

## **Inspection Report 2009/2010**

### **The Portland Hospital for Women and Children**

*205-209 Great Portland Street*

*London*

*W1W 5AH*

#### ***Introduction***

Certain independent healthcare providers in England must be registered with the Care Quality Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Care Quality Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

#### ***Background***

The Portland Hospital for Women and Children is registered with the Care Quality Commission as an acute hospital with overnight beds and is part of the HCA International group. The hospital provides outpatient, diagnostic and treatment facilities for maternity services, gynaecology, children's services and neonates. There are supporting services of imaging and pharmacy. Pathology services are provided by the central HCA laboratory off site. There is one emergency obstetric theatre and three theatres for planned procedures.

The hospital is situated in Central London with good access to public transport. There is a main hospital site with two other sites nearby providing outpatient services and consulting rooms. There is wheelchair access to all patient areas.

This inspection was triggered by the appointment of a new hospital manager - she will complete the Care Quality Commission registration process. Concerning information had also been provided to the Commission. The standards to be reviewed were based on a risk assessment of the self assessment and accompanying evidence provided in late 2009. Where standards were not inspected sufficient evidence was provided that these standards were being met.

This inspection took place on 18 January 2010, and was announced.

#### ***Main findings***

Overall, The Portland Hospital for Women and Children was providing a service that meets the needs of its patients within an environment that was clean and well maintained. A refurbishment programme is underway at present. All staff interviewed were helpful, professional and courteous. Quality assurance, integrated governance and risk management systems were in place with audits taking place on a regular basis. There was evidence of effective action following incidents and complaints. The concerns that triggered the inspection had been recognised and immediate and suitable action taken.

Two requirements have been made at this inspection - both were discussed and these matters will be actioned.

### **Registration Categories**

This registration is granted within the following categories only

Description	Service Category
Independent Hospital	IH
AH Acute Hospital (Overnight)	AH
Maternity hospitals/clinics	MAT
Abortion Clinics	TOP

### **Conditions of registration**

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

Condition	Assessment
None	

### **Assessments**

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Care Quality Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Care Quality Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

Standard met	Achieving the required levels of performance in all aspects of the standard
Standard almost met	Not achieving the required levels of performance in some aspects of the standard
Standard not met	Significant action is needed to achieve the required levels of performance
Not inspected	This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?

### ***Types of Standards***

Each standard number is prefixed by a letter denoting the type of standard it represents:

- C Core Standards
- A Acute Hospitals
- M Mental Health Establishments
- H Hospices
- MC Maternity Hospitals
- TP Termination of Pregnancy Establishments
- P Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
- PD Private Doctors

### ***Requirements***

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Care Quality Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Care Quality Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

## ***Assessments and Requirements***

### ***Safety***

Number	Standard Topic	Assessment
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Number	Standard Topic	Assessment
C13	Child Protection Procedures	Not inspected
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Standard met
C22	Medicines Management	Not inspected
C23	Ordering and Storage of Medicines	Not inspected
C24	Controlled Drugs	Standard met
C25	Infection Control	Standard met
C26	Medical Devices and Decontamination	Standard met
A10	Infection Control	Standard met
A11	Decontamination	Not inspected
A33	Responsibility for Pharmaceutical Services	Standard met
A34	Ordering, Storage, Use and Disposal of Medicines	Not inspected
A35	Administration of Medicines	Not inspected
A36	Self administration of Medicines	Not inspected
A37	Medicines Management	Not inspected
A38	Aseptic Dispensing, Non Sterile Manufacture and Repacking	Not inspected
A39	Storage and Supply of Medical Gases	Standard almost met
MC2	Infection control	Standard met
TP5	Emergency procedures	Not inspected
P3	Safe operation of lasers and intense pulsed lights	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	A39	18(2)	<p><b>Findings:</b> Records to demonstrate which staff had attended training in the safe handling of medical gases were not available.</p> <p><b>Action required:</b> The registered person must ensure that records of training in the management of medical gases are maintained so that staff, patients and the public are not placed at risk by mishandling of medical gases.</p>	31 January 2010

## Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Standard met
A14	Meeting the Psychological and Social Needs of Children	Not inspected
A15	Staff Qualifications, Training and Availability to Meet the Needs of Children	Not inspected
A16	Facilities and Equipment to Meet the Needs of Children	Not inspected
A17	Meeting Children's Needs During Surgery	Not inspected
A18	Pain Management for Children	Not inspected
A19	Transfer of Children	Not inspected
A20	Documented Procedures for Surgery – General	Not inspected
A21	Documented Procedures for Surgery – Patient Care	Not inspected
A22	Anaesthesia and Recovery	Not inspected
A23	Operating Theatres	Not inspected
A24	Procedures and Facilities Specific to Dental Treatment under General Anaesthesia Facilities	Not inspected
A25	Cardiac Surgery	Not inspected
A26	Cosmetic Surgery	Not inspected
A27	Day Surgery	Not inspected
A28	Transplantation	Not inspected
A29	Arrangements for Immediate Critical Care	Not inspected
A30	Level 2 or Level 3 Critical Care within the Hospital	Not inspected
A31	Published Guidance for the Conduct of Radiology	Not inspected
A32	Training and Qualifications of Staff Providing Radiology Services	Not inspected
A40	Management of Pathology Services	Not inspected
A41	Pathology Services Process	Not inspected
A42	Quality Control of Pathology services	Not inspected
A43	Facilities and Equipment for Pathology Services	Not inspected
A44	Chemotherapy	Not inspected
A45	Radiotherapy	Not inspected
MC1	Human Resources	Not inspected
MC4	Antenatal care	Not inspected
MC5	Additional standards for midwife led units	Not inspected
MC6	Childbirth	Not inspected
MC7	Maternal death or stillbirth	Not inspected
MC8	Care of the newborn	Not inspected
P2	Training for staff using lasers and intense pulsed lights	Standard almost met

No	Standard	Regulation	Requirement	Time scale
1	P2	42(2)	<p><b>Findings:</b> The actions required following the Laser Protection Advisor's report had not been completed.</p> <p><b>Action Required:</b> The registered person must ensure that the outstanding actions required by the Laser Protection Advisor are carried out to ensure the patients receive laser treatment in safe environment and by appropriately trained operators.</p>	31 March 2010

## Governance

Number	Standard	Assessment
C7	Policies and Procedures	Not inspected
C8	Role and Responsibilities of the Registered Manager	Not inspected
C9	Human Resources Policies and Procedures	Not inspected
C10	Practising Privileges	Standard met
C11	Compliance with Professional Codes of Conduct	Not inspected
C12	Health Care Workers and Blood Borne Viruses	Not inspected
C16	Worker's Concerns	Not inspected
C28	Contracts	Not inspected
C29	Records Management	Not inspected
C30	Completion of Health Records	Standard met
C31	Information Management	Not inspected
C32	Research	Not inspected
A3	Qualifications of all Medical Practitioners	Not inspected
A4	Qualifications and Experience of Medical Practitioners Undertaking Independent Private Practice (i.e. without supervision, commonly known as "Consultants")	Standard met
A5	Practising Privileges and the Medical Advisory Committee	Standard met
A6	Resident Medical Officers	Not inspected
A7	Allied Health Professions	Not inspected
A8	Training, Experience and Qualifications of Staff	Not inspected
MC3	Records management	Not inspected
TP3	Privacy and confidentiality	Not inspected
TP4	Respect for fetal tissue	Not inspected
P1	Procedures for use of lasers and intense pulsed lights	Not inspected

No	Standard	Regulation	Requirement	Time scale
			No requirements in this domain	

## **Patient focus**

Number	Standard	Assessment
C1	Information for Patients	Not inspected
C2	Patient Centred Care	Not inspected
C5	Care of the Dying	Not inspected
C14	Complaints Process	Standard met
C15	Information for Patients about Complaints	Standard met
C19	Catering Services for Patients	Not inspected
C27	Resuscitation	Not inspected
A1	Information for Patients	Not inspected
A2	Advertising	Not inspected
A12	Resuscitation	Standard met
A13	Resuscitation Equipment	Not inspected
TP1	Quality of treatment and care	Not inspected
TP2	Information for patients	Not inspected

No	Standard	Regulation	Requirement	Time scale
			No requirements in this domain	

### ***Accessible and responsive care***

Number	Standard Topic	Assessment
C6	Patient's Views	Not inspected

No	Standard	Regulation	Requirement	Time scale
			No requirements in this domain	

### **Care environment and amenities**

Number	Standard Topic	Assessment
C17	Health Care Premises	Standard met
C21	Health and Safety Measures	Standard met
A9	Health and Safety	Not inspected

No	Standard	Regulation	Requirement	Time scale
			No requirements in this domain	

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