Weymouth Street Hospital

Quality Report

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Date of inspection visit: 6 and 14 December 2016
Date of publication: 21/07/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	**Good**
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Weymouth Street Hospital is an independent hospital operated by Weymouth Clinic Limited and has been on this site since 2010. The hospital has 17 beds. Facilities include four operating theatres, medical and diagnostic facilities.

We last inspected this hospital on 27 September 2013. Our findings were they met all of our standards of quality and safety at the time.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 6 December 2016 along with an unannounced visit to the hospital on 14 December 2016.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this hospital is surgery and any other services are provided using the same nursing staff, patient rooms and facilities. For this reason we have not reported on these separately but have included our findings within surgery.

The hospital provides a sleep disorder service which was not inspected as part of this inspection.

Services we rate

We rated this hospital as good overall.

Our key findings were as follows:

• There were good systems to keep people safe and to learn from adverse events or incidents.

• The environment was visibly clean and well maintained and there were measures to prevent and control the spread of infection.

• There were sufficient numbers of suitably qualified, skilled and experienced staff to meet patients' needs, and staff had access to training and development, which ensured they were competent to do their jobs.

• There were arrangements to ensure patients had access to suitable refreshments, including drinks.

• Treatment and care was delivered in line with national guidance and the outcomes for patients were good.

• Patient consent for treatment and care met legal requirements and national guidance.

• Patients could access care in a timely way, and had choices regarding their treatment day.

• Staff ensured patients privacy and the dignity of patients was upheld.

• The leadership team were visible and appropriate governance arrangements meant the service continually reviewed the quality of services provided.

- However, there were also areas of where the provider needs to make improvements. The provider should:
- Continue to actively monitor and encourage staff compliance with hand hygiene and surgical safety checklist requirements.
- Continue to address appraisal and training requirements for theatre staff.

Summary of findings

- Consider running a regular pain relief audit as our inspection showed patients pain levels were not always properly recorded as part of the patient's assessment.
- Continue to actively monitor and encourage the completion of patient notes by consultants with practising privileges.

Ted Baker

Deputy Chief Inspector of Hospitals (London)

Overall summary

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Weymouth Street Hospital is a 17 bed private hospital over 6 floors. It has seven single rooms for day care patients and 10 single occupancy inpatient rooms with en-suite bathrooms, spread across 2 floors. The hospital offers elective surgical procedures for adults including cosmetic surgery, ENT, orthopaedics, breast, gynaecology, urology, gastrointestinal (GI), colorectal,cranial and podiatry. Surgery usually takes place Monday to Saturday.

Summary of findings

Contents

Good

Weymouth Street Hospital

Services we looked at

Surgery;

Summary of this inspection

Background to Weymouth Street Hospital

Weymouth Street Hospital is operated by Weymouth Clinic Limited . The hospital opened in 2010. It is a private hospital within the area of central London known as the 'Harley Street enclave', which has a large number of independent hospitals and clinics. The hospital provided services to local and international clients.

The registered manager at the time of our inspection had been in post since July 2015.

The hospital provided a large range of cosmetic and general surgical services, diagnostic services and other related medical services to local and international patients.

Our inspection team

The team that inspected the service comprised a CQC lead inspector,another CQC inspector, and a CQC inspection manager with a surgical nursing background

Why we carried out this inspection

We inspected the hospital as part of our independent hospital inspection programme.

How we carried out this inspection

To understand the patients' experiences of care, we always ask the following five questions of every service and provider:• Is it safe?• Is it effective?• Is it caring?• Is it responsive to people's needs?• Is it well-led? We analysed information that we hold on the service prior to our inspection. During the inspection we visited both wards and the theatres. We spoke with 16 staff including; registered nurses, health care assistants, medical staff, operating department practitioners, and senior managers. We were able to speak with two patients. We also received 12 CQC 'tell us about your care' comment cards, which patients had completed prior to our inspection. During our inspection, we reviewed 12 sets of patient records.

Information about Weymouth Street Hospital

The hospital has four non-laminar flow theatres and two wards and is registered to provide the following regulated activities:

- Surgical procedures
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The hospital had been inspected on three previous occasions, and the most recent inspection took place in July 2013 which found the hospital was meeting all standards of quality and safety it was inspected against.

Activity

- In the reporting period July 2015 to June 2016 there were 3,886 inpatient and day case episodes of care recorded at the hospital; all of those were funded through non-NHS means.

Summary of this inspection

- There were 1,497 inpatients and 2,230 day care patients with the majority of those in the 18 -74 years age range. There were no outpatient attendances.
- The hospital stopped admissions of patients under 16 years of age in July 2016.
- The hospital provided a breakdown of activity, which showed 51% of patients had plastic surgery procedures, the most numerous procedure of which was rhinoplasty (nose reshaping)

At the time of our inspection a total of 228 consultants and specialists worked at the hospital under practising privileges, including 76 anaesthetists. Regular resident medical officers (RMO) worked on a 7 day, 24 hour rota. The hospital had 53 employed staff and 29 bank staff. The accountable officer for controlled drugs (CDs) was the registered manager.

Track record on safety

- No never events
- 56 clinical incidents reported (37 no harm, 19 low harm, 0 moderate harm, severe harm, or death)
- No serious injuries
- No incidences of hospital acquired meticillin-resistant Staphylococcus Aureus (MRSA)
- No incidences of hospital acquired meticillin-sensitive Staphylococcus Aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (c.diff)
- No incidences of hospital acquired E-Coli
- Five complaints

Services provided at the hospital under service level agreement or contract:

- Biomedical engineer
- Clinical waste management
- Fire safety -Office Compliance
- Health and safety
- Infection control
- Occupational health
- Pathology
- Physiotherapy
- RMO
- Staff training
- Sterile services

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- We saw evidence of good incident reporting and follow up investigations from which changes were implemented and learning was disseminated.
- The hospital environment was visibly clean and equipment was well maintained.
- Controlled drugs and other medications were safely stored and managed.
- The hospital had a good mandatory training programme which was properly managed.
- There was a robust procedure for granting practising privileges.

However,

- The hospital should continue to actively monitor staff compliance with hand hygiene and surgical safety checklist requirements.
- Continue to actively monitor and encourage the completion of patient notes by consultants with practising privileges.

Are services effective?

Good

We rated effective as good because:

- Care was planned and delivered in accordance with current guidance, best practice and legislation by suitably skilled and competent staff.
- There was a programme of audit, which was used to assess the effectiveness of services and to maintain standards.
- The hospital had a transparent and open collection of staff team and committee meetings with cascaded feedback and learning.
- Mental capacity act and deprivation of liberty safeguards was part of the mandatory training programme and staff we spoke with understood their responsibilities.

However,

- The hospital should consider running a pain relief audit as our inspection showed this was not always properly recorded as part of the patient observations.

Are services caring?

Good

We rated caring as good because:

Summary of this inspection

- Feedback from patients we spoke with about their care was "very good".
- The completed CQC feedback comment cards and comments shown to us by the hospital praised the staff and the care received.

Are services responsive?

Good

We rated responsive as good because:

- Services were planned to meet the needs and choices of patients, and the arrangements for treatment were prompt.
- There were arrangements to ensure the individual needs of patients were fully considered, assessed and met.
- Complaints were appropriately acknowledged, investigated and responded to in a timely way. Learning from complaints was fed back to staff.
- Patients were able to have meals provided for their specific dietary requirements

Are services well-led?

Good

We rated well-led as good because:

- The service had a well-established senior management team, who had an excellent working relationship with their staff.
- Staff understood what the values and purpose of the service were, and what was expected of them. They were committed to meet the requirements of their patients.
- Patents and staff were encouraged to feedback on the quality of services.
- The governance arrangements provided assurance of systematic monitoring of the quality of services.

However,

- The hospital should continue to address low appraisal and training rates for theatre staff.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are surgery services safe?

Good

We rated safe as good

Incidents

- Prior to our inspection the hospital told us all incidents were reviewed and addressed individually by both the Clinical Governance Committee and the Medical Advisory Committee (MAC). Learning was shared with the team through a variety of channels.
- There were no reported never events at this service in the reporting period of July 2015 to June 2016. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- A total of 56 clinical incidents were reported in the period July 2015 to June 2016. These incidents, (100%) all occurred in surgery or inpatients. None of the incidents were categorised as serious in nature.
- In the reporting period (July 2015 to June 2016) the rate of clinical incidents in surgery, inpatients or other services was lower than the rate of other independent acute hospitals we hold this type of data for. We saw good evidence of incident reporting and concluded the reporting of incidents was actively encouraged by the senior management team.
- There were 11 non-clinical incidents in the reporting period July 2015 to June 2016). Out of these, 91% (10 incidents) occurred in surgery or inpatients and 9% (one incident) occurred in other services.
- In the reporting period (July 2015 to June 2016) the rate of non-clinical incidents in surgery, inpatients or other services was lower than the rate of other independent acute hospitals we hold this type of data for. In the quarter January 2016 to March 2016 the provider reported no non-clinical incidents.
- The service reported above 95% for venous-thromboembolism (VTE) screening rates in the reporting period July 2015 to June 2016. The screening rates of patients were audited on a continuous bi-monthly basis. There was one incident of hospital acquired VTE or pulmonary embolism (PE) in this reporting period.
- We saw evidence of good incident reporting and follow up investigations from which changes were implemented and learning disseminated. For example two cases of post-operative deep vein thrombosis (DVT) occurred prior to our inspection. The hospital investigated and as a result the World Health Authority (WHO) checklist was updated to include VTE prophylaxis (treatment given or action taken to prevent VTE). A new DVT information leaflet for patients was introduced and the hospital's policy was reviewed. Learning points were disseminated to staff and surgeons and practise and medication instruction was added in line with NICE guidance CG92 and others. The WHO checklist was launched in June 2009 and recommended by the National Patient Safety Agency (NPSA) for use in all NHS hospitals in England and Wales in 2010. Its use is now widely accepted as best practice as a tool to lower

avoidable surgical mistakes. However, neither its use nor its format is mandatory for independent hospitals and WHO encourage modifications to suit local situations.

- From November 2014, registered persons were required to comply with the duty of candour, Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty, that relates to openness and transparency, and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. This means providers must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment,giving them reasonable support, truthful information and a written apology. The staff we spoke with had a good understanding of 'duty of candour'.
- There were no deaths in the reporting period July 2015 to June 2016.

Clinical Quality Dashboard or equivalent

- The hospital was not required to use the NHS Safety Thermometer, which is an improvement tool to measure patient "harms" and harm-free care as it was a private healthcare provider. The hospital did however measure rates of thrombosis, infections and pain. These were all recorded in the patient's notes and discussed at various meetings.
- The hospital monitored indicators such as unplanned returns to theatre and unplanned readmissions to hospital.
- The hospital has regular meetings of its Clinical Governance Committee and Medical Advisory Committee (MAC) as well as an established committee structure including a Health and Safety Committee, Infection Control Committee and Information Governance Committee. All consultant users were encouraged to provide feedback on clinical and service performance across the hospital.

Cleanliness, infection control and hygiene

- The ward manager was the IPC lead and there were two IPC link nurses, one based on the wards and the other in the theatres.
- The hospital's IPC committee had scheduled meetings every two months and twice a year representatives from the external IPC company used by the hospital attended the meetings.
- We made observations of the operating theatres and recovery rooms, along with associated areas, such as store rooms, and preparation areas. All were visibly clean and arranged to enable staff to undertake their roles safely and efficiently.
- Staff working in the operating department wore suitable theatre uniform and were bare below their elbows, which enabled them to undertake thorough hand washing. Hand washing facilities were easily accessed and elbow dispensers were provided for the washing products.
- Internal hand hygiene audits had shown compliance had dropped to 30% in September 2016 but extra training had been arranged and staff were reminded at meetings of its importance. This resulted in an immediate increase in compliance. The overall hand hygiene compliance across all areas of the hospital in August 2016 for the Infection Prevention and Control (IPC) annual report was 98.1%. During our inspection we saw staff complying with hand hygiene requirements.
- An external IPC company provided two on-site hand hygiene antiseptic technique staff training days per year.
- Scrub facilities in theatre were appropriate, with raised splash guard to prevent contamination of the surrounding area. The surgical staff were observed following safe practices with regard to scrubbing up and donning their surgical gown pre-operatively.
- We were provided with a range of infection prevention and control (IPC) policies, and noted these reflected best practice guidance associated with the hygiene code (the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance). We observed theatre staff preparing the patients skin and applying theatre drapes to ensure a suitable operating environment was achieved. The manner in which these actions were performed reflected professional guidance and safe practices.
- We were told by the director of clinical services there was an external IPC advisor and links with an external microbiologist had commenced.
- We observed the theatre staff followed the provider IPC policies and procedures. For example, with regard to

hand hygiene, dress code, disposal of different types of waste and sharps items. We also observed staff follow guidance regarding the cleaning of the theatre environment between surgical cases.
- We identified one operating theatre table cushion had damage to its surface, which would have provided an opportunity for contamination. We asked how this was managed and were told about and shown evidence of a replacement, which had been ordered.
- The hospital had a housekeeping team which consisted of the head of housekeeping and six additional staff. The team work daily between the hours of 6.30am and 10pm and were responsible for cleaning all areas of the hospital with the exception of the theatre areas.
- General and clinical waste was kept separate by means of colour coded waste bags (black for general and yellow for clinical) in-line with the hygiene code. The team have had both IPC and COSHH training.
- There were no incidents of meticillin-resistant Staphylococcus Aureua (MRSA) or meticillin-sensitive Staphylococcus Aureus (MSSA) in period of July 2015 and August 2016. There were two cases of pre-admission positive patients. The hospital undertook a decolonisation treatment and re-screened prior to admission. During the same reporting period there were no cases of Clostridium Difficile or E.Coli infections.
- A pre-assessment nurse risk assessed all patients to determine the need for pre-op MRSA screening and arranged for swabs to be taken if required. The external IPC company provided a two day course for three members of staff each year regarding pre-assessment and swabbing technique for MRSA and MSSA.
- There were a total of three infections between July 2015 and June 2016. Two infections occurred aftercranial surgical procedures (inc. ENT, MaxFac, plastics, thyroid, neuro-cranial). There were 1,256 such procedures during the reporting period.
- The rate of infections during breast procedures (1 infection from 405 procedures) was below the rate of other independent acute hospitals we hold this type of data for.
- There were no surgical site infections resulting from other orthopaedic and trauma, spinal, gynaecological, upper GI and colorectal, urological or vascular procedures.
- Incidents of infection are reviewed by the infection control committee and fed back for further discussion to then clinical governance committee.
- The decontamination of reusable medical devices was undertaken in line with national guidance, via an external provider. Surgical instrument sets were stored in a designated area, and were noted to have appropriate labelling and dates of the last decontamination.
- The designated scrub nurse prepared surgical instruments as part of the setting up process. We saw this was undertaken in a clean area, using safe practices.

Environment and equipment

- The location had four operating theatres located over the ground and lower ground floors, and four recovery beds. A lift was used to move patients between theatres and the ward. Staff carried a support rucksack containing essential equipment during the transfer of patients post-operatively.
- Resuscitation equipment was observed to be easily accessed, and regular checks on this equipment had been undertaken.
- The temperature of hospital rooms was checked each day and the completion rates on the record while not 100% (there were two recent dates not completed) were very good. Staff we spoke with knew the checking procedure and were able to explain what should be done if the temperature was not correct.
- We checked the fridge temperature record books and saw it had been properly completed over the previous two months except for two days. Again, the staff we spoke with were able to explain what to do if the fridge was out of the proper temperature range.
- Theatre equipment including anaesthetic equipment and other technical items had been routinely checked as part of the setting up of theatres and before receiving the patient. We saw theatre staff could access with ease essential equipment, such as items for managing a difficult airway, and intubating fibrescopes.
- Each patient having surgery had their temperature maintained through the use of a 'bear-hugger' warming device. Patients were provided with flexible calf devices for reducing the possibility of deep-vein thrombosis (DVT).
- As well as piped oxygen, there were portable cylinders available for use during the escort of patients between theatres and recovery. Patients in recovery all had

capnography, which is the monitoring of the concentration or partial pressure of carbon dioxide (CO.2) in the respiratory gases, usually during and following anaesthesia.
- A CO2 laser was used in theatre two, although we did not see this during our visit. We did see evidence of the service level agreement between the location and a NHS trust for laser protection advice and training. We also saw the local rules for controlling the safe operation of this equipment, which included actions for staff to take.
- We were informed there were two staff designated as laser protection supervisors, and all staff had received safety training regarding the laser.
- All surgical procedures involving an implant were recorded in the theatre implant register. This information was also detailed in the patients' records.

Medicines

- We found there were suitable storage arrangements for medicines in the operating theatre department. Medicines used for anaesthetic purposes were prepared by the anaesthetist and we saw labelled syringes ready and stored in a cupboard in the anaesthetic room for the cases taking place during the morning of our visit.
- Staff told us there were emergency medicines within the malignant hypothermia box, which we saw. In addition, we observed there were hazardous spillage kits and extravasation kits available. The latter would be used in the event of the leakage of a drug or fluid from a vein into the surrounding tissue during intravenous administration.
- Controlled drugs (CD) were safely managed, with appropriate storage and recording in the designated hard back register. We were told any CD waste would require the pharmacist to be called to deal with. When we checked all the drugs were in date
- A pharmacist visited the wards three or four times per week to restock drugs. We were told restocking outside of those visits could be arranged if required.
- The RMO had out of hours access to the drug cabinets with another member of staff using a code key and the pharmacist could be contacted at any time via the designated mobile number.

Records

- We reviewed 12 sets of patient records and saw evidence of clear documentation, with no loose records. Staff had signed and dated entries, which was in-line with guidance from the General Medical Council and professional guidance for nurses. The records examined all contained details of pre-operative assessments including venous thromboembolism (VTE) checks having been carried out.
- We saw patient records were kept securely when not in use and care taken over confidentiality when they were. The hospital had a clear documented patient record access procedure, which included mandatory use of the case notes tracking system.
- During our interview with the MAC chairperson he said getting the consultants with practising privileges to write in the patient notes was a problem but it was being addressed and monitored by the committee.

Mandatory training

- We found the hospital's mandatory training to be comprehensive, including fire and emergency, manual handling, control of substances hazardous to health (COSHH), safeguarding, immediate life support (ILS), basic life support (BLS) and infection prevention and control (IPC).
- Mandatory training at the hospital was delivered by a mixture of online training through 'My Learning Cloud' and face to face training sessions.
- The agency that provided resident medical officers (RMO's) to the hospital was responsible for providing the mandatory training for them. The hospital confirmed and evidenced this with the agency before any RMO was allowed to work.
- We were provided with a report generated from the 'My Learning Cloud' platform on 6 December 2016. It showed 100% of the admin and support staff, 66.48% of theatre staff and 93.83% of ward staff had completed the mandatory training. This was a snapshot of a rolling training program and shows commitment from both the staff and the hospital management towards training.

Safeguarding

- During the reporting period July 2015 and December 2016 there had been no safeguarding concerns reported to the CQC.
- The majority of the staff were trained to safeguarding level 2 or above for both adults and children and young people. The 'My Learning Cloud' snapshot report showed 100% of administration and support staff, 83% of ward staff and 50%/46% of theatre staff had

undertaken the adult and children safeguarding training. The hospital's safeguarding lead was trained to level 4 for children and young people and level 3 for adults.

- The hospital's safeguarding policy is an extensive document which covered general safeguarding matters, deprivation of liberty and mental capacity as well as slavery, female genital mutilation (FGM) and forced marriage. In addition the policy also covered the PREVENT strategy, a cross government policy requiring healthcare organisations to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at a greater risk of radicalisation and by making safety a shared endeavour.

Assessing and responding to patient risk (theatres, ward care and post-operative care)

- There were strict admissions criteria, with only patients having an anaesthetic risk score of one or two accepted. In addition, only those patients who were suitable for care in an elective surgical environment were admitted. Prospective patients who would not be admitted included those requiring cardiac care, organ transplants, critical care and patients above 160 kilos in weight. This ensured there were suitably qualified and experienced clinical and management staff to oversee the care provided, and the right equipment was provided in theatres and wards.
- Practising privileges is a term used when doctors have been granted the right to practise in an independent hospital. Under the hospital's practicing privileges agreement each surgeon was required to visit their patients at least daily and be available to provide care throughout their stay at the hospital and post-operatively. Anesthetists also working under practicing privileges were also required to be available for their patients throughout their stay. During our inspection we observed this in practice.
- The patients' notes we reviewed contained a surgical five-point safety checklist based on World Health Organisation (WHO) guidance. The WHO checklist was launched in June 2009 and recommended by the National Patient Safety Agency (NPSA) for use in all NHS hospitals in England and Wales in 2010. The original three steps of sign in, time out and sign out have been enhanced by the addition of two further steps; an initial briefing and a final debriefing. Its use is now widely accepted as best practice as a tool to lower avoidable surgical mistakes. However, neither its use nor its format is mandatory for independent hospitals and WHO encourage modifications to suit local situations.
- We inspected 12 sets of surgical patient notes and found in all but one set there were one or more elements of the WHO checklist not recorded as having been done. The hospital had acknowledged the issue and undertook an audit of the 262 WHO checklists for operations between 1 and 31 October 2016. The audit showed 10.9% were poorly completed. They have taken credible steps to rectify the situation and have made proper completion of the WHO checklist part of the practising privileges criteria for surgeons and other medical practitioners.
- Patients' clinical observations were recorded and monitored in line with the National Institute for Clinical Excellence (NICE) guidance (CG50) 'Acutely Ill-Patients in Hospital.' The hospital used the modified early warning score tool (MEWS) to aid recognition of deteriorating patients. The tool is based on physiological observations such as temperature, blood pressure and level of consciousness. Patient's hourly urine output and reported pain levels are also added. We saw from the patient records we examined the pain score was not always recorded although in one such case the patient confirmed they had been asked.
- A service level agreement (SLA) was in place with a nearby large private hospital to admit patients who had deteriorated to the point of requiring more intense medical input. A private ambulance service under contract was used in such circumstances. In an emergency situation the hospital would use the 999 system for the patient to be taken to an emergency department of an NHS hospital.

Nursing and support staffing

- The hospital reviewed staffing on a daily and weekly basis dependent on the number of admissions and expected dependency of patients. The Association of Perioperative Practitioners safe staffing guidelines were used to determine safe staffing levels in the perioperative (the time surrounding a surgical procedure) environment.
- Standard staffing levels on the wards was one qualified and one healthcare assistant to every five patients maintaining a high ratio of staff to patients.

Good

Surgery

- Theatres had 26 specialist staff (17 clinical and nine non-clinical), as well as a dedicated team of temporary (bank) staff. On call cover was provided for all specialties.
- The theatre team had an on-call rota to cover any unplanned returns to theatre outside of normal operating hours. Anaesthetists also participated in an on-call anaesthetic rota to ensure 24-hour anaesthetic cover if required.
- Use of bank and agency nurses in theatre departments was varied when compared to the average of other independent acute hospitals we hold this type of data for in the last three months of the reporting period (July 2015 to June 2016).
- Use of bank and agency operating department practitioners (ODPs) and health care assistants in theatre departments was higher than the average of other independent acute hospitals we hold this type of data for in the last three months of the same reporting period. A number of permanent theatre staff had moved to another facility shortly before our inspection and the hospital were actively recruiting.
- We spoke with an agency theatre practitioner who had worked at the hospital for two weeks. She was happy with the induction she had received and the ongoing process. She said she felt able to speak up about any concerns and had done so. She felt the hospital was a good place to work.

Medical staffing

- At the time of our inspection a total of 224 doctors and other specialist medical practitioners were employed at the clinic or had been granted practising privileges. 42 medical practitioners held practising privileges to undertake cosmetic surgery at the hospital and all were on the GMC specialist register.
- The granting of practising privileges was subject to various checks on for example; their professional qualifications, registration, appraisals, revalidation, and fitness to practice declaration.
- We reviewed the practising privileges files of four practitioners and found they were complete and included details of indemnity insurance and Disclosure and Barring Service (DBS) certificates.
- Resident medical officers (RMO's) were supplied via an agency contract. The agency was responsible for ensuring each RMO had the required mandatory training, which was confirmed by the hospital before they started work. RMO's provided a 24 hour, seven day cover on the basis of one week on and two weeks off. Self-contained accommodation was supplied within the hospital allowing for proper rest when not required. The outgoing RMO would hand over to the incoming RMO at the end of the seven day period. We spoke with the duty RMO during our inspection who confirmed he had been properly inducted and had shadowed an RMO two weeks before starting himself. He confirmed arrangements were in place with the agency to provide a replacement if he worked extended hours and needed rest or was unwell.

Emergency awareness and training

- The hospital had an up to date major incident policy which detailed its response to an external emergency incident which may compromise the usual running of the NHS.
- The hospital's mandatory training covered fire marshalling, fire safety, fire safety in a clinical environment and fire prevention and awareness. The 'My Learning Cloud' snapshot provided to us shows only the last had less than 100% completion with 92% for ward staff and 58% for theatre staff.
- In the event of an internal emergency the theatres had provision for an uninterrupted power supply and emergency lighting, portable equipment and warming blankets. There were evacuation chairs and staff were trained in their use.

Are surgery services effective?

Good

We rated effective as good,

Evidence-based care and treatment

- We reviewed the hospital's policies and procedures which were up to date and within their review dates. They all referenced relevant national guidance. This included National Institute for Health and Care Excellence (NICE), Nursing and Midwifery Council, the Association for Perioperative Practice (AfPP) and Department of Health guidance. Staff could access policies and procedures on the provider's intranet and were able to demonstrate this for us.

- Patient records we reviewed showed evidence of pre-operative checks, clinical observations carried out during and after the procedures and discharge arrangements in line with national guidance such as NICE CG50 and accepted best practise.
- The hospital had a comprehensive audit programme to be completed on a rolling basis, with audits for privacy and dignity, nursing documentation, and hand hygiene amongst others completed monthly. Other audits such as WHO checklists, medical notes and VTE were completed bi-monthly.

Pain relief

- The hospital did not undertake a separate pain relief audit and stated 'We do not currently run this audit but monitor pain control via our patient feedback form. We have not identified any issues with pain control with our patients'. This was in line with the patient feedback we saw and from our own CQC response cards. Pain relief during an operation was captured as part of the medical records audit.
- Pain relief formed part of the MEWS observation checks but was not always recorded properly in the records we reviewed.
- We noted patients only moved out of the recovery areas once any pain was properly controlled with prescriptions in place for ongoing pain relief. Patients we saw told us their pain was well managed they had already been given their take-home medication with instructions for its use. The hospital's pharmacist was available to discuss any pain medication issue.

Nutrition and hydration

- Pre-operative patients were advised on fasting times prior to attending the hospital for surgery in line with the Royal College of Anaesthetists (RCA) guidance and the hospital's own policy.
- Patients were advised both in writing and verbally they could eat normally until six hours before their operation and drink until two hours before. This was in line with best practice. Their nil by mouth policy advised staff on dealing with hungry patients and those with diabetes referencing the Association of Anaesthetists of Great Britain and Ireland (AAGBI) guidelines. The policy also had instructions for the RMO to start intravenous fluids in certain circumstances. We saw that staff asked patients to confirm the time they last ate and drank before surgery. This ensured the service complied with the RCA guidelines.

Patient outcomes

- Effectiveness of patient outcomes was measured via patient feedback, engagement with consultants and was supported by listening and reacting to the views of staff. During our inspection we spoke with staff and saw evidence which supported this.
- There were 10 cases of unplanned readmission within 28 days of discharge in the reporting period (July 2015 to June 2016). The assessed rate of unplanned readmissions (per 100 inpatient and day case attendances) was not high when compared to a group of independent acute hospitals which submitted performance data to CQC.
- There were 14 cases of unplanned return to the operating theatre in the reporting period July 2015 to June 2016: Three between July 2015 to September 2015, four between October 2015 and December 2015, three between January 2016 and March 2016, and four in the period April to June 2016. We do not consider this number to be high when compared to a group of independent acute hospitals which submitted performance data to CQC.
- There were no cases of unplanned transfer of an inpatient to another hospital in the reporting period of July 2015 and June 2016.
- The Private Healthcare Information Network (PHIN) is the independent, government-mandated source of information about private healthcare, working to empower patients to make better-informed choices of care provider. PHIN is a not-for-profit organisation that exists to make more robust information about private healthcare available than ever before, and to improve data quality and transparency.
- When we asked about PHIN we were told, 'Following the installation of 'Compucare' as a hospital computer system, the Weymouth is now able to interface with PHIN and the Weymouth is currently working with partners to find a coding solution to allow the Weymouth to submit backdated coded episodes and also to provide coded data to PHIN on an ongoing basis.' At the time of reporting there was no publically searchable information about the hospital available on the PHIN database.

Good

Surgery

Competent staff

- Staff appraisals were completed on a 12 month rolling programme for each member of staff. At the time of reporting the information supplied by the hospital showed 90% of inpatient nurses and healthcare assistants and 50% of theatre nursing staff had appraisals within the preceding 12 months. The lower rate for theatre staff was due to a number of newly recruited staff not yet reaching the appraisal stage.
- The hospital's Chief Executive assessed each application for practising privileges (PP) against the suitability for the Weymouth and the PP Policy in liaison with the chairman of the Medical Advisory Committee (MAC). All PP applicants were interviewed before their application was progressed.
- Practising privileges were reviewed on an annual basis requiring evidence of their General Medical Council (GMC) registration and other criteria including professional indemnity insurance, criminal record check (DBS), appraisal and Hepatitis B status. We saw evidence that practising privileges had been suspended, not renewed or revoked due to poor outcomes, lack of documentation or lack of surgical activity. Appropriate terms and conditions were in place to ensure those who were granted practising privileges adhered to policies and procedures.
- We reviewed the personnel files of four consultants and found they contained the required evidence.
- New staff, including bank and agency staff, were required to undertake and complete an induction process as described in the hospital's induction policy. This was confirmed by staff we spoke with.

Multidisciplinary working

- The hospital held a series of internal monthly meetings for those working in theatres and the wards. The minutes of those meetings were available on the hospital's intranet for staff to view.
- There were clinical team meetings held every morning on the wards and theatre areas.
- There were short weekly staff meetings available for those able to attend and in addition the clinical governance lead held a Tuesday morning drop-in.
- The RMO attended the morning and evening staff handover briefings and the pharmacist provided support on the wards on a regular basis throughout the week.
- Senior hospital staff attended many of the above meetings and the details of discussions were fed back to the hospital management via the clinical governance and management committee meetings.
- The hospital had service level agreements in place for patient transfer, sterilisation services, physiotherapy and levels two and three high dependency care. We reviewed these as part of our inspection process.

Seven-day services

- The hospital did not operate a seven-day service, although the theatres operated six days a week, which could mean some patients stayed over Saturday night. The RMO and nursing staff were always available for patient care and the operating consultant was expected to be available if required whilst the patient was at the hospital.
- The hospital did not cater for patients requiring a longer stay or recovery period and most patients were day cases or stayed one night because of the limited number of beds available. They acknowledged it was often difficult for patients to stay Sunday night as the hospital usually closed on Sunday afternoon. Surgical procedures were planned to take account of this.
- An out of hours on call surgical team was available.
- The hospital pharmacist was contactable outside normal working hours and certain stock medications were available to the RMO in conjunction with a member of the nursing staff.
- A member of the management team was on call out of hours to co-ordinate and provide any management support required.
- Radiology cover was not available overnight. Cover was provided during evenings and at weekends as required and urgent overnight imaging was available through an SLA with a local private hospital.

Access to information

- At the time of our inspection the hospital had recently introduced a new electronic incident reporting system, which it was hoped would enable better capture and monitoring of incidents.
- Staff could access local policies and procedures electronically through the provider's intranet. All staff we spoke with knew how to do this. Staff could access national guidance via the internet, and we saw computers available in staff areas to enable them to do this.

Good

Surgery

- Hospital staff were updated on hospital policy and relevant changes in procedures via the various team meetings, notice boards and the hospital intranet.
- Records for inpatients were paper based and we saw they were kept secure at the nurse's station on each of the wards. As well as keeping confidential patient data safe, this ensured timely access to all the information needed for patient care.
- Patient records were scanned and archived once treatment was complete. These scanned records could be accessed by medical staff when required.
- A picture archiving and communication system (PACS) was available in each theatre. This is medical imaging technology, which provides economical storage and convenient access to images from multiple modalities (source machine types).

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We reviewed twelve patient records and six consent forms for surgery. In all six forms, we saw patients and consultants signed consent forms before the day of surgery. This was in line with guidance from the Royal College of Surgeons (RCS) "Good Surgical Practice 2014", which states staff should "obtain the patient's consent prior to surgery and ensure that the patient has sufficient time and information to make an informed decision". Patients and consultants then provided an additional signature on the day of surgery to confirm their consent to proceed in line with best practice guidance.
- The General medical Council (GMC) offers the following guidance to doctors undertaking cosmetic procedures, "You must give the patient the time and information they need to reach a voluntary and informed decision about whether to go ahead with an intervention. The amount of time patients need for reflection and the amount and type of information they will need depend on several factors. These include the invasiveness, complexity, permanence and risks of the intervention, how many intervention options the patient is considering and how much information they have already considered about a proposed intervention. You must tell the patient they can change their mind at any point".
- Patients we spoke with felt that they had received sufficient information from their consultant about their surgery and its associated risks to give informed consent.
- Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training was part of the hospital's mandatory training. Data the hospital provided to us showed that 92% of ward nurses and HCA's and 53% of theatre nursing staff had completed Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLS) training. The staff that we asked understood their responsibilities under MCA and DoLS.

Are surgery services caring?

Good

We rated caring as good.

Compassionate care

- The hospital provides patients with a patient satisfaction survey which asked multiple choice questions regarding the care they received, the accommodation, catering, the discharge process and the involvement of the patient and any family in decisions. We were told the response rate was 38% with score of 98% for June 2016. The score was in line with documentation we saw during the inspection.
- The hospital contributed to an independent patient survey, which ranked 13 private London hospitals, including the Weymouth on nine criteria, and then produced an overall ranking. For the period January to June 2016 the hospital was ranked number one overall with top scores for; 'did you get answers you could understand?', nursing care, catering, 'did a member of staff tell you about medication side effects?' and 'were you involved as much as you wanted to be'. The lowest ranking was seventh for accommodation.
- As part of our inspection process we provided the hospital with CQC feedback cards, collection boxes and posters informing staff, patients and other visitors at the hospital an inspection was taking place and asking for confidential feedback. We received 12 completed cards which universally praised the nursing staff and the cleanliness of the environment.
- We were able to speak with two patients during the inspection. Both said the care was "very good" and

praised the quality of the food. Both had surgery the previous day and stayed overnight. They told us their pain had been very well managed and the procedures had been explained well.
- Patients told us their call bells were answered very promptly.
- There was a chaperone service for both inpatient and day surgery patients. Staff we spoke to were aware of the chaperone service and where to find the policy

Understanding and involvement of patients and those close to them

- Although patients and their relatives were at the hospital for a short period of time a number of those who completed the CQC feedback forms wrote praise for individual members of nursing staff.
- Patients reported via the patient feedback forms they were given information about their treatment by their consultant in a way they could understand and they were able to be as involved as they wanted to be in their treatment. For both of these criteria the hospital was independently rated first out of 13 other independent London hospitals.
- The hospital provided a number of ways for patients to pay for their treatment including fully inclusive fixed price packages which were also offered as credit financed schemes.
- General information about treatment costs were available on the hospital's website and detailed fee discussions took place in privacy with the relevant consultant or a member of their team.

Emotional support

- Patient support was primarily provided by the relevant consultant and their team, which often included the services of a psychiatrist if required.
- Staff were aware of how to access chaplaincy services on patients request.
- For an additional charge, visitors could eat a meal on the ward with their relative or friend. This allowed patients to receive emotional support from family and friends while they were in the hospital.
- Patients could talk with the nursing staff during their stay at the hospital if they had any concerns.

Are surgery services responsive?

Good

We rated responsive as good

Service planning and delivery to meet the needs of local people

- The clinic only provided private care, which meant the services provided were elective. Hospital admissions were arranged in advance between the patient, the consultant and the hospital for a convenient time and date. As a consequence only one operation was cancelled for non-clinical reasons in the 12 months preceding our inspection. The patient was offered another appointment within 28 days of the cancelled appointment.
- The international office team managed aspects of care for international patients. This service was designed to meet the needs of the large demographic of international patients the clinic received. The team were able to deal with letters of guarantee from embassies, and to act a single point of contact for the hospital for international patients.

Access and flow

- The hospital stopped admitting young people under the age of 16 in July 2016. Patients above 16 years of age but under 18s were admitted. There were arrangements for relatives to stay with the young person if that was what was wanted.
- All theatres operate six days per week and can be used as on call/emergency theatre if required. Opening times are: Monday to Friday: 7:30am – 9pm, Saturday: 7:30am – 9pm (if required), and Sunday there was an on call/ returns to theatre list if required.
- The independently analysed patient satisfaction survey reported the hospital's patients responded positively about the discharge from hospital procedure with percentages ranging between 88% and 92% for the three questions asked.
- Take home medicines were available from the hospital pharmacy and were dispensed in a timely manner on discharge of a patient.
- Discharges were managed with the patients' input. Discharge letters were sent to the patients' GP and any other relevant practitioners if required.

Good

Surgery

Meeting people's individual needs

- Patient's individual needs were identified prior to admission by the patient's consultant and during the hospital's pre-assessment process.
- Patients had single rooms with en-suite facilities that provided privacy and comfort.
- There were call bells in patient's rooms and we observed the staff were attentive to their patients' needs.
- Patients were able to choose meals from a menu and the kitchen was able to provide meals to meet patients' dietary requirements including diets that met religious needs. Patients we spoke with and those who completed our feedback forms told us the food they had received was very good.
- The hospital provided excellent catering facilities with food and beverages available to patients at any time required. As a result of patient feedback in June 2016 in the independent survey the hospital was ranked number one for catering. The kitchen was able to cater for patients specialist dietary requirements.
- The hospital's international office team were able to provide a bespoke language service if required for those patients who did not speak or understand English sufficiently. The team was able to provide both translation and interpreting services.

Learning from complaints and concerns

- The hospital received five complaints in the reporting period July 2015 to June 2016, which was lower than the rate of other independent acute hospitals we hold this type of data for. In addition no complaints were referred to the Independent Healthcare Sector Complaints Adjudication service (ISCAS). The complaints received while responded to as per the policy were not serious.
- During our inspection we saw the complaints log and noted the entries followed the hospital's stated complaints procedure. We also saw evidence of properly disseminated learning from complaints received.
- The hospital's complaint leaflet was readily available without having to ask and was titled 'making a complaint or suggestion'. We noted the offer to take suggestions on how to improve was also in the patient satisfaction survey. This was a general theme we found reflected in the hospital's policies, meeting minutes, staff practise and conveyed by senior management.
- The hospital reported changes they had made in response to complaints, which included amending patient literature, changing showers in patient bathrooms and amending policy on take home medication to make it clear it was an extra charge.

Are surgery services well-led?

Good

We rated well-led as good

Leadership / culture of service

- There was effective and responsive leadership at the executive level, and staff we spoke with commented favourably on the hospital manager and other senior leaders.
- Staff we spoke with told us the SMT were visible and approachable. Staff also told us they would feel comfortable bringing any matter to the attention of senior management.
- There were daily staff team meetings on the wards and in theatres and the clinical governance lead held Tuesday morning drop-ins.
- A new learning and development committee had recently been introduced to focus on the needs of the hospital and identify staff training requirements for their careers and future development with the aim to aid staff retention.
- A number of permanent theatre staff including the theatre manager had moved to another facility shortly before our inspection and the hospital were actively recruiting. The temporary increase in the use of bank and agency staff did not affect patient safety or care but was reflected in the lower percentage figures for appraisals and mandatory training for permanent theatre staff.
- A patient experience group had been introduced shortly before our inspection with the objectives of reviewing and learning from patient complaints, reviewing patient feedback to identify themes and become a way of congratulating excellence. We were given minutes of the first meeting attended by the CEO, the ward manager and others which identified a few areas which needed improvement and actioned them.

Vision and strategy for this this core service

- The stated vision for the hospital was; “to be one of the leading independent providers of healthcare in central London. Offering our patients individual and personal care. Making them feel 100% reassured, special and unique at every stage. To be the doctors and patients first choice by working in partnership with our medical professionals and patients’’
- The stated strategy was; “to deliver an exceptional patient experience, to be the hospital of choice for day-case and short-stay elective surgery, to build a strong brand identity, develop strong relationships with our referrers and to make the Weymouth Street Hospital the destination of choice for consultants and patients”
- Staff we spoke with were aware of the hospital’s vision and were able to talk about it. In addition it was displayed on the hospital’s intranet for all staff to see.

Governance, risk management and quality measurement

- There was a defined governance structure at the hospital to ensure high standards of care were maintained. This was achieved through regular audits, reviews of incidents and complaints and subsequent actions, and cascaded learning and risk management.
- We found an open and transparent attitude from all of the senior management team (SMT) we spoke with which translated into a commitment to strive for continuous improvement and a willingness to learn from mistakes.
- A range of committee meetings were held at regular intervals throughout the year. These included the Medical Advisory Committee (MAC), the Management Committee, the Health and Safety Committee, the Information Governance Committee, and the Clinical Governance Committee.
- The role of the MAC was to be the formal organisational structure that ensured clinical services, procedures or interventions were provided by competent medical practitioners. MAC meetings were held every quarter and were attended by the medical director who chaired the committee and the hospital’s chief executive officer (CEO), as well as a number of consultants with practising privileges and the ward manager. Both the MAC chair and the CEO presented reports to the committee, and in addition matters affecting the hospital medically and its reputation were discussed. Applications for practising privileges were also discussed and approved at those meetings.
- A clinical governance report was produced quarterly and contained details of patient satisfaction, complaints and clinical incidents together with any actions or outcomes, and reports on infection control etc. The report was considered by management, the clinical governance committee and the MAC and any issues arising followed up and addressed.
- Quarterly clinical governance meetings minutes reviewed by us contained standard agenda items, such as, hospital activity, finance, legislation and corporate policies, significant events and complaints, and updates to the risk register. Actions had been identified with ownership, date for delivery, and the status.
- We were provided with a copy of the hospital’s risk register. This was divided into two sections, corporate and clinical risk. Identifying risk is important as risks have wide implications within the healthcare sector. The identification of risk, and use of a risk register, enabled senior management of the organisation to prioritise individual risks and to structure efforts and resources into reducing risk and thereby improve quality and standards of care. Sources to identify risk include incident reporting, serious incidents, patient feedback and complaints.
- We saw evidence of identified risks being discussed and properly actioned on the risk register. For example a high clinical risk was identified when the wrong patient was brought to theatre from a ward. The error was quickly spotted and a new patient call slip system was introduced. This was reported to be working well at the time of our inspection. The relevant action on the risk register was closed as complete.
- We saw evidence in the ward meeting minutes of risk being discussed and staff reminded the risk register was available on the hospital’s shared drive and on the staff notice board.

Public and staff engagement

- The hospital held monthly ward meetings and we saw copies of the last three during our inspection. The minutes have a number of standing sections for reporting back to staff such as clinical incidents, complaints/patient survey, infection control etc. The meetings were also used to inform staff of new equipment, policies and training. It was refreshing to note the transparency of the documents giving as they did positive as well as less positive feedback. For example staff were informed in the same meeting the

hospital was ranked number one in comparison with 13 local top private hospitals and of the need to improve hand hygiene as compliance was recently audited at 40%.

- The hospital had a staff communication notice for theatres which they called 'the big four'. Each week it contained four items to be brought to the staff's attention as well as repeating the previous week's list. The notice was discussed at staff meetings and displayed on the front of the communication books and on the notice boards of staff break rooms.
- The number of patients who responded to the hospital's patient questionnaire for the quarter ending in June 2016 was 295 from a total of 886 inpatient and day case patients. This represented a 33.3% response rate.
- Patient feedback was measured both formally and informally. There was a regular meeting of the patient experience group where incidents, complaints and other factors impacting patient safety and care.
- The hospital had a clear easy to navigate web site which set out the services and procedures available. Under the 'patients' tab was an international page which gave details of the facilities the hospital provided for international clients. The page was available in English and translated into Arabic. There was also a complaints and feedback page which encouraged people to complete the patient questionnaire, contact the hospital's director, download the complaints procedure or contact the CQC.

Innovation, improvement and sustainability

- The hospital had recently introduced a new electronic incident reporting system, which it was hoped would enable better capture and monitoring of incidents.
- It had already been decided by the MAC if and when the certificate of competency for plastic surgeons was introduced all plastic surgeons holding practising privileges at the hospital should hold such a certificate.
- Following two cases of post-operative deep vein thrombosis (DVT) which occurred prior to our inspection, the hospital investigated and as a result the WHO checklist was updated to include VTE prophylaxis.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve
The provider should;

- Continue to actively monitor and require staff compliance with hand hygiene and WHO checklist requirements.
- Consider running a regular pain relief audit as our inspection showed this was not always properly recorded as part of the MEWS observations.
- Continue to address low appraisal and training rates for theatre staff.
- Continue to actively monitor and require the completion of patient notes by consultants with practising privileges.