

The Belvedere Private Hospital

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Summary of findings

Letter from the Chief Inspector of Hospitals

The Belvedere Private Hospital provides cosmetic surgery to private patients. After we carried out a comprehensive inspection of The Belvedere Private Hospital on 4 and 5 August 2015, CQC issued formal warnings that they must make improvements by 4 November 2015 in the following areas.

Regulation 12: Safe care and treatment. The service was failing to prevent people from receiving unsafe care and treatment and to prevent avoidable harm or risk of harm.

- The infection control processes were not in line with best practice.
- The domestic assistant had not received training on safe waste management or in the specific requirements for infection prevention and control in theatres.
- There was no back up anaesthetic machine.
- The fenced off area containing ventilation system and medical gases was left unlocked.
- Taps were not run on a regular basis, in line with the clinic's legionella policy.

Regulation 17: Good governance. The provider did not have systems and processes that ensured they were able to meet other requirements in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulations 4 to 20A).

- There was no risk register in place.
- External assessments had identified risks, but there was no action plan to address these risks.
- Records were missing for parts of 2014 so the provider was unable to tell us about incidents, complaints or cancellations during that time.
- The incident reporting policy was not up to date.

The registered manager sent us a plan telling us what action the provider was taking to make the necessary improvements. We returned for an unannounced inspection on the 25 February to find out if the provider had made these improvements.

Our key findings from the February 2016 inspection were as follows:

The registered manager and provider had taken the following action in response to the warning notices:

- Commissioned external companies to update policies and improve processes for health & safety, and infection control.
- Arranged training for domestic assistants.
- Purchased a backup anaesthetic machine.
- Set up a risk register, which recorded some risks and what had been done to address these.
- Recorded action taken to address risks from an external fire risk assessment.

There were still some areas of poor practice where the provider needed to make improvements.

- Processes to monitor the activity of the service and the risks to patients and staff were in place, but had not been fully implemented.
- The Adverse Incident Policy did not include recent regulatory requirements.
- The consulting room was carpeted and had not been cleaned as scheduled. The sharps bin in the room had not been replaced when required.

Importantly, the provider **must** ensure:

- The risk register is developed to record all existing and potential risks, and to identify action to address and mitigate the risks.

Summary of findings

- The registered manager has appropriate support to carry out their duties.
- The duty of candour is included in the adverse incident policy.

In addition, the provider should ensure:

- Incidents or near misses are discussed at meetings of the Medical Advisory Committee and shared with staff.
- The flooring in the consulting rooms is compliant with infection protection and control guidance.
- Sharps bins are disposed of when they become an infection control risk.

CQC has issued a requirement notice to The Pemberdeen Laser Cosmetic Surgery Clinic Limited telling them to make further improvements.

We have not published a rating for this service. CQC does not currently have a legal duty to award ratings for those hospitals that provide solely or mainly cosmetic surgery services.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

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Surgery

Summary of this inspection

Background to The Belvedere Private Hospital

The Belvedere Private Hospital is the only registered location operated by the provider, The Pemberdeen Laser Cosmetic Surgery Clinic Limited, which is registered with the CQC to carry out the regulated activity of surgical procedures. The service provides privately funded cosmetic surgery for adults. The service carries out about 400 cosmetic procedures a year, predominantly breast augmentation. Most procedures are day cases, with a small number of overnight admissions.

The provider employs a manager and a deputy manager. Other theatre and ward staff are agency, bank or locum. Surgeons work under practicing privileges granted by the provider's Medical Advisory Committee.

There is one theatre, which is usually used two days every other week. People who use the service come to the service for assessment before surgery and for post-surgery check-ups.

Our inspection team

The team was made up of two CQC hospital inspectors and an enforcement inspector, who advises inspection teams on regulatory action.

How we carried out this inspection

During this focused inspection, we reviewed the improvements the provider was making in response to the two warning notices issued after our last inspection. We inspected the premises, reviewed policies and other

documents, and spoke with the domestic assistant, nominated individual and the registered manager. The theatre was not in use on the day of our visit and we did not speak to patients or other staff.

Detailed findings from this inspection

Notes

We are not yet rating single speciality cosmetic surgery providers.

Surgery

Safe

Well-led

Summary of findings

We carried out an unannounced inspection of the hospital on 25 February to follow up on the two warning notices issued to the provider in October 2015. The CQC issued these warning notices after a comprehensive inspection in August 2015, conducted by a team of inspectors and specialist advisers (a consultant surgeon and theatres nurses).

The inspection team reviewed surgical services, as this is the only core service provided by the service.

The warning notices listed breaches of the regulations, for example:

- There were inadequate infection prevention and control processes.
- There was no system to record risks or to plan the action to address risks identified by external assessments.
- The adverse incident policy was not up to date. There were shortcomings in the investigation of serious incidents and dissemination of learning from incidents.

During this unannounced inspection of 25 February, we found the registered manager and provider had taken action in response to the warning notices. There were also areas where further improvements were needed.

CQC has issued a requirement notice to The Pemberdeen Laser Cosmetic Surgery Clinic Limited telling them to make further improvements.

Are surgery services safe?

Summary

During our previous inspection in August 2015, we found shortcomings that might put staff or patients at risk.

At this inspection, in February 2016, we found the theatre and ward areas were clean and there was appropriate security in high-risk areas. There was a back-up anaesthetic machine. The provider had commissioned external companies to put in place processes to reduce the risk of the spread of infection and legionella, and to improve health and safety.

However, staff were not disposing of sharps bins promptly and infection control standards were not met for the flooring in consultation rooms.

Cleanliness, infection control and hygiene

- The provider had contracted an external company to provide policies and processes for adequate infection protection and control that were appropriate for the service. The company had undertaken to implement an action plan to make sure the service was compliant with the policies. There was an annual audit programme, to include unannounced infection protection and control audits. These had not taken place at the time of our inspection. The company also provided an advice line during working hours.
- We found the ward and theatre areas were clean and the domestic assistant described how she cleaned the theatre and complied with waste disposal expectations. The external company had provided her training.
- Nurses were responsible for the disposal of sharps (needles and other sharp instruments). However, the sharps bin in the consultation room, with a note of assembly in July 2015, was left open with dry blood noticeable on the lid. This was an infection control risk because staff had not disposed of the sharp bins when it became soiled.
- Both consultation rooms, including the one in which staff carried out post-operative wound checks, had carpeted floors. A company provided a deep cleaning

Surgery

service every six months, but the deep clean had not taken place in December 2015 as scheduled because the provider had cancelled this. After we raised this issue, a member of staff telephoned the company and the deep clean was booked for the following day.

- The provider had a contract with an external company to provide Legionella policies and ensure compliance with these. The company visited in February 2016 and we saw evidence that there was now a schedule in place to run low use water outlets, in line with the policy. There was a record of staff following the schedule, including the last time the water was run, 10 days before our inspection.

Environment and equipment

- The provider had purchased a second anaesthetic machine for back up in case the main machine developed a fault.
- The manager demonstrated how the resuscitation trolley opened, and told us the deputy manager also knew how to open the trolley. Other theatre and ward staff were agency or bank staff. When someone worked for the service for the first time, they were shown how to open the trolley as part of their induction. We saw that this was on the induction checklist.
- The fenced off area housing the theatre ventilation system and medical gases had been made secure with a quick release lock.

Are surgery services well-led?

Summary

On our previous inspection in August 2015, we found there was no risk register in place and there was no action plan to address the risks identified by external assessments. The incident reporting policy was not up to date and action taken in response to incidents was not recorded systematically.

During this inspection, in February 2016, we found the risk register was in place, but was not developed sufficiently. The registered manager was regularly working in theatre, which limited the time she had to manage the service. The updated adverse incident policy did not include recent changes in regulations and there had been no meetings to discuss and share the learning from incidents in recent months.

However, external companies were providing services to the provider to improve policies and procedures. The registered manager had updated some policies and put in additional processes to improve safety in theatre, recovery and on the wards. There was now a plan for recording the information about the activity of the service. Staff, including surgeons, had reported incidents and follow-up action was recorded.

Vision, strategy, innovation and sustainability for this core service

- During our previous inspection in August 2015, we found the provider did not have the information they needed to have an overview of the service. The registered manager did not have time to update policies or collect information about activity and risks because she also ran the service and managed staff. Following that inspection, the provider contracted external companies to develop policies appropriate to the service for health and safety, infection prevention and control, and legionella, and to monitor compliance with these policies. It had been agreed shortly before this inspection that one of the administrators would provide support to the manager in arranging maintenance of the premises. However, the manager regularly worked in theatres when the provider was unable to secure sufficient numbers of theatre staff. This meant she had limited capacity to introduce the necessary improvements.

Governance, risk management and quality measurement for this core service

- The provider did not show an understanding of the governance processes that were needed to manage risk and measure quality. A risk register had been set up to identify risks and the action to mitigate or eliminate that risk. However, there was limited information on the risk register at the time of this inspection. The nominated individual did not show an understanding of the purpose of a risk register or of their role in identifying the resources to address identified risk.
- We saw the plans to set up systems to record data such as cancelled operations, complaint and incidents, but the information was not available at the time of our inspection.
- The Adverse Incident Management Policy had been updated, but did not include an accurate description of the duty of candour. The duty of candour is a regulatory

Surgery

duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. Furthermore, the provider's policy specified that incidents should be discussed at quarterly meetings of clinical and non-clinical staff, but there had been no recent meetings. The last meeting was held in August 2015. We saw a record of a meeting entitled Medical Advisory Committee (MAC) meeting held in January 2016, but there were no doctors present at the meeting. The agenda had an item for the discussion of incidents, but there was no record of these discussions.

- Nevertheless, the policy had been revised to include the expectation that the manager investigate any incident that resulted in harm to a client. The policy stressed the importance of staff being open and stated no-one should be unfairly blamed for an incident. Staff reported incidents and appropriate action was taken. There was an incident folder containing three incidents,

which staff including a surgeon had reported in the previous six months, and the action taken in response. The registered manager had notified CQC of one of these incidents in accordance with requirements for registered providers.

- There was an action plan to address the findings of the external fire risk assessment. The manager was in the process of recording the tasks completed on an easy to reference table. Staff had taken part in fire evacuation drills.
- External companies had provided updated policies for health & safety, legionella, fire safety and infection protection and control. The registered manager was reviewing other policies, such as human resources policies, and ward and theatre policies and procedures. She had introduced some new policies and checklists, such as the Ward to operating department interface. There was a folder of theatre policies in the theatre area for reference. There was also a folder of human resources policies available to staff.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

The provider **must** ensure:

- The risk register is developed to record all existing and potential risks, and to identify action to address and mitigate the risks.
- The registered manager has appropriate resources and time to carry out their duties.
- The duty of candour is included in the adverse incident policy.

Action the provider **SHOULD** take to improve

The provider should ensure:

- Incidents or near misses are discussed at meetings of the Medical Advisory Committee and shared with staff.
- The flooring in the consulting rooms is compliant with infection protection and control guidance.
- Sharps bins are disposed of when they become an infection control risk.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The systems and process to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk from the carrying out of the regulated activity were not operating effectively. Regulation 17 (2) (b)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.