

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

## The Belvedere Private Hospital

Knee Hill, Abbey Wood, London, SE2 0GD

Tel: 02083114464

Date of Inspection: 28 April 2014

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2014

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	The Pemberdeen Laser Cosmetic Surgery Clinic Limited
Registered Manager	Ms Emma Louise Bird
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

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*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

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### Why we carried out this inspection

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

- Care and welfare of people who use services
- Management of medicines
- Requirements relating to workers
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 April 2014, observed how people were being cared for and talked with staff. We were accompanied by a pharmacist.

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### What people told us and what we found

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We inspected the service in order to follow up concerns from previous inspections. At this inspection 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.

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 inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

When we inspected the service on 13 September 2012, 07 November 2012, 11 and 12 March 2013, 4 September 2013 and 29 November 2013 we identified concerns that care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

At our inspection of 29 November 2013 we had found that appropriate individual risk assessments were not being completed in regards to patients undergoing surgery.

The provider wrote to us and told us the action they would take to address the concerns.

At our inspection of 28 April 2014 we found that appropriate individual risk assessments were now being completed in regards to all patients undergoing surgery. We looked at six clinical records and found that in all cases a risk assessment for Venous Thromboembolism (VTE) had been undertaken.

NICE guidelines state that patients undergoing a surgical procedure with a total anaesthetic and surgical time of more than 90 minutes should be considered at increased risk of VTE. We looked at 36 entries in the theatre record book to confirm the total anaesthetic and surgical time of the surgical procedure that the patients had undergone. All records, apart from two showed the total anaesthetic and surgical time as under 90 minutes. However, the provider may wish to note that in the two cases where the total time was more than 90 minutes, the patient had not been re-assessed to determine whether appropriate VTE preventive support such as advice, medication and mechanical devices were required for them.

All the patients undergoing surgery had been risk assessed for latex allergy and also had an overall risk assessment undertaken.

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

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## Our judgement

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## Reasons for our judgement

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At our inspections of 13 September 2012, 8 January 2013, 12 March 2013, 4 September 2013 and 29 November 2013 we had found the provider did not have effective arrangements for the handling of medicines; out-of-date medicines were not disposed off in a timely manner and controlled drugs were not handled appropriately.

The provider wrote to us and told us the action they would take to address the concerns.

At our inspection of 28 April 2014 we found that the plan had been implemented.

We looked at how controlled drugs were ordered and stored. We saw all controlled drugs were now ordered by a doctor and we saw there were appropriate arrangements for the recording and storing of these drugs. There was a written protocol in place for staff to reference.

We also saw the provider now undertook monthly audits to check if any medicines were out of date. We saw the results of the previous three months checks which showed that where medicines had expired they had been replaced in a timely manner. When we checked the ward and theatre we found no expired medicines and all oxygen cylinders were stored securely. This meant the provider had appropriate systems in place to ensure people were administered medicines which were fit for use.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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At our inspections of 13 September 2012, 8 January 2013, 12 March 2013, 4 September 2013 and 29 November 2013 we had found that not all appropriate checks had been conducted to ensure that only suitable staff were employed by the service. The provider wrote to us and told us that they had taken action to address the concerns.

At our inspection of 28 April 2014 we found that the plan had been implemented.

There were now effective recruitment and selection processes in place and appropriate checks were undertaken before staff began working at the hospital. The provider's recruitment policy outlined the processes and checks to be undertaken before employing any staff member.

We looked at the file of a staff member who had been recruited after our last visit and also checked the file of an agency staff member.

We found that various checks had been completed including proof of identity, proof of address, criminal records checks and two references to ensure an employee was of good character. Staff had provided their previous employment history.

Records were available that showed staff had current registration with a suitable professional body and also that they had professional indemnity insurance.

All staff were up-to-date with their mandatory training.

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

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## **Reasons for our judgement**

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At our inspections of 13 September 2012, 8 January 2013, 12 March 2013, 4 September 2013 and 29 November 2013 we had found that clinical records were not accurate and fit for purpose. The provider wrote to us and told us that they had taken action to address the concerns.

At our inspection of 28 April 2014 we found that the plan had been implemented. We looked at six clinical records, the theatre record book and the monthly audits for the period November 2013 to March 2014.

We found all records were accurate and fit for purpose. The theatre record book was now being completed appropriately and details including patients' hospital number, surgical procedures performed, surgical and anaesthesia period were recorded accurately.

We reviewed patient files and found that various details including patient consent for the procedure, surgical safety checklist, patient details, risk assessments, post-operative observations and discharge details had been completed suitably in all cases.

The registered manager showed us the end-of-month audits that had been undertaken for the period December 2013 to March 2014. These included checks on 10 randomly chosen care plans, theatre record book, equipment and drugs. We noted a month on month improvement in the completion of various documents including patient records and theatre record book. This meant that important information regarding patient care and theatre records was now being recorded suitably and accurately.

## 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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