Review of compliance

The Pemberdeen Laser Cosmetic Surgery Clinic Limited The Belvedere Private Hospital	
Region:	London
Location address:	Knee Hill Abbey Wood London SE2 0GD
Type of service:	Acute services without overnight beds / listed acute services with or without overnight beds
Date of Publication:	July 2012
Overview of the service:	The Belvedere Private Hospital is registered to provide cosmetic surgery procedures; it re-opened in March 2012 after a two year refurbishment programme. The hospital provider provides the nursing care, accommodation and

	hospital facilities. Surgery is undertaken by visiting consultant surgeons who have formal arrangements with the provider to admit patients at the hospital. Patient accommodation is provided in five single or shared rooms.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

The Belvedere Private Hospital was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 28 May 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

At this inspection, we were not able to speak to people using the service because we inspected on a day when there were no patients admitted or visiting the hospital.
We were able to gather some evidence of people's experiences of the service by reviewing peoples' post-operation feedback comments and found that the majority had rated the quality of care and treatment highly, although there was one negative comment made about the lack of information provided.

What we found about the standards we reviewed and how well The Belvedere Private Hospital was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Before people received any care or treatment they were asked for their signed consent. However, it was unclear from the system used and the paperwork given to patients who they had given consent to, or who was responsible in the event of any injury, loss or claim arising from surgery. It was also unclear whether full and appropriate information was given to patients to enable them to give informed consent, and there was no clear, formal system of recording patient informed consent to the giving of anaesthesia.

Outcome 04: People should get safe and appropriate care that meets their needs

and supports their rights

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Anaesthetic and recovery areas within the theatre suite had been swapped around, but there was no formal risk assessment to show the reason for this or any potential risks which could arise as a result of this change and there was no record of the consultants, bank or agency staff having been instructed in the use of the new facilities, equipment or policies and procedures.
This meant that care and treatment might not be delivered in a way that ensured people's safety and welfare.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The provider was meeting this standard.
People were protected from the risk of infection because appropriate guidance was followed and
were cared for in a clean, hygienic environment.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Some arrangements for the storage, management and recording of Controlled Drugs and other medicines did not follow the hospital's formal policies, or were not formally approved systems and there was no Controlled Drugs Accountable Officer as required by regulations.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The provider was meeting this standard.
Patients, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

There was insufficient evidence to show that there were enough qualified, skilled and experienced staff to meet people's needs:
There was no registered manager; only agency and part-time nursing staff were employed; there was no evidence that the person managing theatre sessions was contracted to perform this job role; there was no record that any staff or consultants had received formal induction to or training in new policies, new equipment and facilities; and some information

relating to the qualifications, skills and experience of consultants was missing from the files we saw.

Outcome 24: 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

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

The hospital did not have a Registered Manager, as required by The Care Quality Commission (Registration) Regulations 2009, 5 (1)(a).

Actions we have asked the service to take

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 02:
Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:
* Where they are able, give valid consent to the examination, care, treatment and support they receive.
* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
* Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is non-compliant with Outcome 02: Consent to care and treatment. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us
We were not able to speak to patients because we inspected on a day when there were no patients admitted or visiting the hospital.
We gathered some evidence of their experiences by reviewing the post-operation feedback comments of 29 patients, which showed that the majority were happy with the care and treatment they had received, with one negative comment from one person about the lack of information they were provided with.

Other evidence
Before people received any care or treatment they were asked for their consent to make sure the surgeon acted according to their wishes. There was an Informed Consent policy in place and patients had to sign a consent form before any surgical procedure was undertaken.

The provider told us that a single patient consent form was used to formally record consent to both surgery and anaesthesia, and that the patient and surgeon signed the form on the day of, or as close as possible to the day of, surgery. The seven consent forms we saw during our inspection had been signed and dated by the patient and the surgeon on the day of surgery.

However, the forms only provided space for the surgeon to sign their name and not

space to print and sign, the word 'anaesthetic' was omitted from the title line of the form, and nothing on the form made it clear who the consent was being given to; the surgeon and/or anaesthetist or the provider.

The hospital's practising privileges checklist stated that consultants and anaesthetists must provide the hospital with the patient information they would give to patients to enable them to give their informed consent. However, we found no evidence during our inspection that this written information was given before the consultants and anaesthetists were given admitting rights.
The consent form required the surgeon to record the proposed anaesthesia and that information on surgery was given to the patient; however, on three of seven forms we saw this information had not been documented.

The provider confirmed that no separate consent form was being used to record informed consent for anaesthesia and there was no system in place for the anaesthetist to sign the pre-operative consent form.

Patient admission letters issued by "The Belvedere Clinic" stated that patients would have general anaesthetic or IV sedation, but no-one was aware that leaflets about anaesthesia were sent to patients with this letter.
In three sets of patient notes we saw, there were information leaflets, although not about anaesthesia; this inconsistent and varied practice and none of the patient records we saw documented that this information had been given to the patient, however.
We were told that there was a verbal discussion with the patient prior to administering any anaesthesia, but there was no record of the conversations. However, the type of anaesthesia used had been recorded elsewhere within patients' notes and anaesthetic room checklists and pre-operative checklists showed patient identity and consent to the procedure forms were checked prior to administering anaesthesia.

The patient contract with The Belvedere Private Clinic Limited showed that the hospital was contracted to provide the "accommodation, nursing services and appropriate facilities for aftercare".
The provider told us that these arrangements made doctors and anaesthetists, rather than the provider, responsible for any losses or claims which might arise out of, or in connection with, surgery.
This meant that although patients contracted and made payment for the entire package of their care, including their surgery, to a company called 'The Belvedere Private Clinic Limited', each consultant surgeon and anaesthetist working at the hospital was responsible for admitting patients under a formal arrangement ('practice privileges'), with the provider.

Our judgement
The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Before people received any care or treatment they were asked for their signed consent. However, it was unclear from the system used and the paperwork given to patients who they had given consent to, or who was responsible in the event of any injury, loss or claim arising from surgery. It was also unclear whether full and appropriate information was given to patients to enable them to give informed consent, and there was no clear, formal system of recording patient informed consent to the giving of anaesthesia.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is non-compliant with Outcome 04: Care and welfare of people who use services. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us
We were not able to speak to patients because we inspected on a day when there were no patients admitted or visiting the hospital.
We gathered some evidence of their experiences by reviewing the post-operation feedback comments of 29 patients, which showed that the majority were happy with the care and treatment they had received, with one negative comment from one person about the lack of information they were provided with.

Other evidence
Until April 2012, the hospital was closed for surgical and overnight admissions; it re-opened in March 2012 after a refurbishment of the theatre operating suite and patient bedrooms.

During our inspection we reviewed theatre lists and records, which showed that since re-opening there had been a minimum of one and a maximum of three theatre lists a week. The provider confirmed that the operating theatre was not working at optimum, and as a result all nursing staff were part-time bank or agency staff.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.
All patients were consulted by their surgeon and pre-assessed by a nurse before being booked in for their operations. This process was documented in the patient notes we reviewed, which contained records of the consultation, pre-assessment, surgical procedure and care given at the hospital. There was also consent documentation

signed by patients and the surgeons which outlined the procedure, risks and alternatives to surgery; however, there was no separate record of consent for anaesthesia.

Care and treatment was planned in a way that ensured people's safety and welfare. Systems and recorded checks were in place to manage risks associated with surgery. A log book for the anaesthetic machine showed that the machine was checked, signed off and dated at each session. The theatre register detailed the type of procedure, checks on patient identity, and the persons involved in the procedures. Post-surgical observations were recorded in patient notes and in a recovery log to ensure that patients were monitored and recovered appropriately after their operations, and then discharged or safely transferred to their rooms.

The provider advised us that it was hospital policy that only one patient would be anaesthetised at any time, to ensure the availability of the anaesthetist during patient recovery.

The theatre suite refurbishment was undertaken to ensure that the operating, anaesthetic and recovery areas were suitably designed, equipped and maintained. The newly upgraded theatre suite had a spacious operating theatre, including a new ventilation system and equipment, and an anaesthetic room and recovery room. However, the anaesthetic and recovery areas had been swapped around, for operational reasons, and no formal risk assessment had been put in place to show the reasons for, or potential risks involved in, the change.

There were policies and procedures in place to cover the care and treatment of patient's being treated at the hospital, including theatre policies, dated April 2012. However, although copies of these were available in clinical, staff and theatre areas, there was no record that any staff or consultants had received formal induction into or training in the new policies. The Operations Manager told us all staff and consultants had been shown the new premises, equipment and policies, but that there were no formal records of induction or assessments showing that staff could use the new equipment safely and competently. This meant that we could not be sure that care and treatment were delivered in a way that ensured people's safety and welfare.

The provider told us that there had been no adverse or untoward incidents since the hospital had re-opened.
There were arrangements in place to deal with any emergencies. During our inspection we saw that equipment and procedures were in place to manage emergency situations and untoward incidents. Resuscitation equipment was available in the theatre and ward areas, and staff confirmed that this was checked on the days when the hospital was operational. Resuscitation flow charts, anaesthetic emergency charts and anaphylactic guidance were also available in theatre.

We were aware of some concerns raised with us by former patients at the hospital in relation to Poly Implant Prosthèses (PIP) implants. At this inspection, staff told us that consultants at the hospital did not offer revisions and replacements on a free basis, but that any patients who raised concerns were invited in to meet with their surgeon, and might be offered a reduced fee for any replacement or revision surgery. The hospital had not proactively written to all of the 178 patients who had a PIP, but had a register of

their names. A PIP breast implant protocol had been put in place in 2012, but this described the process for replacing the implant and any associated infection control risks.

There had been one medical administration committee (MAC) meeting since the re-opening, and we were told this had been productive.

Our judgement
The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Anaesthetic and recovery areas within the theatre suite had been swapped around, but there was no formal risk assessment to show the reason for this or any potential risks which could arise as a result of this change and there was no record of the consultants, bank or agency staff having been instructed in the use of the new facilities, equipment or policies and procedures.
This meant that care and treatment might not be delivered in a way that ensured people's safety and welfare.

Outcome 08:
Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
We were not able to speak to patients as we inspected on a day when there were no patients admitted or visiting the hospital.

Other evidence
There were effective systems in place to reduce the risk and spread of infection.

The hospital was visually clean, fresh, tidy and hygienic throughout all areas we visited during our inspection.
Appropriate signage, hand wash basins, soap, towels, scrub and hand gel were in place in all areas we saw. Personal protective equipment and clothing for staff and changing areas were available.
Patient rooms were clean and in good decorative order, and shared rooms had disposable privacy curtains, labelled with the dates on which they were hung.

There were up-to-date infection control policies and procedures, and the provider told us that the hospital had a contract with an external infection control adviser.

Cleaning was outsourced to a private cleaning company, which had cleaning schedules and a checking system in place.

The theatre had written cleaning procedures in place. The theatre air flow and exchange system had been tested and we were told that there was a maintenance contract in place for the system.
Decontamination of instruments was outsourced to an NHS trust, under a Service Level Agreement.

A clinical waste disposal contract was in place, and there was a system for transferring clinical waste from theatres to the sluice area, and then to the outside storage facility. The provider should note that although the clinical waste bins were stored in an appropriate outside locked area, they were not securely chained or fixed within the area.

Our judgement
The provider was meeting this standard.
People were protected from the risk of infection because appropriate guidance was followed and
were cared for in a clean, hygienic environment.

Outcome 09:
Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is non-compliant with Outcome 09: Management of medicines. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us
We were not able to speak to patients as we inspected on a day when there were no patients admitted or visiting the hospital.

Other evidence
There were written arrangements in place for the ordering, recording, handling, safe keeping, safe administration and disposal of medicines, including Controlled Drugs (CDs). The hospital had a contract with an external pharmacy for the supply and safe disposal of medicines, and for external auditing purposes. Staff confirmed that all clinical supplies and medications had been restocked from new when the hospital re-opened in March 2012.

Medicines were kept safely, in secure lockable medicines refrigerators or cupboards, on both the ward and in the theatre.
The provider should note that Lidocaine was being kept in a lockable cupboard, but there was no evidence that temperature checks were being taken on the cupboard to ensure the drug was being stored at the correct temperatures.

Written checks and records were available for CD stocks. The balances of CD stocks were recorded, two staff had signed each entry, and the full names and signatures of pharmacists and hospital staff authorised to dispense CD's were listed in the back of the CD registers.

However, there was no Controlled Drugs Accountable Officer (CD AO) at the time of our inspection, as required in law by The Controlled Drugs (Supervision of Management and Use) Regulations 2006; and as a result of this absence the hospital's medications management policies could not be followed as described.
Some arrangements had been put in place to manage the risk posed by not having a CD AO, including a documented check on all CD balances by the external pharmacy contractor, and a new key procedure. However, the key procedure was not a written procedure, and no record was being kept of the keys being signed in or out of the ward drug cupboard.
This meant that appropriate arrangements in relation to the recording of medicines were not fully in place.

Staff could not tell us exactly how stock supplies of prescription-only medicines (POMs) were managed and monitored. The POMs were kept in lockable cupboards, and we saw that monthly drugs expiry checks were done. However, no POMs stock checklist was in use, no balance sheets were kept and we were told that POMs were used as needed, and replaced by the pharmacy contractor.
This meant that appropriate arrangements in relation to the recording of medicines were not fully in place.

The provider should also note that the British National Formulary in theatre was out-of-date.

Our judgement
The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Some arrangements for the storage, management and recording of Controlled Drugs and other medicines did not follow the hospital's formal policies, or were not formally approved systems and there was no Controlled Drugs Accountable Officer as required by regulations.

Outcome 10:
Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:
* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
We were not able to speak to patients as we inspected on a day when there were no patients admitted or visiting the hospital.

Other evidence
The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

The theatre suite refurbishment was undertaken to ensure that the operating, anaesthetic and recovery areas were suitably designed, equipped and maintained. The newly upgraded theatre suite had a spacious operating theatre, including a new ventilation system and equipment, and an anaesthetic room and recovery room, although at this inspection we found that the anaesthetic and recovery areas had been swapped around.

Patient bedrooms had been recently refurbished to clinical standards and specialist nursing aids and equipment were available.

Fixed wiring had been upgraded, tested and approved as compliant with electrical safety standards in 2011, and the theatre was rewired and certificated during its refurbishment.

Wheelchair ramps were available to areas of the building which were otherwise not accessible.
The patient lift had been refurbished, and certificates of maintenance, servicing and

safety were available to view.

There was a fire alarm system and fire fighting equipment; these had been checked and certificated within the past 12 months.

An electronic security system and CCTV were in place.

The provider should note that although staff told us that the main door to the hospital should have been kept locked when the reception area was unstaffed, we found the front door open, reception unstaffed and with patient records in an accessible filing tray behind the reception counter.

The provider should also note that there was no lock on the door leading from the main corridor to a cleaning supplies room where hazardous chemicals were stored and then onto the theatre area, potentially compromising safety and patient privacy.

The provider should note that some locks and some fire action, health and safety, privacy and 'staff only' signage were not in place or had not been fully completed.

Our judgement
The provider was meeting this standard.
Patients, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is non-compliant with Outcome 13: Staffing. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us
We were not able to speak to patients as we inspected on a day when there were no patients admitted or visiting the hospital.
Post-operation patient feedback comments showed that most patients had rated the quality of their care and treatment highly, including their experiences with nursing staff and consultants.

Other evidence
During our visit we spoke to the registered provider's Nominated Individual and to the hospital Operations Manager. No clinical or nursing staff were available for us to talk to on the day of our visit.

The Registered Manager had ceased to be employed at the hospital two weeks before our inspection and most of our discussions about day-to-day matters at the hospital were with the Operations Manager, a consultant employed on a temporary contract basis, who confirmed that the Registered Manager had given him handover before leaving.

The provider confirmed that there were no full-time staff currently employed at the hospital.

Ward and theatre nursing staff were all 'as required' bank or agency staff, and an agency Resident Medical Officer (RMO) was employed and available when patients were admitted.

Theatre records had recorded the scrub, circulator and anaesthetic persons for each theatre session/procedure, but there was no record of a person responsible for managing each theatre session, such as a theatre sister or ODP, to help ensure that every operation was as safe and effective as possible.
The Operations Manager told us that he had worked as an operating department practitioner (ODP) in theatre in the past, and that when needed, on an ad hoc basis, he acted as ODP at the hospital. However, no written job role or signed contract for the post of Operations Manager was available to us during our visit to show whether or not acting as ODP was within the remit of the Operations Manager's contract.

Although copies of policies and procedures relating to patient safety, care and treatment were available in clinical, staff and theatre areas, there was no record that any staff or consultants had received formal induction to or training in the new policies, equipment and facilities.

The patient and theatre records we saw confirmed that there were three main consultant surgeons with admitting rights at the hospital, and that at least eight anaesthetists had worked in the theatre during the past three months, some with admitting rights and some agency anaesthetists.
We looked at the practising privileges files for seven anaesthetists and consultant surgeons. The files were disorganised, we could find no evidence of the current contracts between the consultants/anaesthetists and the hospital and some information relating to the qualifications, skills and experience of consultants was missing.

Our judgement
The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

There was insufficient evidence to show that there were enough qualified, skilled and experienced staff to meet people's needs:
There was no registered manager; only agency and part-time nursing staff were employed; there was no evidence that the person managing theatre sessions was contracted to perform this job role; there was no record that any staff or consultants had received formal induction to or training in new policies, new equipment and facilities; and some information relating to the qualifications, skills and experience of consultants was missing from the files we saw.

Outcome 24:
Requirements relating to registered managers

What the outcome says

This is what people who use services should expect.

People who use services:
* Have their needs met because it is managed by an appropriate person.

What we found

Our judgement

The provider is non-compliant with Outcome 24: Requirements relating to registered managers. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us
We were not able to speak to patients as we inspected on a day when there were no patients admitted or visiting the hospital.

Other evidence
The hospital's Registered Manager, also the hospital's Controlled Drugs Accountable Officer (CD AO), had left the employ of the registered provider. In the absence on a Registered Manager a temporary Operations Manager was overseeing day-to-day management, but we were told that this was only a temporary arrangement.

Our judgement
The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

The hospital did not have a Registered Manager, as required by The Care Quality Commission (Registration) Regulations 2009, 5 (1)(a).

Action
we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Surgical procedures	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	How the regulation is not being met: Before people received any care or treatment they were asked for their signed consent. However, it was unclear from the system used and the paperwork given to patients who they had given consent to, or who was responsible in the event of any injury, loss or claim arising from surgery. It was also unclear whether full and appropriate information was given to patients to enable them to give informed consent, and there was no clear, formal system of recording patient informed consent to the giving of anaesthesia.	
Surgical procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: Anaesthetic and recovery areas within the theatre suite had been swapped around, but there was no formal risk assessment to show the reason for this or any potential risks which could arise as a result of this change and there was no record of the consultants, bank or agency staff having been instructed in the use of the new facilities, equipment or policies and procedures. This meant that care and treatment might not be delivered in a way that ensured people's	

	safety and welfare.	
Surgical procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: Some arrangements for the storage, management and recording of Controlled Drugs and other medicines did not follow the hospital's formal policies, or were not formally approved systems and there was no Controlled Drugs Accountable Officer as required by regulations.	
Surgical procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: There was insufficient evidence to show that there were enough qualified, skilled and experienced staff to meet people's needs: There was no registered manager; only agency and part-time nursing staff were employed; there was no evidence that the person managing theatre sessions was contracted to perform this job role; there was no record that any staff or consultants had received formal induction to or training in new policies, new equipment and facilities; and some information relating to the qualifications, skills and experience of consultants was missing from the files we saw.	
Surgical procedures	Regulation 6 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 24: Requirements relating to registered managers
	How the regulation is not being met: The hospital did not have a Registered Manager, as required by The Care Quality Commission (Registration) Regulations 2009, 5 (1)(a).	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 7 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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