

Inspection Report 2008/2009

The Hospital Group Ltd.

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Introduction

Certain independent healthcare providers in England must be registered with the Healthcare 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 Healthcare 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 Hospital Group Ltd. is a UK wide provider of cosmetic surgery treatments, including obesity surgery and hair transplantation. Surgery is performed at the company's own hospital, Dolan Park, in the West Midlands. The Nottingham clinic provides initial consultation and post -surgical wound care, as well as some cosmetic treatments that do not require registration with the Healthcare Commission. The clinic was first registered in December 2007. It is situated in a former coach house in the residential district of West Bridgford, about two miles from the centre of Nottingham. All patient areas, including two consulting rooms and a clinic room, are situated on the ground floor. There is a small carpark and on-street parking. Patients attending the clinic are initially seen by a patient care coordinator before being assessed for surgery by a surgeon.

This inspection took place on 6 February 2009, and was unannounced.

Main findings

This inspection was undertaken in response to the Nottingham clinic's own annual self assessment, and was the first inspection since it was registered in 2007. The self assessment identified concerns that the clinic has not developed its own systems of monitoring quality and safety, as required by the Care Standards Act 2000, and was operating in effect as a 'satellite' of Dolan Park. Since the Nottingham clinic is registered separately with the Healthcare Commission, it must provide evidence in its annual self assessment that it is meeting the standards in its own right, and not just as one of the clinics in the group.

At the inspection we found that there was no registered manager in post, and that the Statement of Purpose, which is designed to provide patients with information about the establishment, was not clear or up to date. Inspection of selected standards has led to us making 16 requirements for improvement. These relate largely to the fact that the clinic does not currently have a registered manager, and that it has not developed its own governance systems. Only one of the standards we inspected was found to be fully met. However, this does not indicate that we found the clinic to be unsafe or providing a poor quality service, but that it is not yet taking responsibility for ensuring it meets the National Minimum Standards

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Independent clinic	Private doctors (other)

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
Consultations may be offered to people aged 18 (eighteen) years and over only	Condition met
Dressing procedures and the removal of sutures may be carried out, with use of local anaesthesia	Condition met
Surgical procedures may not be carried out using general anaesthesia and/or intravenous sedation	Condition 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 Healthcare 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 Healthcare 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 Healthcare Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Healthcare 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
C18	Condition and Maintenance of Equipment and Supplies	Standard not inspected
C20	Risk Management Policy	Standard not met
C22	Medicines Management	Standard not inspected
C23	Ordering and Storage of Medicines	Standard not inspected
C24	Controlled Drugs	Standard not inspected
C25	Infection Control	Standard not met
C26	Medical Devices and Decontamination	Standard not inspected
PD5	Prescribing of medication	Standard not inspected
PD10	Prescribing of medication	Standard not inspected

No	Standard	Regulation	Requirement	Time scale
1	C20	25 (2) (d) 15 (2)	<p>Findings There is no system in place that makes staff working in the Nottingham clinic responsible for identifying, monitoring and managing risks in their own work place on a regular basis.</p> <p>Action required The registered person must take responsibility for identifying, monitoring and managing risks within the establishment. This is to ensure the safety of patients, visitors and staff.</p>	28 February 2009
2	C25	15 (6) 25 (2) (c)	<p>Findings The findings of a corporately conducted infection control audit, dated 08/01/09, identified areas for improvement throughout the clinic, including four in the consulting room and 12 in the clinic room. The audit report called for a full response by 14/02/09 but no action plan indicating progress to date was available. Visual inspection of the clinic showed that several points identified for immediate action had not been actioned, including the use of bleach to clean the ladies' toilet.</p> <p>Action required The registered person must take responsibility for ensuring that actions identified through audit are completed in line with the provider's own stated deadlines. This is to ensure that patients, visitors and staff are protected from health care associated infections.</p>	28 February 2009

3	C25	15 (6)	<p>Findings Cleaning of the clinic room is undertaken by the establishment's own staff. However, no identification of the responsibilities of staff in relation to infection control, and no cleaning schedule for the clinic room were available at inspection.</p> <p>Action required The registered person must ensure that staff responsibilities in relation to cleaning the clinic room are clearly documented, and that a schedule of cleaning this room is maintained. This is to ensure that patients and staff are protected from health care associated infections.</p>	28 February 2009
4	C25	18 (1) (2) (a)	<p>Findings There was no evidence of staff training in infection control.</p> <p>Action required The registered person must take responsibility for ensuring that all staff working in the establishment receive infection control training that is appropriate to their role. This is to ensure that patients, visitors and staff are protected from health care associated infections.</p>	31 March 2009
5	C25	15 (6)	<p>Findings Floor-cleaning equipment is being stored in the ladies' toilet. This presents a potential risk of the spread of infection.</p> <p>Action required The registered person must ensure that cleaning equipment is not stored in areas used by patients. This is to ensure that patients, visitors and staff are protected from health care associated infections.</p>	28 February 2009

Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Standard not inspected
C4	Monitoring Quality	Standard almost met
PD2	Management of patients	Standard not inspected
PD7	Contacting practitioners and out of hours services	Standard not inspected
PD8	Information to GPs	Standard not inspected
PD9	Arrangements for provision of treatment	Standard not inspected
PD11	Pathology services	Standard not inspected
PD12	Information to GPs	Standard not inspected

No	Standard	Regulation	Requirement	Time scale
6	C4	15(1) (a) (b)	<p>Findings</p> <p>There is a clinical audit programme, which is led corporately. Some audits are targeted specifically at care provided at the Nottingham clinic. However, no evidence was provided to indicate that Nottingham clinic staff take responsibility for their own quality monitoring activities.</p> <p>Action Required</p> <p>The registered person must take responsibility for monitoring the quality of the services provided at the Nottingham clinic, in addition to acting on the recommendations of corporately-driven audits. This is to ensure that staff in the Nottingham clinic are actively involved with identifying and addressing issues in their own practice where improvements could be made.</p>	24 April 2009

Governance

Number	Standard	Assessment
C7	Policies and Procedures	Standard almost met
C8	Role and Responsibilities of the Registered Manager	Standard not met
C9	Human Resources Policies and Procedures	Standard not met
C10	Practising Privileges	Standard not met
C11	Compliance with Professional Codes of Conduct	Standard not inspected
C12	Health Care Workers and Blood Borne Viruses	Standard not inspected
C16	Workers' Concerns	Standard not inspected
C28	Contracts	Standard not met
C29	Records Management	Standard not inspected
C30	Completion of Health Records	Standard not inspected
C31	Information Management	Standard not inspected
PD1	Arrangements for provision of treatment	Standard not inspected

No	Standard	Regulation	Requirement	Time scale
7	C7	9 (1) (4)	<p>Findings</p> <p>Some policies were found to be overdue for review, and for some, staff had not signed to indicate that they had read them.</p> <p>Action required</p> <p>The registered person must take responsibility for ensuring that policies for all operational areas within the establishment:</p> <ul style="list-style-type: none"> - are up to date - are readily available to all staff - have been signed by staff to indicate that they have read them. <p>This is to ensure the quality and safety of working practices.</p>	31 March 2009
8	C8	30 (b) 11	<p>Findings</p> <p>The registered manager named on the clinic's registration certificate and on the organisational structure diagram is no longer working at the establishment. We have not received an application for the role of registered manager from the person named as such on the clinic's most recent Statement of Purpose. We have not been notified by the provider of a change of registered manager as required by Regulation 30 (b) and have not received an application in line with Regulation 11 of the Private and Voluntary Health Care Regulations 2001.</p> <p>During the inspection it was evident that the person currently in day to day charge of the establishment was not familiar with the Care Standards Act 2000, the National Minimum Standards,</p>	31 March 2009

No	Standard	Regulation	Requirement	Time scale
			<p>and the Private and Voluntary Health Care Regulations 2001. Whilst it is not his responsibility to have this knowledge unless he becomes the registered manager, it is the provider's responsibility to ensure that the clinic is managed in accordance with the law and the standards detailed above.</p> <p>Action required The registered person must appoint someone who can fulfil the role of registered manager with immediate effect. This is to ensure that:</p> <ul style="list-style-type: none"> - the clinic is managed in line with the requirements of the Care Standards Act 2000, the National Minimum Standards, and the Private and Voluntary Health Care Regulations 2001 - patients can be assured that the establishment is run by a suitably qualified. 	
9	C9	18 (1) (2)	<p>Findings Arrangements for training and continuing professional development for staff recruited specifically to work in the Nottingham clinic are managed corporately. Staff files and records of performance management meetings are also kept by the corporate body. There was inadequate evidence that directly employed staff are receiving appropriate supervision and opportunities for continuing development.</p> <p>Action required The registered person must take responsibility for monitoring and recording the supervision, appraisal and training of staff employed to work specifically in the Nottingham clinic. This is to ensure that patients receive information and care from appropriately trained and supervised staff.</p>	31 March 2009

10	C10	18 (3)	<p>Findings Responsibility for monitoring the performance and continuing professional development of staff who work at the Nottingham clinic under practising privileges rests wholly with the corporate body.</p> <p>Action required The registered person must have access to records that demonstrate that staff working at the Nottingham clinic under practising privileges are suitably trained, receive regular appraisals, and have suitable arrangements for continuing professional development. This is to ensure that patients receive information and care from appropriately trained and supervised health care professionals.</p>	31 March 2009
11	C28	25 (2) (c)	<p>Findings There is a contract with a local cleaning company to clean all areas except the clinic room, but a copy could not be found on the day of the inspection. No evidence of quality monitoring of the contract was provided.</p> <p>Action required The registered person must ensure that copies of contracts with external organisations are readily available at the establishment, and that arrangements are in place for monitoring the quality of contracted services. This is to ensure that services and goods provided are of the required quality.</p>	31 March 2009

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Standard not met
C2	Patient Centred Care	Standard met
C14	Complaints Process	Standard not inspected
C15	Information for Patients about Complaints	Standard not inspected
C27	Resuscitation	Standard not inspected

No	Standard	Regulation	Requirement	Time scale
12	C1	6	<p>Findings</p> <p>The Statement of Purpose dated 01/07/08 is not up to date. The name of the registered manager on the Statement of Purpose is not the same as the name on the registration certificate, or the organisational chart supplied with the self assessment documentation.</p> <p>In addition, the aims and objectives section describes the facilities and treatments available at the inpatient facility (a separate registered establishment) in several places, rather than describing services provided at the Nottingham clinic.</p> <p>Action required</p> <p>The registered person must ensure that there is an up to date and accurate Statement of Purpose for the Nottingham clinic. This must include all the information outlined in Schedule I of the Private and Voluntary Health Care Regulations 2001.</p>	28 February 2009

Accessible and responsive care

Number	Standard Topic	Assessment
C6	Patients' Views	Standard not met

No	Standard	Regulation	Requirement	Time scale
13	C6	17 (1) (2) (3)	<p>Findings An annual patients' survey is carried out corporately, and does not identify findings relating specifically to the opinions of patients attending the Nottingham clinic. The annual report for the period April 2007 – March 2008 was seen. It is a large, detailed document containing significant amounts of numerical data, and is not in a format that is suitable to give to patients or prospective patients.</p> <p>Action required The registered person must take responsibility for:</p> <ul style="list-style-type: none"> - obtaining the views of patients attending the Nottingham clinic - collating them into an annual report, in a format appropriate to the patient profile for that clinic - making the report available to patients, prospective patients, and the regulator. <p>This is to ensure that patients' views are used to inform the provision of treatment and care, and to provide information for prospective patients.</p>	31 March 2009

Care environment and amenities

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

No	Standard	Regulation	Requirement	Time scale
14	C17	25 (2) (a) (c) (d) (4)	<p>Findings A fire risk assessment undertaken on 08/01/09 identifies a number of areas of deficit, including that fire drills have not been carried out annually. The manager confirmed that a fire drill has taken place since then, but has no documented record of it. No records of fire alarm testing or overall maintenance plan for the premises were available.</p> <p>Action required The registered person must take responsibility for ensuring that an overall maintenance plan is in place, and that this includes all procedures necessary for fire prevention. There must be documentary evidence that these procedures are being followed. This is to ensure that patients receive treatment in premises that are safe and appropriate for that purpose.</p>	28 February 2009
15	C21	9 (1) (e)	<p>Findings The Control of Substances Hazardous to Health (COSHH) policy and emergency contingency policy are beyond their review dates. COSHH assessments were completed for several hazardous cleaning products in 2007, but although the completed forms indicate a review date of one year, no evidence that this has taken place was available. The hazards may not have changed since the original assessment, but there is no evidence to denote whether this is the case. There was also no documentation indicating whether all hazardous substances currently in use in the clinic have been assessed.</p> <p>Action required The registered person must take responsibility for ensuring that COSHH assessments are current and comprehensive. This is to ensure that patients and staff are protected from hazardous substances.</p>	31 March 2009

No	Standard	Regulation	Requirement	Time scale
16	C21	19 (1) (e)	<p>Findings The manager was unaware of procedures for documenting accidents.</p> <p>Action required The registered person must take responsibility to make sure that accidents and 'near misses' are recorded and reported appropriately. This is to ensure that risks are minimised and learning takes place.</p>	28 February 2009

The Healthcare Commission exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

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