

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:	October 2012
Overview of the service:	The Belvedere Private Hospital provides cosmetic surgery procedures.

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 to check whether The Belvedere Private Hospital had taken action in relation to:

Outcome 02 - Consent to care and treatment
Outcome 04 - Care and welfare of people who use services
Outcome 09 - Management of medicines
Outcome 13 - Staffing
Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 September 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We were able to speak with one person on the day of our visit. This person found the staff pleasant and the hospital clean. However, we identified other concerns with the service.

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 meeting this standard. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

The provider was not meeting the standard. We have judged that this has a major impact on people who use the service. This is being followed up and we will report on any action when it is complete.

People did not experience care, treatment and support that met their needs and protected their rights. The provider had not followed their medical emergency policy in providing sufficient emergency medication and equipment. Other essential equipment was out of stock in the theatre suite.

Outcome 07: People should be protected from abuse and staff should respect their human rights

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 provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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 major impact on people using the service. This is being followed up and we will report on any action when it is complete.

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

Outcome 12: People should be cared for by staff who are properly qualified and able to do their 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.

People were not always cared for, or supported by, suitable staff.

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

The provider was meeting this standard.

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

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

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

Staff did not receive appropriate training to support them in delivering safe care and treatment.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

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.

Records were not always stored in a way that kept information confidential.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 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

In a previous review, we found that action was needed for the following essential standards:

- 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

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 compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

A person we spoke with told us they had been asked for consent prior to their surgery and that they had been able to ask the surgeon and other staff queries they had.

Other evidence

Our previous inspection on 28 May 2012 identified some concerns with a lack of information and clarity in consent forms. The provider wrote to us and told us they would produce some consent forms containing more detailed information.

When we inspected the hospital on 13 September 2012 we found that there were consent forms in use which explained surgical procedures. There was also a separate consent form for agreement to undergo a procedure under an anaesthetic. We saw two examples where the consent form had been signed appropriately by the person whom it related to and the relevant medical staff. The staff we spoke with told us how consent was obtained allowing people time to ask questions.

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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 major impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this standard.

Other evidence

When we inspected the service on 28 May 2012 we found that 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. The provider wrote to us and told us they had provided an induction manual for new staff.

At our inspection on 13 September 2012 we found there was a risk that care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. We spoke with temporary staff who told us they had not received any formal induction to working in the theatre suite and were not aware of the hospital's policies and procedures.

Arrangements were not in place to deal with foreseeable emergencies. We found that essential life-saving medicines were not available in the emergency trolleys in the ward and in the operating rooms. The hospital's medical emergency policy, which was not dated, stated that the hospital ensured there was a "correct and fully stocked resuscitation trolley in the treatment area". There were some checklists that had been completed showing that the contents of the resuscitation trolley and emergency drugs

in the ward area of the hospital had been monitored. However these checklists were not completed on a regular basis.

Some essential medicines were noted as unavailable in the checks completed on 31 May 2012. We noted that the checks done on 13 September 2012 still showed them as unavailable. Staff who undertook these checks told us that they had brought the issue of the lack of essential emergency drugs to the attention of the senior person. The manager told us the replacement stocks were on order but had not arrived. The checklists also identified a lack of emergency equipment such as artery forceps which had been identified as missing on 31 May 2012 and were still recorded as missing on 13 September 2012.

The medical emergency policy also stated there would be a stock of drugs in case of an allergic reaction, and the provider's medication management policy dated February 2012 stated that there was an anaphylactic shock drug pack on the emergency trolley. However we found that the trolley was lacking the anaphylactic shock pack that would help staff support someone with an allergic reaction. Only one item on an undated checklist for this bag had been ticked as present and seven items were indicated to be missing from the pack including medication and syringes.

Staff told us that in an emergency essential equipment and medication could be obtained from the theatre suite. However when we checked the emergency medication and equipment in the anaesthetic and recovery rooms we found there were items missing or expired.

There was limited anaesthetic equipment available in the operating theatre. There was only one mask in stock to administer oxygen. The intubation equipment was out of date and available in only limited sizes. There were limited life-saving medicines available in the operating theatre. For example, the provider's checklist stated that medicines like calcium chloride, glucose, hydrocortisone, sodium bicarbonate would be available on the emergency trolley. None of these medicines were available on the emergency trolley or in the operating theatre at the time of our inspection. This was confirmed by the operating theatre staff we spoke with.

We spoke with the staff working in the operating theatre and the wards, and the anaesthetist and the resident medical officer, who confirmed that there was a lack of equipment and medication for the use in emergencies. Staff told us that often essential surgical equipment was not available in the operating theatre. For example we were told by the operating theatre staff that on the day of our visit there were no specimen pots available to store surgical specimens. The specimens were inappropriately stored in saline awaiting arrival of specimen pots. Staff said that surgical drapes of a particular size were also not available on that day. This was confirmed to us by the surgeon operating at the hospital on the day of our visit. This meant that care and treatment was not planned and delivered in a way that ensured people's safety and welfare.

Our judgement

The provider was not meeting the standard. We have judged that this has a major impact on people who use the service. This is being followed up and we will report on any action when it is complete.

People did not experience care, treatment and support that met their needs and protected their rights. The provider had not followed their medical emergency policy in

providing sufficient emergency medication and equipment. Other essential equipment was out of stock in the theatre suite.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is non-compliant with Outcome 07: Safeguarding people who use services from abuse. 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 spoke to people using the service but their feedback did not relate to this standard.

Other evidence

People who use the service were not protected from the risk of abuse because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Policies were available on safeguarding vulnerable adults and whistle blowing. However the staff we spoke with were not aware of these policies or the procedures to follow in order to raise a concern externally if they suspected a person was being abused. Staff we spoke with had not received training in safeguarding of children and vulnerable adults. This meant that they would not be able to understand the signs of abuse and be able to raise it with the right person.

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 provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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 major impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this standard.

Other evidence

When we inspected the hospital on 28 May 2012 we found 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 the regulations. The provider wrote to us and told us they had an Accountable Officer (AO) in place from 13 July 2012. The provider also said they would install an efficient stock control and balance sheet system for the recording of medicines and have a book detailing the movement of medication keys.

At our inspection on 13 September we found the provider did not have effective arrangements for the handling of medicines. 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. We spoke with the registered manager whose name had been submitted by the provider to the Care Quality Commission as the hospital's Controlled Drugs Accountable Officer: they were unaware of having been given this responsibility and were unaware of their accountabilities as the Controlled Drugs Accountable Officer.

The standard operating procedures (SOP), which are the formal written operating

procedures, required to be in place for the controlled drugs had not been updated since 2009, and the person named as Accountable Officer was not aware of the contents of this document. The staff members who were involved in the administering of controlled drugs who we spoke with were not familiar with the hospital's standard operating procedures. They had not received any information, training and updates in the administration and disposal of controlled drugs.

The controlled drugs were kept in a locked cabinet and a register was available to record the usage of the medicines. However, there was no record of the AO's monitoring and auditing the management and use of controlled drugs by relevant individuals.

Out-of-date medicines were not disposed appropriately in a timely manner. We found medication in a cupboard in the anaesthetic room which had expired in July 2012.

These findings demonstrated that the provider did not have effective arrangements in place to manage medicines.

Our judgement

The provider was not meeting this standard. We judged that this had a major impact on people using the service. This is being followed up and we will report on any action when it is complete.

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

Outcome 12: Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is non-compliant with Outcome 12: Requirements relating to workers. 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 spoke to people using the service but their feedback did not relate to this standard.

Other evidence

Appropriate checks were not made on all staff before they started work at the hospital. The provider had not undertaken a criminal records bureau (CRB) check for some of the staff before they started at the hospital. Some of the staff we spoke with said that they had not been asked to provide a CRB check before commencement of their employment. We saw an audit undertaken by the new manager had identified one staff member had no CRB check on file and two other staff had CRB checks that the provider considered to be out of date.

The provider often used agency and bank staff to provide care and treatment to people using the hospital's services. We noted that the provider did not have any processes to monitor the quality of the contract with the agency which was being used on an ongoing basis.

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.

People were not always cared for, or supported by, suitable staff.

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 compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this standard.

Other evidence

At our inspection of 28 May 2012 we found there were not enough qualified, skilled and experienced staff to meet people's needs. The provider wrote to us and said they would ensure there were sufficient staff available.

When we inspected the service on 13 September 2012 there were staff to care for people during surgery and before and after their operations

Our judgement

The provider was meeting this standard.

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

Outcome 14: Supporting workers

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 competent staff.

What we found

Our judgement

The provider is non-compliant with Outcome 14: Supporting workers. 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 spoke to people using the service but their feedback did not relate to this standard.

Other evidence

There was no clarity around the roles and responsibilities of staff. We did not see job descriptions for nursing staff or the ODA. The registered manager had a job description that they had been given on the day of our visit. We saw that the job description did not identify this person as the Accountable Officer for controlled drugs. There was a separate job description for the role of Accountable Officer but the staff member identified by the provider as fulfilling this role had not seen the job description for the role until the day of our visit.

We found there was a lack of appropriate training to familiarise staff with the working environment and hospital procedures and policies. Medical staff working at the hospital told us they had not attended a formal induction programme. The manager had identified training was required in areas such as basic life support, infection control, manual handling and fire safety for seven clinical staff and one support staff. This meant that staff were not supported to deliver care and treatment to people using the service safely and to an appropriate standard.

Our judgement

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

Staff did not receive appropriate training to support them in delivering safe care and

treatment.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is non-compliant with Outcome 21: Records. 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

A person using the service we spoke with told us they thought staff kept their information confidential. However we found some cases where information was not stored confidentially.

Other evidence

The provider had a system in place to store records for seven years. We saw from a sample of current records that recordings of procedures were documented in the records. However, records were not always kept securely. When we arrived at the hospital we found an operating list for the day of our inspection face up on the reception desk in a public area. The operating list contained personal details about people including their name, date of birth and surgical procedure they were due to undertake. The list was removed after we brought it to the attention of the manager.

We also found that the treatment files of people using the service were left in an open office and not stored securely. Staff were not always located in the office, as they were caring for people in different rooms, and therefore confidential information could potentially be accessed by unauthorised persons

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.

Records were not always stored in a way that kept information confidential.

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 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: The provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.	
Surgical procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	How the regulation is not being met: People were not always cared for, or supported by, suitable staff.	
Surgical procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting workers
	How the regulation is not being met: The provider was not meeting this Staff did not receive appropriate training to support them in delivering safe care and treatment.	
Surgical procedures	Regulation 20 HSCA 2008 (Regulated Activities)	Outcome 21: Records

	Regulations 2010	
	<p>How the regulation is not being met: Records were not always stored in a way that kept information confidential.</p>	

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 14 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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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA