Inspection Report 2009/2010

The Belvedere Private Hospital
Knee Hill, Abbey Wood, London SE2 0GD

Introduction
Certain independent healthcare providers in England must be registered with the Care Quality Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Care Quality Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

Background

The Belvedere Private Hospital is a small private hospital which offers a range of cosmetic treatments, including cosmetic surgery procedures.
Cosmetic treatments are undertaken only on patients with no, or only minor, systemic or debilitating medical conditions. Consultants and surgeons providing treatment or operating at the hospital are granted patient admitting rights.

The hospital is based in a large, previously residential house, and has a patient reception and waiting area, a theatre and recovery area, one consulting room and five patient bedrooms with a total of eight beds. Bedrooms are for use by both overnight and day patients and are located on the first floor.

In addition to the main hospital building, there is an annexe with three administrative offices and an additional treatment and consulting room.

The hospital is located in a semi rural area. Public transport is available. The hospital has its own private car parks for use by patients and visitors.

This inspection took place on 30 April 2009, and was announced.

Main findings

The Belvedere Private Hospital was subject to an unannounced enforcement inspection in May 2008. Several requirements were made on the hospital following the inspection. Subsequently, the hospital submitted evidence that it had met most of these requirements. It also provided evidence that plans were being followed through to permanently upgrade and replace the operating theatre, recovery and anaesthesia areas. Remedial repairs were undertaken to address urgent requirements with regard to the the theatre department and ward areas.

A new matron was appointed at the hospital in 2008. The matron is also the registered manager. At the time of this inspection she had been in post for just under a year.

Following the inspection in May 2008, a further statutory inspection was carried out at the hospital in October 2008 where 20 requirements were made on the hospital; seven of these related to safety standards.

The April 2009 inspection detailed below focussed on safety, environment and the theatre department. The inspectors found that as of April 2009 the hospital employed no permanent nursing staff in the theatre or ward areas. Because concerns were still apparent, a follow up to the April inspection was conducted by the enforcement team on 4 June 2009, at which the above topics were further assessed.

Although work has been done to upgrade both the theatre and patient areas at the hospital, this is generally not of an acceptable standard. A requirement was placed on the hospital at inspection in 2005 to ensure that the anaesthetic room and recovery areas meet the recommended size and provision as specified by national guidelines so that patient and staff safety is not compromised. This requirement remains unmet and no documentary evidence was available at this inspection that plans to comply with this requirement have been substantially progressed further.

Also remaining unmet from the October 2008 inspection is the requirement that the hospital must provide evidence that electrical installation at the premises is fit for purpose.

Significant lapses were noted against infection control practices, decontamination and safety in May 2008, October 2008 and again at this inspection. At this inspection, 37 requirements have been made on the hospital.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Acute hospitals (with overnight beds) (AH)	Independent Hospital (IH)

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

Condition	Assessment
1. This establishment is registered as an Independent Hospital (IH) in the category of Acute hospitals (with overnight beds) (AH) to provide cosmetic surgery treatments, for persons of either sex	Met

Condition	Assessment
aged 18 years and over.	
2. The establishment may provide overnight beds for a maximum of eight (8) patients at any one time.	Met
3. The prior written approval of the Healthcare Commission must be obtained at least one month prior to providing any treatment or service not detailed in the establishment Statement of Purpose.	Met

Assessments

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Care Quality Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Care Quality Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

Standard met	Achieving the required levels of performance in all aspects of the standard
Standard almost met	Not achieving the required levels of performance in some aspects of the standard
Standard not met	Significant action is needed to achieve the required levels of performance
Not inspected	This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?

Types of Standards

Each standard number is prefixed by a letter denoting the type of standard it represents:

C	Core Standards
A	Acute Hospitals
M	Mental Health Establishments
H	Hospices
MC	Maternity Hospitals
TP	Termination of Pregnancy Establishments
P	Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
PD	Private Doctors

Requirements

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Care Quality Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Care Quality Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

Assessments and Requirements

Safety

Number	Standard Topic	Assessment
C13	Child Protection Procedures	Not inspected
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Standard met
C22	Medicines Management	Not inspected
C23	Ordering and Storage of Medicines	Not inspected
C24	Controlled Drugs	Standard almost met
C25	Infection Control	Not inspected
C26	Medical Devices and Decontamination	Standard not met
A10	Infection Control	Standard not met
A11	Decontamination	Not inspected
A33	Responsibility for Pharmaceutical Services	Not inspected
A34	Ordering, Storage, Use and Disposal of Medicines	Not inspected
A35	Administration of Medicines	Not inspected
A36	Self administration of Medicines	Not inspected
A37	Medicines Management	Not inspected
A38	Aseptic Dispensing, Non Sterile Manufacture and Repacking	Not inspected
A39	Storage and Supply of Medical Gases	Not inspected

No	Standard	Regulation	Requirement	Time scale

No	Standard	Regulation	Requirement	Time scale
1	C24	21(1)(a)(i)	**Findings:** Times were documented in the controlled drug register in theatre as 'AM/PM' rather than stating the actual time drugs were issued or administered. **Action required:** The registered person must ensure that anaesthetic personnel document the time drugs are issued/administered in line with national guidance on record keeping.	By 7 July 2009
2	A10	15(1)(c)	**Findings:** Sharps bins for use in the recovery area and on resuscitation trolleys located in recovery and in the ward area were not secured. **Action required:** The registered person must ensure that sharps disposal management is implemented in accordance with directions as stated on the sharps containers and the directions of the contractors.	By 30 June 2009 **This requirement is subject to a statutory enforcement notice.**
3	A10	15(6) 25(2)(a)	**Findings:** Hand washbasins provided for clinical use were not fit for purpose as they contained overflows, plugs, chains and wrongly fitted taps. **Action required:** The registered person must submit evidence that all clinical hand washbasins are fit for purpose, to control potential infection hazards and comply with Hospital Technical Memorandum (HTM) 64 and Health Facilities Note (HFN) 30.	By 30 July 2009
4	A10	15(6) 25(2)(c)	**Findings:** There was poor management of cloth screens and disposable curtains due to their lack of cleaning or changing. **Action required:** The registered person must ensure that there is effective infection control management of cloth screens and curtains required for patient privacy and dignity during the delivery of care and that manufacturer guidance is followed in respect of changing of disposable curtains.	By 30 June 2009 **This requirement is subject to a statutory requirement notice.**
5	C26	15(1)(c)	**Findings:** Single use medical devices and items were found to be available for reuse. **Action required:** The registered person must ensure that medical devices supplied as single use are not retained for reuse, to comply with national guidance and address product liability issues and ensure the safe	By 30 June 2009 **This requirement is subject to a statutory requirement notice.**

No	Standard	Regulation	Requirement	Time scale
			delivery of patient care during procedures.	
6	C26	9(1)	**Findings:** There were no policies in place to reflect the current system and management of surgical instrumentation and equipment to and from the external provider of sterile services. **Action required:** The registered person must prepare and implement a policy to enable a safe system of operation for sterile service in accordance with national guidance. The policy must be submitted to the Care Quality Commission.	By 30 July 2009

Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Not inspected
A20	Documented Procedures for Surgery – General	Standard almost met
A21	Documented Procedures for Surgery – Patient Care	Standard almost met
A22	Anaesthesia and Recovery	Standard not met
A23	Operating Theatres	Standard not met
A26	Cosmetic Surgery	Not inspected
A27	Day Surgery	Not inspected
A29	Arrangements for Immediate Critical Care	Not inspected
A30	Level 2 or Level 3 Critical Care within the Hospital	Not inspected
A40	Management of Pathology Services	Not inspected
A41	Pathology Services Process	Not inspected
A42	Quality Control of Pathology services	Not inspected
A43	Facilities and Equipment for Pathology Services	Not inspected

No	Standard	Regulation	Requirement	Time scale
7	A20	15(1)(c)	**Findings:** Contaminated bio-medical equipment was located in theatre. **Action required:** The registered person must ensure that full and effective cleaning and shut down procedures are undertaken by theatre personnel at the end of theatre lists to ensure good infection control procedures.	By 30 June 2009
8	A20	9(1)	**Findings:** Theatre policies were not comprehensive, were out of date and did not reflect current national guidance. **Action required:** The registered person must review, formulate and implement all theatre policies to support and underpin theatre practice with evidence based and national guidance. The policies must be submitted to the Care Quality Commission.	By 30 July 2009
9	A20	9(1)(e)	**Findings:** Risk assessments for the theatre department have not been carried out. **Action required:** The registered person must ensure that risk assessments are undertaken to ensure and enable safe systems of work. The risk assessments must be submitted to the Care Quality Commission.	By 7 July 2009
10	A21	21(1)(a)(i)	**Findings:** Patient care pathways were generally incomplete. **Action required:** The registered person must ensure that all care delivered is fully documented within the care pathway. The registered person must ensure that all patient documentation is comprehensively	By 7 July 2009

No	Standard	Regulation	Requirement	Time scale
			completed in line with national guidance for good record keeping.	
11	A22	15(5)	**Findings:** A number of used eye ointment tubes had been retained and were available for potential reuse. **Action required:** The registered person must ensure that eye ointments utilised during anaesthesia are discarded after each use and not retained to ensure that any potential cross contamination to patients is effectively avoided. All expired medication should be appropriately disposed of.	By 30 June 2009 **This requirement is subject to a statutory enforcement notice.**
12	A22	15(5)	**Findings:** The emergency drug vials, Dantrolene expired on the day of inspection and there was no evidence that replacements had yet been ordered. **Action required:** The registered person must ensure that all emergency drugs are within date and thereby safe for use on patients to ensure safe patient outcomes.	By 30 June 2009 **This requirement is subject to a statutory enforcement notice.**
13	A22	15(5)(6)	**Findings:** Expired sterile consumables and blood bottles were available for use within the anaesthetic room. **Action required:** The registered person must ensure that an effective system is in place for the routine checking of expiry for all consumables, so that expired products are removed and are not used during the delivery of patient care.	By 30 June 2009 **This requirement is subject to a statutory enforcement notice.**
14	A22	25 (2)(b)	**Findings:** The anaesthetic room and recovery areas do not meet the recommended size and provision as specified by national guidelines. **Action required:** The registered person must ensure that national guidelines are complied with to ensure that the anaesthetic room and recovery areas meet the recommended size and provision as specified by national guidelines so that patient and staff safety is not compromised.	By 30 July 2009
15	A23	37(1)(a)	**Findings:** Some remedial works to the theatre department fabric have been undertaken, however, the fabric and some fixtures remain below an acceptable standard and further refurbishment is required. **Action required:** The registered person	By 30 June 2009 **This requirement is subject to a statutory**

No	Standard	Regulation	Requirement	Time scale
			must submit an action plan that clearly identifies the start date for refurbishment or replacement works toward ensuring a safe operative environment for patients and users.	**enforcement notice.**
16	A23	25(2)(a)(b)(c)	**Findings:** The fabric of the dirty utility room is below an acceptable standard due to the lack of a clinical hand washbasin, holes in the walls, poor flooring and is in need of deep cleaning. **Action required:** The registered person must ensure that dirty utility room is made good in line with Health Building Note (HBN) 26, HFN 30 and associated HTMs in order to ensure a safe working environment.	By 30 June 2009 **This requirement is subject to a statutory enforcement notice.**
17	A23	37(1)(a)	**Findings:** The floor covering throughout the theatre department is in a state of disrepair due to it no longer being sealed, impervious and smooth and is therefore below the standard required by HBN 26 and HFN 30 and HTM 61. **Action required:** The registered person must ensure that action is undertaken to replace the flooring in theatre to ensure a safe environment for patient use and that a risk assessment is formulated and implemented to ensure management of any infection control risks.	By 30 June 2009 **This requirement is subject to a statutory enforcement notice.**
18	A23	37(1)(a)	**Findings:** Ceiling fixtures are not properly fitted or sealed and are therefore below the standard required by HBN 26, HFN 30 and HTM 60 to ensure a safe operative environment for patients during surgical procedures. **Action required:** The registered person must submit evidence that ceiling fixtures are correctly fitted to meet compliance and ensure a safe environment for patient use.	By 7 July 2009
19	A23	37(1)(a)	**Findings:** The wall below the base of the scrub sink was not properly sealed and there were exposed areas of plaster and uneven and roughened areas, below the standard required by HBN 26, and HFN 30. **Action required:** The registered person must take action to ensure a safe environment in line with national and infection control guidance.	By 7 July 2009
20	A23	37(1)(a)	**Findings:** Doors within the department are in a poor state of repair and below the standard required in HBN 26, HFN	By 30 June 2009

No	Standard	Regulation	Requirement	Time scale
			30, HTM 58 and BS EN 1935:2002. **Action required:** The registered person must submit evidence that doors within the theatre area are compliant with national guidance to ensure a safe environment for the delivery of patient care	**This requirement is subject to a statutory enforcement notice.**
21	A23	37(1)(a)	**Findings:** It could not be determined whether the theatre ventilation system meets the national guidance requirements of HTM03-01 (formerly HTM2025) for the number of air changes and filtration grades. **Action required:** The registered person must submit documentary evidence that the ventilation system is compliant with national guidance to demonstrate that patients and users are assured of a safe operative environment during procedures.	By 30 June 2009 **This requirement is subject to a statutory enforcement notice.**
22	A23	37(1)(a)	**Findings:** There was no visual environmental monitoring of temperature and humidity within the operating theatre. **Action required:** The registered person must ensure that there is appropriate environmental monitoring within the theatre in accordance with HBN 26, so that a safe operative environment is assured.	By 7 July 2009

Governance

Number	Standard	Assessment
C7	Policies and Procedures	Not inspected
C8	Role and Responsibilities of the Registered Manager	Not inspected
C9	Human Resources Policies and Procedures	Standard almost met
C10	Practising Privileges	Standard almost met
C11	Compliance with Professional Codes of Conduct	Not inspected
C12	Health Care Workers and Blood Borne Viruses	Not inspected
C16	Worker's Concerns	Not inspected
C28	Contracts	Standard almost met
C29	Records Management	Not inspected
C30	Completion of Health Records	Not inspected
C31	Information Management	Not inspected
C32	Research	Not inspected
A3	Qualifications of all Medical Practitioners	Not inspected
A4	Qualifications and Experience of Medical Practitioners Undertaking Independent Private Practice (i.e. without supervision, commonly known as "Consultants"	Not inspected
A5	Practising Privileges and the Medical Advisory Committee	Standard almost met
A6	Resident Medical Officers	Not inspected
A7	Allied Health Professions	Not inspected
A8	Training, Experience and Qualifications of Staff	Not inspected

No	Standard	Regulation	Requirement	Time scale
23	C28	15(2)(b)	**Findings:** No service contract was available for the ventilation system in the theatre area. **Action required:** The registered person must submit a copy of a service contract for the ventilation system within theatre.	By 7 July 2009
24	C28	9(1)(c)	**Findings:** There was no service level agreement in place or accreditation documentation with or from the third party providing sterile services to the hospital. **Action required:** The registered person must submit copies of a service level agreement or accreditation documentation with or from the third party providing sterile services to the hospital.	By 7 July 2009
25	C10	18(2)(a)	**Findings:** No audit had been undertaken on consultants, surgeons, anaesthetists and RMOs to demonstrate that registrations, appraisals, memberships and insurances were in date as of April 2009. **Action required:** The registered person must submit evidence that all medical practitioners with admitting rights at the hospital have had in date	By 7 July 2009

No	Standard	Regulation	Requirement	Time scale
			and valid checks, registrations and appraisals to ensure that patients receive treatment from appropriate qualified, checked and trained medical practitioners.	
26	A5	9 (1)(h)	**Findings:** There was no evidence of a policy covering the process of the granting of and review of admitting rights and practising privileges and there was no evidence that the hospital's medical advisory committee had been involved in a decision to revoke a doctor's admitting rights at the hospital. **Action required:** The registered person must submit a policy covering the process of the granting of and review of admitting rights and practising privileges and evidence that the medical advisory committee are involved in the decisions to grant, review and revoke practising privileges and admitting rights at the hospital to ensure that patients receive treatment from medical practitioners who have the appropriate expertise.	By 7 July 2009
27	C9	19 (1)(2)	**Findings** The registered provider has appointed a responsible individual to act on behalf of the company. There was no evidence of a job description, CRB or fitness checks or of a contractual agreement in relation to the responsible individual. **Action Required** The registered provider must submit evidence that they have undertaken appropriate checks in order to determine the fitness of the person appointed as the responsible individual.	By 7 July 2009

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Not inspected
C2	Patient Centred Care	Standard met
C5	Care of the Dying	Not inspected
C14	Complaints Process	Standard met
C15	Information for Patients about Complaints	Not inspected
C19	Catering Services for Patients	Standard met
C27	Resuscitation	Not inspected
A1	Information for Patients	Not inspected
A2	Advertising	Not inspected
A12	Resuscitation	Standard almost met
A13	Resuscitation Equipment	Standard not met

No	Standard	Regulation	Requirement	Time scale
28	A12	18(2)(a)	**Findings:** Mandatory resuscitation training has not been provided for all staff and records of any recent resuscitation training undertaken elsewhere were not available. **Action required:** The registered person must submit evidence that all healthcare professionals have undertaken appropriate cardio pulmonary resuscitation training to ensure that, when necessary, patients are resuscitated appropriately.	By 7 July 2009
29	A12	35	**Findings:** Key resuscitation and anaphylaxis policy(s) are not in place. **Action required:** The registered person must ensure that key resuscitation and anaphylaxis policies which reflect current national guidance are prepared and implemented. The policies must be submitted to the Care Quality Commission.	By 7 July 2009
30	A13	37(1)(a)	**Findings:** There was poor management of anaesthetic accessories. Reusable items with no evidence of thermal decontamination or traceability labelling were found in the resource trolley. **Action required:** The registered person must ensure effective management of all anaesthetic accessories in line with national guidance by ensuring items are routinely transferred following use for thermal decontamination and relevant processing by the external provider of sterile services.	By 7 July 2009
31	A13	15(1)(c)	**Findings:** There was no documented evidence of how long the rebreathe bags located in the draw of the	By 7 July 2009

No	Standard	Regulation	Requirement	Time scale
			anaesthetic machine in theatre had been in use. **Action required:** The registered person must ensure that anaesthetic equipment is used in line with manufacturer guidance to ensure the safe use of medical devices during the delivery of patient care.	

Accessible and responsive care

Number	Standard Topic	Assessment
C6	Patient's Views	Not inspected

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Standard not met
C21	Health and Safety Measures	Not inspected
A9	Health and Safety	Not inspected

No	Standard	Regulation	Requirement	Time scale
32	C17	25(2)(a)	**Findings:** The fabric of the corridors and ceiling in the hospital are in a poor state of repair. **Action required:** The registered person must submit evidence that the corridors and ceiling have been made good in line with HBN 4 and HFN 30 to ensure the premises are in good order and of sound construction.	By 30 June 2009 **This requirement is subject to a statutory enforcement notice.**
33	C17	15(1)(c)	**Findings:** Old portable oil heaters are in use in the operating department; their finish is in a poor state of cleanliness and repair. **Action required:** The registered person must submit evidence that the theatre areas have appropriate heating apparatus to ensure a safe environment for all users.	By 7 July 2009
34	C17	25(2)(d)	**Findings:** The floors of patient bathrooms were not effectively sealed, tiles were uneven and cracked and carpeting was dirty. **Action required:** The registered person must submit evidence that appropriate flooring and sealants are in place in patient bedrooms to ensure that the potential hazards for injury to patients and cross contamination are removed and that the patient bathroom accommodations are in line with HFN 30 and HBN 04-01 guidance.	By 7 July 2009
35	C17	15(5)	**Findings:** The door to the nurses station on the first floor where patient records and controlled drugs are stored did not have a suitable lock. **Action required:** The registered person must submit evidence that a lock has been installed to the nurses station door, to ensure that patient records and controlled drugs are stored securely.	By 7 July 2009

No	Standard	Regulation	Requirement	Time scale
36	C17	15 (2)(a)(b)	**Findings:** There was no valid periodic inspection report for electrical installation at the hospital. **Action Required:** The registered provider must submit a valid periodic inspection report for electrical installation to ensure that staff work in and patients receive treatment in an environment where electrical hazards are minimised.	By 30 June 2009 **This requirement is subject to a statutory enforcement notice.**
37	C17	25 (2)(a)(c)	**Findings:** A lift is available to the first floor. The lift requires a new door to be fitted. On the day of the inspection, areas between the flooring of the lift were observed to be dusty and grimy, with dirt and debris in the gaps. This requires immediate deep cleaning. **Action Required:** The registered provider must submit evidence that a new door has been fitted to the lift and a deep clean has been undertaken to all lift areas to ensure a sound and safe environment for all users.	By 7 July 2009