

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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Date of Inspection: 08 January 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Management of medicines



Enforcement action taken

Requirements relating to workers



Enforcement action taken

Records



Enforcement action taken

Details about this location

Registered Provider	The Pemberdeen Laser Cosmetic Surgery Clinic Limited
Overview of the service	The Belvedere Private Hospital provides cosmetic surgery procedures.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activity	Surgical procedures

Contents

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 inspection

Why we carried out this inspection

We carried out this inspection to check whether The Belvedere Private Hospital had taken action to meet the following essential standards:

- Management of medicines
- Requirements relating to workers
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 January 2013 and talked with staff.

What people told us and what we found

We previously inspected this service on 07 November 2012 in order to check on issues we had identified at earlier inspections. At our inspection of 07 November 2012 we found the provider was not meeting several essential standards. The provider was not storing records securely and they were not kept accurately in all cases. The provider had not carried out checks in all cases to ensure only suitable staff were employed by the service. We wrote to the provider and asked them to address these issues and we returned on 08 January 2013 to check they had done so. At our 08 January 2013 inspection we found the provider remained non-compliant with these issues.

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

What we have told the provider to do

We have taken enforcement action against The Belvedere Private Hospital to protect the health, safety and welfare of people using this service.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website 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 inspected

Management of medicines

✘ Enforcement action taken

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

At our inspection of 07 November 2012 we found continued non-compliance with issues involving medication, including out of date medication and the way controlled drugs were managed. When we inspected the service on 08 January 2013 we found further evidence that the provider had not addressed these issues.

Out of date medicines and surgical sutures were not disposed of appropriately. At our inspection on 08 January 2013 we found sutures that expired in July 2012 were available on a trolley in the operating theatre. Other sutures expired at the end of December 2012 and had not yet been removed from the trolley in preparation for surgical procedures which the provider told us were booked for the day after our inspection. We also found two separate boxes of an emergency drug available on the resuscitation trolley in the ward area of the hospital, both were out of date. Although none of the people using the service were currently admitted to the hospital, people were attending the hospital for consultations on the day of our inspection, and we were told that surgical procedures were arranged for the following day. Therefore there was a risk to the health, safety and welfare of people as out of date emergency medication was available for use.

The correct arrangements were not in place to ensure that medicines were kept safely. The provider had failed to have in place an appropriate person as the hospital's Controlled Drugs Accountable Officer (AO) which is a regulatory requirement. The person nominated for this role did not meet the requirements of the role, as set out in the regulations, because they handled controlled drugs on a regular basis and were not in a senior position within the organisation.

Requirements relating to workers

✘ Enforcement action taken

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

We could not be sure that people were cared for, or supported by, suitably qualified, skilled and experienced staff because the provider had not carried out the required pre-employment checks.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

When we inspected the service on both 13 September and 07 November 2012 we found that appropriate checks were not made on all staff before they started work at the hospital. The provider had not undertaken a criminal records check for some of the staff before they started at the hospital. The provider wrote to us and told us they would take action on this issue. We checked on 07 November 2012 to see if action had been taken and found that appropriate checks were not always undertaken before staff began work. There was no risk assessment or policy in place to ensure that only suitable people were employed by the service and that people's continued suitability to be employed was monitored. We asked the provider to address these issues.

At our inspection of 08 January 2013 we found appropriate checks were not undertaken before staff began work. There was no evidence that criminal records checks had been applied for on the files of the two permanent employees at the hospital. Both permanent employees work unsupervised with people using the service at times. The manager told us that both staff members had previous criminal records checks, although we did not see these, which were done by the agency that they were originally contracted through. However there was no evidence on file that new checks had been applied for since our last inspection on 07 November 2012.

The provider had a criminal records check Risk Assessment policy in place which said that, for staff for whom no criminal records check had been obtained: "all areas must be reviewed with the member of staff every calendar month until the criminal records check has been received, ensuring all details are relevant and current". There was no evidence available to confirm that this risk assessment had taken place since either permanent staff member was employed.

There was further evidence that appropriate checks were not undertaken before staff began work. The file of one permanent staff member did not contain any employment

history and did not contain references. A checklist at the front of the file indicated that a utility bill showing the person's current address had been requested, as well as other information but there was no evidence that this had been provided. The person began to work for the provider on a permanent contract on 27 November 2012 without this information in place. The file of another permanent member of staff contained a reference which was obtained by the employee and was addressed 'to whom it may concern' and had not been requested by the hospital. There was one reference request from the hospital on file which had not been responded to by the referee. This meant that the provider had failed to carry out the required checks on employees.

Records

✘ Enforcement action taken

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because the provider did not maintain accurate and appropriate records.

We have judged that this has a major impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

At our inspection on 13 September 2012 we found records were not always kept securely. At our inspection of the service on 07 November 2012 we found people's treatment files were not stored securely and records were not accurate and fit for purpose. We asked the provider to take action to address these issues.

At our inspection of 08 January 2013 we found that people's personal records including medical records were not all accurate and fit for purpose. For example the front sheet of a person's inpatient prescription chart had not been completed with details of their drug allergy. The person's drug allergy was recorded in another part of their file, and the information was missing from the prescription chart and therefore not available immediately to staff prescribing or administering medication. This increased the risk of a person receiving unsuitable medication.

The operating theatre ledger, which contained a record of people's surgical procedures and the staff who cared for them during surgery, was not fully completed for December 2012. For example, on two occasions during December 2012 there was no record of which anaesthetist had been responsible for administering the person's general anaesthetic. We were able to trace these details in the individuals' medical records, but the information was missing from the central register and therefore there was a risk that individual people's information could not be verified if required.

There were also ten entries of operations carried out in December 2012 where no staff member had been recorded as being the anaesthetic nurse for the procedures. We were able to identify the anaesthetic nurse from individual medical records for a sample of people in all but one case. In this case there was no record of who carried out these duties either in the operating theatre ledger or the individual medical notes. This meant that there was a possibility that no nurse had performed this role during the surgery which presented a risk to the health and safety of the person using the service. Alternatively it meant that there was a lack of accountability: if a staff member had performed this role and there had

been any need to identify the staff involved in a procedure, this could not have been done.

There were gaps in recording in people's theatre notes. One consent form had not been completed for a general anaesthetic. There were examples of the theatre care pathway records not being completed fully. For example the patient safety checklist for one person had not been signed by the anaesthetist or anaesthetic nurse to confirm pre-anaesthetic safety checks were carried out, although some items on the checklist were ticked, including the presence of a consent form. The part of the checklist relating to the checks prior to surgery starting were not signed by the surgeon and the sign out sheet before the patient left the operating theatre was not fully completed regarding recovery and post operative care responsibility. This meant that there was a risk of correct information not being available. For one person who had implant surgery on 18 December 2012 the stickers recording the make and type of their implant had not been applied to the record book but were tucked loose inside the book, and were labelled only with the person's first name. This meant the information could have been lost or wrongly recorded and not available for future reference.

Records of daily / weekly temperature checks on the medication fridge in the anaesthetic room were not all fully completed for December 2012: only one recording had been taken on 18 December 2012. This meant we could not be sure if medications had been stored at the correct temperature and would be effective.

Staff records and other records relevant to the management of the services were not accurate and fit for purpose. The operating theatre rotas did not contain the full names of all staff working, and did not always contain the names of any agency staff who worked in theatres. For example, there was no entry in the theatre ledger for the anaesthetic nurse when a person had surgery on 12 December 2012. However an agency nurse had signed the person's medical records as being the anaesthetic nurse for the operation. The agency staff's name was not recorded on the theatre staffing rota. There was a record of this agency staff signing in to work at 08.00 on the day of the person's operation, but no record as to when they left the hospital.

Records were not all kept securely and could not all be located promptly when needed. The theatre staff rota for the 18 December 2012 when surgery was carried out for two people was not available at the time of inspection. On the 08 January 2013 two inspectors were able to enter the hospital, and the operating theatre, and access confidential patient information without being challenged by staff for a period of 15 minutes, despite signing in as visitors and ringing the door bell.

The staff signing in and out records did not accurately represent the times staff entered and left the hospital building. For example a staff member had signed in on 10 and 11 December at 09.00 but there was no record that they had signed out on either day, and no record that they had stayed overnight at the hospital. This issue had been previously highlighted to the provider, as it represented a risk to health and safety in the event of evacuation of the building, and safety and security of people who received treatment. However, action had not been taken to address this issue.

This section is primarily information for the provider

✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

Imposition of condition of registration	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Surgical procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010
	Management of medicines
	<p>How the regulation was not being met:</p> <p>The provider did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. Regulation 13</p>
Imposition of condition of registration	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Surgical procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010
	Requirements relating to workers

This section is primarily information for the provider

	<p>How the regulation was not being met:</p> <p>The provider has not taken steps to ensure that information specified as required is available in respect of a person employed for the purposes of carrying on a regulated activity, and such other information as is appropriate. Regulation 21 (b).</p>
<p>Imposition of condition of registration</p> <p>This action has been taken in relation to:</p>	
Regulated activity	Regulation or section of the Act
Surgical procedures	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Records</p>
	<p>How the regulation was not being met:</p> <p>The provider had not ensured that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by keeping an accurate record and keeping accurate records in respect of the management of the regulated activity. Records were not stored securely. Regulation 20 1 (a) (b), 2 (a)</p>

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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