

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## The Belvedere Private Hospital

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We followed up on previous inspections to check that action had been taken to meet the following standard(s). We have not revisited The Belvedere Private Hospital as part of this review because The Belvedere Private Hospital were able to demonstrate that they were meeting the standards without the need for a visit. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Requirements relating to registered managers</b>	✓	Met this standard

## Details about this location

Registered Provider	The Pemberdeen Laser Cosmetic Surgery Clinic Limited
Overview of the service	The Belvedere Private Hospital is an independent hospital which provides cosmetic surgery and is situated in the London borough of Greenwich.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activity	Surgical procedures

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'*

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## Summary of this follow up review

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### Why we carried out this review

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We asked the provider to send us a report of the changes they would make to comply with the standards they were not meeting.

We have followed up to make sure that the necessary changes have been made and found the provider is now meeting the standard(s) included within this report. This report should be read in conjunction with the full inspection report.

We have not revisited The Belvedere Private Hospital as part of this review because The Belvedere Private Hospital were able to demonstrate that they were meeting the standards without the need for a visit.

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### How we carried out this review

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We looked at the personal care or treatment records of people who use the service and reviewed information given to us by the provider.

We have not revisited The Belvedere Private Hospital as part of this review.

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### What we found about the standards we followed up

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We inspected the service in order to check that the service was compliant with expected standards. During an inspection at the hospital in April 2014, when we visited the hospital, observed care and looked at records, we found that the provider had addressed our concerns in the way the hospital managed medicines, planned care and treatment, recruited staff and maintained care records. During our recent review of the service, in August 2014, we asked the provider to send us documents so we could check that the provider had addressed concerns in other areas. We did not visit the hospital on this occasion.

We found the provider was meeting the six standards we have reviewed.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard reviewed

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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At previous inspections we found people were not given appropriate information and support regarding their treatment. For this review, we looked at documents sent to us by the provider and found that suitable arrangements were in place to enable people to make decisions about their treatment.

People had an initial consultation with a surgeon, who discussed their treatment options and informed them of the risks of any proposed procedure. They also met a patient coordinator, who answered queries and gave them the Patient Guide, which explained the consultation and consent process. Patients were given at least seven days to reflect before making a decision to go ahead with surgery. When patients attended pre-assessment, which we were told was usually two weeks before their surgery date, the nurse gave them the consent form. We looked at examples of consent forms, which explained in detail the risks associated with the proposed procedure. We were informed that if people changed their mind at this stage they would receive a full refund. They had the option at any stage to telephone the hospital for further information or to book further consultations with the surgeon, patient coordinator or nurse. These arrangements meant that people who were using the service were given the information they needed to make an informed decision.

People were asked their views about their care and treatment and this information was used to improve the service. Patients were given a questionnaire to complete at the end of their stay, which is then reviewed by the manager to identify any areas of concern.

We were informed that all appointments were conducted in private rooms. The principles of patient confidentiality were included in the staff induction process.

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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The provider had a safeguarding policy for vulnerable adults which outlined the responsibilities of staff to report any concerns they had about a vulnerable adult. There was a whistleblowing policy in place to ensure that staff members felt confident in reporting any concerns. These policies were discussed during induction. The manager was responsible for looking into any concerns and contacting the relevant local authority. We saw evidence that staff were booked to attend safeguarding training, and were informed that the provider intended to renew this training every three years in accordance with the Core Skills Framework guideline.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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At a previous inspection the provider had not been able to provide reassurance that they had taken action in response to the report of a fire inspection which took place on 6 September 2012.

This time, during our review, we saw evidence of the steps taken to comply with the fire officer's recommendations and to meet fire safety regulations.

The manager described the fire equipment and processes in place to protect people in case of a fire. There were fire detectors installed in each area, fire extinguishers were located in visible areas, and there were break glass call points at each exit to enable staff to raise the alarm in the event of a fire. We saw certificates for checks to fire detectors dated June 2013 and checks to fire extinguishers dated March 2014. Fire evacuation plans were displayed in each room, which identified the fire assembly point and the manager informed us that there were slide sheets available to carry people who were unable to exit the building on their own. This meant there were appropriate measures in place to protect people in the event of a fire.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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When we inspected the hospital on previous occasions, we found that there were not always enough suitably qualified and experienced staff to meet people's needs. We asked the provider to send us information about staffing to check that improvements had been made.

The provider informed us about staffing arrangements when procedures were carried out at the theatre at The Belvedere Hospital. There were two registered nurses and a registered medical officer (RMO) on the ward, two scrub nurses, an operation department practitioner, an anaesthetist, a surgeon, and a recovery nurse in theatre and the recovery room. In addition, there was a porter on duty and the manager acted as the circulating nurse. If a patient was staying overnight an RMO and a nurse were on duty. The deputy manager, who was a permanent member of staff, conducted all patient pre-assessments and follow-up appointments.

We looked at rotas for June and July 2014 which indicated that these staffing arrangements were in place. We saw evidence to corroborate this from four time sheets completed by staff for July, and from a page from the signing in book, which matched the rota for a day in July.

The staff on the rota for the wards and theatre were usually bank staff. There was an agreement with agencies for the supply of the additional staff when this was required, and the same agency staff members were booked on a regular basis.

The manager informed us that when they felt that staffing levels were not safe, for example if there was unexpected sickness, they postponed the procedure and asked the patient to return another day. They told us that they were in the process of making contingency plans in the rare event that a patient might require an unplanned overnight stay, and were identifying nearby hospitals which might provide a bed if necessary.

There were checks on the professional registration and qualifications of permanent and bank staff and the manager had developed a spreadsheet to record that they had viewed this information. Agencies were requested to provide the NMC/GMC registration, and NMC statement of entry confirming their qualifications. We saw examples of the information provided by bank staff and agencies to confirm professional registration and qualifications.

The head of the medical advisory committee for the hospital was responsible for making decisions about which surgeons worked at The Belvedere Hospital.

We concluded that there were processes in place to ensure there were enough suitably qualified staff.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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During previous inspections the provider informed us about the training they considered to be mandatory for their staff, but had been unable to show us evidence that staff had received an induction or had completed the training programme.

This time, during our review, we found there were suitable arrangements in place to support staff. The newly appointed manager informed us that they or their deputy provided an induction for all new staff at the beginning of their first shift. We saw four examples of the checklist for induction of bank or agency staff, which were signed by the member of staff and the manager or deputy manager. This checklist included the crash trolley, the location of emergency drugs, emergency exits, fire extinguishers and alarms. There was also an introduction to staff on duty. We reviewed the staff handbook, which was given to permanent and bank staff as part of their induction. The handbook listed human resources policies and procedures, including bullying and harassment and whistleblowing policies.

The manager had reviewed the mandatory training needs of permanent and bank staff. We saw the training matrix, which listed the training undertaken by each member of staff, and that which was outstanding. According to the spreadsheet, most permanent and bank staff had received training in basic life support, infection control, health and safety and fire safety, although refresher training was overdue for some staff. There was no evidence that most staff had received other training, such as safeguarding adults and equality and diversity. The manager provided evidence that they had booked training with an external company for September 2014 for 12 members of staff. The manager informed us they would review and update the training matrix monthly.

We saw the forms used for annual appraisals and reviews. The provider may find it useful to note that we did not see evidence that appraisals had been regularly undertaken. The manager informed us they had begun to book dates with staff for their appraisals. We were informed there was also an opportunity for staff to raise issues at staff meetings. Although there were no notes kept of these meetings, we saw a record of a staff meeting attended by seven permanent and some bank staff at the end of May 2014.

The head of the medical advisory committee for the hospital was responsible for checking that surgeons were undertaking continual professional development.

## Requirements relating to registered managers

✓ Met this standard

Services must be managed by people who are honest, reliable and trustworthy. They must also have the right skills, experience and qualifications to do the job

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### Our judgement

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The provider was meeting this standard.

The provider had taken steps to ensure that people who use the service had their needs met by an appropriate person.

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### Reasons for our judgement

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The previous manager was registered with the Care Quality Commission as required, in February 2014. This manager had resigned shortly before this compliance review. However, a new manager had been employed and an application submitted for them to be the registered manager for the service. The provider had taken steps to ensure that people who use the service had their needs met by an appropriate person.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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