

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

## The Belvedere Private Hospital

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Date of Inspection: 29 November 2013

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

<b>Care and welfare of people who use services</b>	✘	Action needed
<b>Management of medicines</b>	✘	Action needed
<b>Requirements relating to workers</b>	✘	Action needed
<b>Records</b>	✘	Action needed

## Details about this location

Registered Provider	The Pemberdeen Laser Cosmetic Surgery Clinic Limited
Overview of the service	The Belvedere Private Hospital is an independent hospital which provides cosmetic surgery and is situated in the London borough of Greenwich.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activity	Surgical procedures

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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

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

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 November 2013, talked with staff and were accompanied by a pharmacist.

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### What people told us and what we found

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We inspected the service in order to follow up concerns from previous inspections. At this inspection we identified continued concerns in the way the hospital managed medicines, planned care and treatment, recruited staff and maintained care records.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 01 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✘ Action needed

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

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### Our judgement

The provider was not meeting this standard.

Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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

At our inspection of 29 November 2013 we found that appropriate individual risk assessments were not being completed in regards to patients undergoing surgery. National Institute for Health and Care Excellence (NICE) recommends that all adults 18 and over who are admitted to hospital as inpatients including those admitted for day-case procedures should be assessed to identify those who are at increased risk of Venous Thromboembolism (VTE). We looked at five clinical records and found that in only one case a risk assessment for VTE had been undertaken. Based on NICE guidelines we identified one patient at increased risk of VTE as their age was over 60 years and they had undergone a surgical procedure with a total anaesthetic and surgical time of more than 90 minutes. However we could not find a record of VTE risk assessment in their care file. The provider later told us that all patients admitted for surgery were deemed high risk and were provided with suitable preventive measures. However, although the service regarded all the patients as at high risk of VTE, we were concerned that patients at risk of VTE were not provided with suitable support in terms of advice, medication and mechanical devices because we did not find any evidence that the patients had been individually risk assessed to identify the appropriate intervention nor did we find any evidence that patients had received support.

The clinical records had forms for recording latex allergy and overall risk for patients. The overall risk had not been scored in any of the patients' records we examined on the day of the inspection.

There was lack of appropriate checks to ensure people received safe and appropriate care. For example, we found in the consultation room an overfilled sharps bin that had no assembly date. We found in the male and female changing rooms of the theatre suite soiled used and clean clogs lying un-separated on the floor. Also, in the theatre suite we noted a sharps bin had not been supplied with an assembly date. An instrument trolley in the theatre suite contained a tracheal tube partially protruding from within an open sterile package and two laryngoscopes partially contained by opened packaging in a degradable kidney dish. In the stock room adjacent to theatre we found a nasal dressing that had expired in June 2013. This meant that equipment used to provide care and treatment to people was not being checked appropriately to ensure it was sterile, clean and in date before use.

At our inspection on 29 November 2013 we noted that the resuscitation trolleys on both the ground and first floor included checklists that documented the equipment that should be on the trolleys. The checklists for both trolleys had been completed showing that the contents of the resuscitation trolley and emergency drugs in the ward area of the hospital had been monitored. These checklists were completed on the days that the theatre was operating. The checks indicated that the trolleys contained all the medicines and equipment that had been listed. All the equipment and medicines listed, including anaphylaxis shock packs were present and in date.

We found that some equipment throughout the hospital that we checked was out of date. For example on a dressing trolley on the first floor we found venous cannulas which expired in September and October 2013 and a syringe that expired before September 2013. In the recovery room we found combi-stoppers which expired in August 2013.

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

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## Our judgement

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The provider was not meeting this standard.

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

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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

Medicines were not handled safely. At our inspection on 29 November 2013 we found that the temperature for the medicines refrigerator in theatre was checked each time there was a theatre list. These temperatures demonstrated that medicines requiring refrigeration were being stored at the correct temperature. We found that out-of-date medicines were not disposed appropriately in a timely manner. For example we found two medicines in the medicine cupboard in the recovery room which had expired in October 2013 and also one medicine in the anaesthetics console in the theatre that had expired in June 2013. Despite there being a record that medicines had been checked for their expiry dates on 17 October 2013 in the ward area; we found one medicine that expired on 01 November 2013. In the consulting room we found an opened sachet of antiseptic liquid that stated that it was for single use only. No consultations were being held at the hospital on the day of inspection therefore it was not possible to determine how long this medicine had been opened for. This may lead to the administration of expired medicines to people which may affect their health and safety.

The proposed registered manager informed us of the changes to their systems for obtaining medicines; however there were no written procedures available which reflected these changes. Therefore we were unable to confirm if these changes had been implemented.

The Controlled Drug Accountable Officer (AO) had left the service in September 2013. The proposed registered manager, informed us that they had identified a member of staff to become the hospital's Controlled Drugs Accountable Officer. However, they were unsure if the hospital was exempt from the legislation due to the number of staff employed at the hospital.

The controlled drugs were kept in a locked cabinet and a record book was available to record the usage of the medicines. The theatre controlled drug records for 26 September 2013 indicated that several doses of medicine were given over time from one ampoule of medicine instead of a new ampoule being used on each occasion; this poor practice had also been brought to the attention of the provider at the inspection on 07 September 2013. A new controlled drug record book had been introduced on 04 November 2013; all entries in this book were made in the correct manner. The controlled drugs were checked at the beginning and end of each theatre list. However, there was no record of the AO's monitoring and auditing of the management and use of controlled drugs by relevant individuals and therefore the safe use of these medicines could not be confirmed.

There was a medical gas pipeline system installed, this was noted to be suitable for the size of the premises. The medical gas cylinders were all in date and stored in secure facilities, but the cylinders were not stored in accordance with Health Technical Memorandum 02-01. We noted that the outside stock medical gas store was locked.

All gas cylinders were appropriately secured to the wall by means of chains, it was apparent that the chains had been fastened immediately prior to us being shown the gas store, as a loose end of one of the chains was swinging for reasons which could not be otherwise explained by the staff present. We saw that the active gases, those currently in use, were stored in a separate locked store behind the operating theatre. We noted that four cylinders in this store were not secured. We were told that two of these had been brought to the store on the day prior to inspection and the other two were empty and awaiting collection. Of the two described as empty, one appeared to be connected to the outlet that supplied gas to the theatre. The maintenance person confirmed that this cylinder was connected to the theatre supply and in use. Therefore it was unclear if there was gas available in theatres. All cylinders were secured in our presence. As these cylinders had not been chained there was a risk to staff safety of them falling over.

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

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## **Our judgement**

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The provider was not meeting this standard.

The provider did not undertake effective checks before employing all staff.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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When we inspected the hospital on 13 September 2012, 07 November 2012, 08 January 2013, 11 and 12 March 2013 and 04 September 2013 we found that not all appropriate checks had been conducted to ensure that only suitable staff were employed by the service. We asked the provider to take action to address these concerns and went back to inspect the service on 29 November 2013.

At our inspection on 29 November 2013 we found that appropriate checks were not always undertaken before staff began work. For example, we reviewed a sample of staff files and found that for a staff member the provider had only received one reference. We saw that on an unsigned and undated application form one referee name was provided with no contact details. The corresponding reference on file was supplied by another staff member working at the hospital. The latter's reference was on a similar template on which they had provided the reference for the former, which meant that the two staff members had provided reference for each other. In another staff member's file we found that one of two references was addressed 'to whom it may concern' and printed on un-headed paper with no other background. In two staff members' files, who had been employed through an agency, no photographic proof of identity was present on file. In one case the client confirmation was addressed to 'Cosmetics Hospital Limited', an unknown legal entity at the registered address of the Belvedere Hospital.

In another case we noted that though a broad written summary of duties was present, it did not constitute a full employment history, which was not available in the staff member's file. It was additionally noted that the application form in use made no provision to invite the applicant to supply a full employment history and a written explanation of any gaps in employment.

The manager showed us a clinical staff statutory check matrix which they had prepared to assist an administrator to quickly identify on a monthly basis when checks were required to be renewed. The matrix however showed that for one surgeon who carried out procedures with regularity including 31 procedures in the previous 12 weeks, the record presented for inspection inaccurately indicated that the status of the clinician's professional indemnity

insurance was not known.

The manager shared with us the training matrix showing the five topics listed as "mandatory training". According to the matrix only two of 13 staff listed had completed all mandatory training. According to the mandatory training matrix, a nurse had completed none of the five training elements. It was however evidenced both from rotas and theatre ledger records that the nurse had assisted as either scrub or circulating nurse in excess of 20 procedures in theatre until 10 October 2013.

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

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## Our judgement

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The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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When we inspected the hospital on 13 September 2012, 07 November 2012, 08 January 2013 and 04 September 2013 we found records were not accurate and fit for purpose. We took enforcement action against the provider in order that they address these concerns.

At our inspection of 29 November 2013 we found that records were not all accurate and fit for purpose. We checked the theatre ledger and found two instances where operations had been assigned duplicate operation numbers, several instances of missing anaesthetic assistant, names and/or signatures, a missing procedure, several instances of missing anaesthetist, several instances of missing surgeon, several instances of deleted and obliterated entries in respect of 'induction', 'on table' and 'off table' times.

We reviewed patient files and found instances of missing patient's signature, missing nurses' signature and date in the pre-operative screening document, missing named nurses, and missing receiving person name in the theatre record in the patient file. We checked the surgery safety list for patients who had undergone surgery. Organisations are required to ensure the checklist is completed for every patient undergoing a surgical procedure. However, we found instances of missing operation details, missing dates, missing surgeon's name and signature, missing operating department practitioner's name, incomplete sign out section including missing details of swab and sharp count and key concerns for recovery. This meant that important information as regards patient care and theatre records was not being recorded suitably and accurately.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Surgical procedures	<p><b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Care and welfare of people who use services</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>People were not protected from the risks of unsafe or inappropriate care as the registered person did not have procedures in place to ensure that each service user was protected against the risks of receiving care that was inappropriate or unsafe, by means of an assessment of the needs of the service user and the planning and delivery of care. (Regulation 9 (1), (a), (b) ((i)), ((ii)))</p>
Regulated activity	Regulation
Surgical procedures	<p><b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Management of medicines</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, handling and disposal of medicines used for the purposes of the regulated activity. (Regulation 13)</p>

**This section is primarily information for the provider**

Regulated activity	Regulation
Surgical procedures	<b>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Requirements relating to workers</b>
	<b>How the regulation was not being met:</b> The registered person did not operate effective recruitment procedures and did not ensure that information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and such other information as was appropriate was available in respect of a person employed for the purposes of carrying on a regulated activity (Regulation 21 (a) (b))
Regulated activity	Regulation
Surgical procedures	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Records</b>
	<b>How the regulation was not being met:</b> The registered person did not ensure that service users were protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user which included appropriate information and documents. Regulation 20 (1) (a))

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 by 01 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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