair and a range of information leaflets were available for patients.

Information on how to complain was easily available in the waiting areas. Most complaints were about parking tickets and treatment costs. There were very few complaints about the quality of care and treatment.

Service planning and delivery to meet the needs of local people

- Staff told us that patients would usually obtain an appointment to see a consultant within a few days of receiving a referral from their GP.
- The managers we spoke with told us that the hospital does not monitor how long patients wait to see their consultant once they have arrived at the clinic.
- The service was looking to increase the number of children who attend the outpatient department.

Access and flow

- Access to appointments was fast and patients told us that they were very satisfied with the length of time it had taken for them to be seen following referral from their GP.
- NHS funded patients were managed in line with other NHS patients who should start their treatment within 18 weeks of being referred by their GP. The Patient Referral Treatment (RTT) pathway is monitored via the management reports produced by BMI's Information Management Unit. Managers told us that the hospital was meeting the RTT targets.
- The department had very low rates of patients not attending booked appointments. The average rate is well below 5%.
- We were told that on average, privately funded patients waited around one week to be seen in the OPD from their referral date. The department did not audit the waiting times of their private patients so we were unable to verify this. However, all of the patients we spoke with had been seen within two weeks of referral.
- The hospital saw NHS funded patients using the Choose and Book referral system. Data collected for the six months prior to the inspection for these patients showed that the average wait for attending their first appointment was 22 days.
- Staff we spoke to, including the consultant's medical secretaries, who were responsible for sending letters to GPs once written by the patient's consultant, were clear about the process for preparing and sending these letters. Although managers stated that there were no processes in place to ensure this happened or monitor performance. This creates a risk that if letters are not sent out, it will not be spotted.

Meeting people's individual needs

- The outpatient areas were accessible to all patients including those who used wheelchairs who were able to use a lift to get to the first and second floors. There was sufficient seating in all clinics.
- The department had an additional wheelchair available at the ground floor entrance for patients to use should it be needed.
- The chairs in the waiting rooms were suitable for people who had difficulty sitting down and getting up.
- Staff were unaware of a system for obtaining an interpreter should they need one. Staff told us that this situation had never arisen in the department.

Outpatients and diagnostic imaging

- Staff did not display a good knowledge of how they would deal with patients who were suffering from memory issues or were living with dementia. Staff told us that they had very few patients with these needs and they always attended with a friend or family member. This creates a risk that patients with special needs will not receive the care they need

Learning from complaints and concerns

- Information on how to complain was easily available in the waiting areas. Staff were aware of the process should a patient wish to make a complaint.
- We were told that informal complaints were managed by the clinical manager of the department. If they were unable to resolve the complaint satisfactorily, they would undertake a full investigation which would include liaising with the relevant consultant.
- The manager told us that most complaints were about parking tickets and treatment costs. There were very few complaints about the quality of care and treatment.
- A staff member was able to describe a situation where the hospital had identified a patient who had hearing difficulties in advance and was able to arrange a sign language interpreter for the consultation.
- There was a range of written information available for patients in the outpatient waiting areas. Some of these leaflets had been produced by the hospital and others had been produced by professional organisations

Are outpatients and diagnostic imaging services well-led?

Requires improvement

Staff were focused on providing a good experience for patients. They told us t they felt supported by their local managers and had confidence in the new Executive Director. Hospital managers are responsive and approachable and hold regular meeting with staff to ensure they have the opportunity keep up to date on changes and contribute their own views.

The hospital monitors some aspects of the service but does not collect information related to d waiting times and letters being sent to GPs.

Vision and strategy for this service

- Staff were clear about the vision for the department. However, they felt that the focus was on cost saving rather than patient outcomes.
- Staff told us that there had been a number of hospital wide briefing sessions about the future direction of the hospital. Most of the staff we spoke to had been to these briefings.
- Staff were not aware of a specific vision and strategy for the outpatients' department.

Governance, risk management and quality measurement

- There was clarity about who was responsible for the clinical and non-clinical performance of the department. For example, the clinical manager was clear it was her responsibility to speak to any doctors who were being persistently late for clinic.
- Managers we spoke to were not aware of performance in their areas of responsibility, although they hospital told us they regularly received performance information. None of them were able to describe what good performance looked like.
- The hospital monitored referral to treatment times and had a low non attendance rate at appointments but staff were unaware of any other key performance indicators set for their clinics. For example waiting times in clinics and the management of appointment letters.

Leadership of service

- Staff working in the department told us that they felt able to discuss a range of issues with their line manager and felt able to contribute to the running of the department.
- Clinic staff were focused on providing a good experience for patients. Staff told us that they felt supported by their local clinical managers and had confidence in the new Executive Director.
- Most staff told us that they felt supported by middle and senior managers.

Culture within the service

- Clinic staff we spoke with said they were patient focused and aimed to provide a good service for patients.
- All staff we spoke to said there was an open culture in which they were encouraged by their line managers to raise and report concerns. Although the hospital had a Whistleblowing policy staff and managers we spoke with were not unaware of it.

Outpatients and diagnostic imaging

- We observed that staff worked well as a team and they spoke about supporting each other and helping out as required to ensure clinics ran effectively.
- All staff we spoke to said that the department was a good place to work and morale was high.

Public and staff engagement

- Patients attending outpatients' clinics were able to provide feedback completing forms available in waiting areas. This feedback was analysed and published by an independent survey company.
- Patient survey forms were also sent out by post to a cross sample of patients. This allowed the department to collect numerical and qualitative information from patients. This information was analysed by an independent company who provided a detailed report. However, staff were unable to describe what had been in these reports, which means the information was not being used to create improvement.
- We examined the records for the survey conducted in December 2014. To the question "How likely are you to recommend our service to friends and family if they needed similar care or treatment?", 98.9% of patients would recommend the service.
- None of the managers or staff were aware of how well they were performing in these surveys although the hospital told us they received this information.

Innovation, improvement and sustainability

- Staff and managers in the department were unable to give any examples of innovation or service improvement.

Outstanding practice and areas for improvement

Outstanding practice

- In May 2014 the Oncology Suite achieved the Macmillan Quality Environment Mark

Areas for improvement

Action the hospital MUST take to improve

- Review and improve its systems to monitor and improve the quality of care for all of the services it provides. This includes reviewing its risk register to ensure all clinical risks are recorded.
- Improve attendance at infection prevention and control (IPC) training and compliance with IPC policies
- Take action to improve the arrangements for decontamination in the endoscopy unit and the environment and hand washing facilities in inpatient areas to ensure they comply with national guidance.
- Clarify the level of care it provides and ensure it complies with national standards and accurately reflect this in any information provided to patients, members of the public and NHS commissioning groups.
- The provider must ensure staff are aware of their responsibilities in relation to the Mental Capacity Act 2005 and Do Not Attempt Cardio-Pulmonary Resuscitation orders.
- Provide training and support for staff to care for patients living with dementia or who have learning difficulties. .

Action the hospital SHOULD take to improve

- Continue to recruit to vacant manager/lead posts
- Review the resources and training for staff ,including medical staff, for children and young
- people
- Ensure that information about patients care and treatment is recorded and is accurate and that
- staff are aware of the possible risks for patients if this is not done.
- Review and develop care pathways for patients admitted with medical conditions.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose The provider does not provide Level 2 critical care as defined by the Faculty of Intensive Care Medicine standards 2013. The provider must amend their Statement of purpose to ensure it accurately reflects the services it provides for the purpose of the carrying on regulated activities. (Regulation 12) Care Quality Registration Regulations 2009 HSCA 2008 (Regulated Activities) 2010

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The environment for decontamination in the endoscopy unit does not meet national standards published in 2012. The inpatient environment and hand washing facilities are not in line with best practice guidance. The uptake of training in Infection Prevention and Control training was low. The provider must review and improve attendance at training. Regulation 8 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Regulated activity	Regulation

This section is primarily information for the provider

Compliance actions

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Staff were unaware of their responsibilities in relation to the Mental Capacity Act 2005 and Do Not Attempt Cardiopulmonary Resuscitation orders.** **The provider must consider the formal arrangements required to support patients living with dementia or learning difficulties. This must include appropriate arrangements required to support patients living with dementia or learning difficulties training and monitoring processes for the assessment of people who lack capacity to consent.** **Regulation 18 Health and Social care Act 2008(Regulated Activities) Regulations 2010**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **The provider must review and develop its systems to monitor and improve the quality and safety of care for all of the services it provides.** **Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**