

The Pemberdeen Laser Cosmetic Surgery Clinic
Limited

The Belvedere Private Hospital

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inadequate



Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



Summary of findings

Overall summary

We continued to have concerns about the safety of patients at this hospital and took immediate action to limit the regulated activity of surgery. Restrictions have since been lifted following the provision of information and assurance from the provider of measures they have taken.

Our rating of this location stayed the same. The rating remains as inadequate because:


- Although medical staff did not receive mandatory training with the provider, they did not always provide evidence of training received elsewhere. The provider was able to show how they were addressing this.
- The training contract arranged between The Belvedere Private Hospital and an external company did not accurately reflect the legal entities registered with the Care Quality Commission. This was rectified after our inspection.
- The provider was not able to demonstrate how they would be assured staff arranged through the external agency would have been subject to checks on their suitability and have been trained in the required safety related subjects. Information was later provided to us to confirm that such checks would be made available in advance of agency staff commencing work.
- Despite their efforts to obtain the necessary information, the provider was not in a position to approve practising privileges to all the surgeons and anaesthetists they wished to work with. However, the provider was in the process of obtaining the necessary documents, assurances and checks from surgeons and anaesthetists they wished to grant practising privileges to and assured inspectors that such documents would be available for inspection before any surgery commenced on site.

However:

- The provider had made suitable arrangements to improve the services governance through formal meetings.
- A governance strategy had been developed.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inadequate 	<p>We did not re-rate this service and the rating remains as inadequate because: Improvements made since our last inspection did not yet justify a higher rating. We found:</p> <ul style="list-style-type: none">• Although medical staff did not receive mandatory training with the provider, they did not always provide evidence of training received elsewhere. The provider was able to show how they were addressing this.• The training contract arranged between The Belvedere Private Hospital and an external company did not accurately reflect the legal entities registered with the Care Quality Commission. This was rectified after our inspection.• The provider was not able to demonstrate how they would be assured staff arranged through the external agency would have been subject to checks on their suitability and have been trained in the required safety related subjects. Information was later provided to us to confirm that such checks would be made available in advance of agency staff commencing work.• Despite their efforts to obtain the necessary information, the provider was not in a position to approve practising privileges to all the surgeons and anaesthetists they wished to work with. However, the provider was in the process of obtaining the necessary documents, assurances and checks from surgeons and anaesthetists they wished to grant practising privileges to and assured inspectors that such documents would be available for inspection before any surgery commenced on site. <p>However, we found areas of improvement:</p> <ul style="list-style-type: none">• The provider had made suitable arrangements to improve the services governance through formal meetings.• A governance strategy had been developed.

Summary of findings

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Summary of this inspection

Background to The Belvedere Private Hospital

The Belvedere Private Hospital is registered with the Care Quality Commission to provide the regulated activity of surgery. The provider is Pemberdeen Laser and Cosmetic Surgery Clinic Ltd.

This is a private hospital, which opened in 1985 and is situated in south east London. The hospital primarily serves the communities of the London and north Kent areas but also accepts patient referrals from the wider community.

This was a focused unannounced inspection, which took place on 13 July 2021.

At the time of this inspection site visit, the nominated individual, referred to as the manager, had notified us of their intention to be the registered manager. They were in the process of submitting the necessary forms for consideration.

The Belvedere Private Hospital offers cosmetic procedures such as dermal fillers. We did not inspect these services, as they do not come under the requirements of current regulations.

We have inspected The Belvedere Private Hospital 18 times since its registration. The most recent inspection was in March 2021. Our finding resulted in the surgical procedures regulated activity being temporarily suspended, which was later lifted, and conditions substituted. At the time of writing this report, the clinic was not able to carry out the regulated activity of surgery.

How we carried out this inspection

Immediately prior to the inspection visit, we reviewed several documents sent to us by the provider in response to conditions which had been imposed related to the regulated activity -Surgery. This was followed by inspection site visit on the same day. The inspection team:

- Spoke with the hospital manager.
- Reviewed one staff members personnel file.
- Made observations of the reception area.
- We reviewed information provided to us following the site visit.

This was a focused inspection. Because of its limited scope, we did not rate at this inspection. You can view previous ratings and reports on our website at www.cqc.org.uk.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

Summary of this inspection

- The service should undertake the necessary steps to embed the newly developed governance processes.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inadequate	Inadequate
Overall	Inspected but not rated	Not inspected	Not inspected	Not inspected	Inspected but not rated	Inadequate

Surgery

Safe

Inspected but not rated 

Well-led

Inadequate 

Are Surgery safe?

Inspected but not rated 

Mandatory training

The service had a policy to support the delivery of mandatory training in key skills to all staff. Arrangements had been made with an external company to provide training on resumption of the regulated activity. This arrangement was not set up with the registered location or the registered provider.

The terms and conditions of the external agency were clear. It was noted on the information provided to us that the training arrangement was between the external company and another organisation, which was not part of this inspection. There was no associated service level agreement provided with this invoice/agreement, therefore we could not identify if training would apply to the registered location and/or the provider. It was not clear what formal expectations The Belvedere Private Hospital had of this external company, including which staff would require training or how it would monitor or evaluate the training provided.

The manager told us the training agreement was in place and had been since January 2021, which was confirmed by the date on the proposal document sent to us the day before our inspection visit.

After we raised our concerns with the provider we were sent a revised proposal, which contained the correct legal entity, as registered with CQC.

Medical staff did not receive mandatory training with the provider and did not always provide evidence of training received elsewhere.

The training policy did not make reference to medical staff and what was required of them regarding training. Several consultant surgeons had been written to by the manager of the hospital requesting evidence of the completion of training within their usual place of work. Two of the responders had provided a list of their training and dates when this was undertaken. One did not provide evidence of adult safeguarding training, which would be applicable to the registered location.

The manager told us anaesthetists had not been written to at the time of our inspection to request training information and indicated this would be undertaken at some point prior to resuming activity. We were concerned that the gathering of such information could take time and could delay the restarting of surgical procedures. Evidence of relevant safety training is a requirement of practising privileges and helps a provider to make decisions about the suitability of a medical practitioner to work within a service.

Nurse staffing

Surgery

There were no ward or theatre staff working at the service at the time of the inspection visit.

The service was restricted by the Care Quality Commission from providing the regulated activity of surgery, which included pre-and post-operative activities. Because of this there were no ward and theatre staff being used by the hospital. A self-employed nurse was providing pre- and post-operative activities on the day of our inspection. The arrangements for this service had been made with a different company, which was not part of this inspection. This nurse had undergone the required checks around their suitability to work and had completed mandatory training.

There was a proposal between an external agency for the provision of clinical staff, including; general nurses, operating department practitioners, recovery nurses, scrub nurses and circulating nurses. However, this arrangement was not between the registered location or the registered provider. When questioned on this, the manager said there was a complex company structure, but they would ensure the contract would be amended to show the arrangement between the registered provider and the agency.

The aforementioned arrangement proposed that the external agency would have 100% control over the sourcing and placements of candidates within the 'Belvedere Clinics' rota based within any site at the organisation and identified necessary checks which would be carried out by the agency. The proposal also set out the mandated training subjects to be completed by clinical and non-clinical staff. This did not identify which staff should complete safeguarding and the protection of adults, risk assessments or sepsis. Further, the training included basic life support only and there was no reference made to immediate life support. There is a risk that staff may not have undertaken the necessary level of training to ensure the safety of people using the service.

After we raised our concerns with the provider we were sent a revised document, which contained the correct legal entity, as registered with CQC.

Medical staffing

There were no medical staff working at the service at the time of the inspection visit and the provider was in the process of reviewing the practising privileges files.

We were told by the manager there were only four or five doctors holding practising privileges at the hospital, but these were on hold until they provided necessary information to himself. He was in the process of gathering information from surgeons who wished to hold practising privileges at the hospital. We saw information had been requested in relation to disclosure and barring service records, and what training they had completed.

The manager told us one consultant who travelled between countries was not able to provide evidence of the required training and would be given access to the training platform.

The manager told us they had not yet written to any of the anaesthetists and he would engage with them once the location was open to provide surgery. We were also told that practising privilege files were not yet up to date. As a result, we were not reasonably assured that all the necessary information was available to enable the resumption of the regulated activity.

Are Surgery well-led?

Surgery

Inadequate 

Inadequate 

Our rating of well-led stayed the same. We rated it as inadequate

Leadership

Leaders were relatively new in their posts and it was too early to evaluate their skills and knowledge in the running of a service which would provide high-quality sustainable care.

Since our previous inspection the service had recruited a new manager who was the nominated individual. They advised us they had started the process to apply to be the registered manager.

The manager had been in the role for a very short period. They had engaged the help of two other individuals on a consultancy basis to focus on quality, governance, risk and complaints. We were told a doctor was joining the organisation as the medical director.

Vision and Strategy

A governance strategy had been written. It was too soon to see how this would be applied in practice, and how its effectiveness would be monitored and evaluated.

Governance

It was too early to assess the effectiveness of governance processes, and how the arrangements were to be embedded in practice and sustained going forward.

There was recognition by the manager that there was work to be done to build an effective governance framework, including audit processes. The service had started to develop its systems to enable improved oversight and strengthen the governance. This would need to be tested in future inspections.

Terms of reference had been agreed for the newly formed Quality Governance, Risk and Safety Committee. This meeting was to meet bi-monthly and have a formal agenda. The chair was identified as being the incoming medical director, who was at the time going through a process of joining the organisation. An initial meeting had been held on 2 July 2021, with minutes to indicate what was discussed. We noted at point 14 of the minutes, previously circulated policies had been approved. As we had been provided with several policies as part of the conditions imposed on the provider, we had reviewed some of these prior to the site inspection. Our review identified policies which contained information that did not reflect the service and some points which may lead to confusion to the reader. This matter had been raised previously and we were concerned to identify a continuing theme of poor-quality control.

Where the reader would need to refer to associated policies, for example, The Pemberdeen Laser Cosmetic Surgery Clinic Limited -Staff Training and Development Policy, version 2. This indicated its contents should be read in conjunction with the Performance Appraisal Policy. It did not however, inform the reader to go to the Adult Safeguarding Policy for information regarding the required level of safeguarding training. The former clinical manager was also named as the contact point for the safeguarding lead in the aforementioned policy and within; The Pemberdeen Laser Cosmetic Surgery Clinic Limited -Incident Management and Reporting Policy.

Surgery

In section 2, appendix 4 of the Adult Safeguarding Policy, which related to level 1 & 2 training, it still contained a copied reference section, which listed roles, including those not held at the location, such as; healthcare students including medical and nursing students, phlebotomists. Section 3 related to level 3 safeguarding and this too contained an extracted box with listed staff roles such as: pharmacists, foundation level doctors, and paramedics. This section of the policy should have been reflective of the roles which would be held at the location, be they contracted or temporary.

As we were concerned about this, we raised the points in our discussion with the manager and, why this did not give us reasonable assurance of the checking process of the policies. The manager told us they would ensure the highlighted points were addressed and they would undertake to provide revised policies for our viewing. We were told at a later date, after our visit, that the incorrect policies had been sent to us in error. Updated policies were therefore provided and noted to have the corrections therein.

We were provided with a copy of the Clinical Quality Governance, Patient Safety & Risk Strategy 2021. This had been approved in June 2021 and contained information set out under a range of heading. Sections included by way of example; strategic aims, objectives, monitoring and assurance of the quality agenda and action plans. We will need to consider how this translates into practice at future inspections.

A copy of The Pemberdeen Laser Cosmetic Surgery Clinic Limited - Engaging Clinical Staff Policy, version 1 had been sent to us. On viewing this we saw it set out the terms and conditions related to clinical staff including medical staff working under practising privileges. This included evidence which was required for consideration in approving their privileges. We were satisfied this demonstrated an awareness of the importance of having up to date information on staff.