

Hammersmith Private Hospital

Quality Report

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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

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

Hammersmith Private Hospital is operated by Curis Healthcare Limited. Facilities include one main theatre, two clinic rooms used for hair transplant operations, consulting rooms, a two-bedded recovery area and a three-bedded ward with overnight stay facilities.

The service provides cosmetic surgery such as breast enlargement and hair transplants, as well as non-surgical interventions.

The service was inspected three times before, in February and March 2018 and on 12 June 2019, and again on 30 October 2019. Following the June 2019 inspection, we served a warning notice and identified breaches in Regulation 12 (Safe Care and Treatment) and Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The October 2019 inspection was undertaken using our focused inspection methodology to re-inspect the safe and well-led domains only to determine if improvements had been made. Following this inspection, although some improvements had been made, we issued the provider with two requirement notices relating to infection prevention control and governance.

Following a number of concerns reported to us through the 'give feedback on care' section of our website, we inspected this service using our focused inspection methodology. We carried out an unannounced inspection of the clinic on 2 July 2020, looking specifically at infection prevention control and the management of risk relating to transmission of Covid-19.

Services we rate

We only inspected safe during this focused inspection. Our rating of safe went down. We rated it as inadequate. Our rating of this hospital/service stayed the same. We rated it as **Requires improvement** overall because:

- The service did not control infection risk well. There were inadequate control measures to protect patients, staff and others from infection. Staff did not keep equipment and the premises visibly clean.
- The service did not provide mandatory training in Covid-19 to all staff and did not make sure everyone completed it. The design, maintenance and use of facilities, premises and equipment did not keep people safe. Staff did not manage clinical waste well.
- Staff did not complete adequate Covid-19 risk assessments for each patient and did not remove or minimise risks.
- Staff did not keep detailed records of patients' care and treatment in relation to Covid-19 transmission risk. Records were not always stored securely.
- The service did not use systems and processes to safely prescribe and store medicines.

Following this inspection, we issued an urgent notice of decision to impose conditions on their registration as a service provider in respect of the regulated activity of surgical procedures at Hammersmith Private Hospital. We told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with one requirement notice that affected Hammersmith Private Hospital. Details are at the end of the report.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Surgery

Requires improvement



Cosmetic surgery was the only activity carried out in the service.

Our overall rating for this service stayed the same. During this focused inspection, we only inspected safe, which was rated inadequate.

Summary of findings

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Requires improvement



Hammersmith Private Hospital

Services we looked at:

Surgery

Summary of this inspection

Background to Hammersmith Private Hospital

Hammersmith Private Hospital is operated by Curis Healthcare Limited. Until recently, the service operated under the name of Ziering London Clinic. The service opened in 2014, providing hair transplants, cosmetic surgery and non-surgical cosmetic interventions. In January 2017, the clinic began functioning as a cosmetic surgery provider, providing operations such as breast enlargement, hair transplant and liposuction. It is a private clinic in London. The clinic accepts referrals from

GPs, lead referrals from third party companies and self-referrals from patients living in London and internationally. The service does not provide services to NHS-funded patients or patients under the age of 18.

At the time of this inspection, the clinical services director (CSD) had been in post since January 2020 and was in the process of applying to be the registered manager. Following our inspection, the CSD resigned from the service and they were in the process of recruiting someone else into this position. The company director was the nominated individual.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC inspection manager and a specialist advisor with expertise in infection prevention control. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection

Information about Hammersmith Private Hospital

The clinic provides cosmetic surgery and is registered to provide the following regulated activities:

- Surgical Procedures

During the inspection, we visited the whole clinic, including the reception, waiting areas, theatre, two-bedded post anaesthesia care unit (PACU), the ward and consultation rooms. We spoke with seven staff including registered nurses, medical staff and the clinical services director. During our inspection, we reviewed 10 sets of patient records.

Between 1 June 2020 and the day of our inspection on 2 July 2020, the service performed 45 procedures. These were mainly breast augmentation operations.

There were seven doctors working at the clinic under practising privileges. The service employed five registered

nurses, two healthcare assistants and two non-clinical staff, as well as having its own bank staff. The clinical services director was the accountable officer for controlled drugs (CDs).

Services provided at the hospital under service level agreement:

- Clinical and general waste collection
- Fire alarm & lighting servicing
- Fire extinguisher checks
- Pest control
- Gas boiler maintenance
- Legionella risk assessment
- Water cooler maintenance
- Laboratory testing
- Private ambulance services
- Blood specimen testing
- Supply of linen and provision of laundry

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?

Our rating of safe went down. We rated it as **Inadequate** because:

- The service did not control infection risk well. There were inadequate control measures to protect patients, staff and others from infection. Staff did not keep equipment and the premises visibly clean.
- The service did not provide mandatory training in Covid-19 to all staff and did not make sure everyone completed it.
- The design, maintenance and use of facilities, premises and equipment did not keep people safe. Staff did not manage clinical waste well.
- Staff did not complete adequate Covid-19 risk assessments for each patient and did not remove or minimise risks.
- Staff did not keep detailed records of patients' care and treatment in relation to Covid-19 transmission risk. Records were not always stored securely.
- The service did not use systems and processes to safely prescribe and store medicines.

Inadequate



Are services effective?

This was a focused inspection of safe only. The current rating for effective is from the previous comprehensive inspection report published on 18 September 2019.

Requires improvement



Are services caring?

This was a focused inspection of safe only. The current rating for caring is from the previous comprehensive inspection report published on 18 September 2019.

Good



Are services responsive?

This was a focused inspection of safe only. The current rating for responsive is from the previous comprehensive inspection report published on 18 September 2019.

Good



Are services well-led?

This was a focused inspection of safe only. The current rating for well-led is from the previous focused inspection report published on 13 January 2020.

Requires improvement








Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Inadequate	Requires improvement	Good	Good	Requires improvement	Requires improvement
Overall	Inadequate	Requires improvement	Good	Good	Requires improvement	Requires improvement

Surgery

Safe	Inadequate 
Effective	Requires improvement 
Caring	Good 
Responsive	Good 
Well-led	Requires improvement 

Are surgery services safe?

Inadequate 

We only inspected safe at this inspection. Please see the overall summary for more information.

Our rating of safe went down. We rated it as **inadequate**.

Mandatory training

The service did not provide mandatory training in Covid-19 to all staff and did not make sure everyone completed it.

As this was a focused inspection, we did not look at mandatory training compliance that did not specifically relate to Covid-19. Staff told us they had not received any formal training regarding Covid-19, including infection prevention and control (IPC) procedures and donning and doffing personal protective equipment (PPE). Staff told us this was discussed with them in an informal staff meeting which took place on 22 May 2020. However, the cleaner did not participate in this meeting. We saw the minutes from this meeting which confirmed no specific training was available to staff. A further email communication from 24 May 2020 alerted staff to nationally available e-learning relating to Covid-19, but there was no record of whether staff had completed this training, and staff knowledge relating to PPE on the day of inspection was poor. As a result, there was a risk of staff not using PPE correctly and not being aware of enhanced IPC measures, increasing the risk of Covid-19 transmission.

Staff told us there was no time allocated during working hours to complete any training, clinical/administrative tasks or staff meetings. The clinical services director told us

the directors would allow one weekday per month where no operations would take place to allow for these activities, but this would not take effect until August or September 2020. At the time of inspection, there was no non-operational time in the clinic schedule.

Safeguarding

We did not specifically look at this key line of enquiry as part of this focused inspection.

Cleanliness, infection control and hygiene

The service did not control infection risk well. Staff did not use equipment and control measures to protect patients, themselves and others from infection. They did not keep equipment and the premises visibly clean.

The provider's Covid-19 infection prevention control policy drafted on 27 April 2020 did not reference appropriate national guidance, for example 'Covid-19: infection prevention and control', 'Covid-19: personal protective equipment use for non-aerosol generating procedures', 'Covid-19: investigation and initial clinical management of possible cases' and other appropriate guidance published by the government, NHS England or Public Health England. There were emails from 30 April 2020 and 4 May 2020 indicating the nominated individual (from a non-clinical background) had devised this policy, prior to the publication of much national guidance on resuming elective surgery. There was no evidence the provider had reviewed this policy, as it had no version control or specified review date. In conversation with staff, they told us the provider had not revised the policy since implementation. This meant staff did not know what up-to-date procedures they should follow in relation to Covid-19 and IPC.

Surgery

We did not find evidence to show deep cleaning of the theatre had taken place prior to the service reopening on 26 May 2020. On the day of inspection, the last record that could be located of a deep clean was on 12 January 2019. However, a deep clean did take place on 12 July 2019, as evidenced in the previous inspection report. At the last inspection, the provider told us they had increased the deep cleaning frequency from annually to every six months, but this was not documented anywhere. A deep clean scheduled for 29 June 2020 had not taken place, as the contractor had cancelled and the clinical service director (CSD) was currently in the process of trying to rebook this.

The CSD informed us their in-house cleaner had deep cleaned the premises before reopening on 26 May 2020. The service had brought cleaning in-house earlier in the year, due to concerns with the efficacy of the external company they used prior to this. They worked 42.5 hours per week, usually between 12pm and 8.30pm on weekdays. This did not always allow the in-house cleaner to clean the theatre environment, as theatre lists started between 8am and 8.30am. Staff told us delays in the list were not uncommon, meaning lists could run past 8.30pm.

Cleaning records were not up to date and did not demonstrate all areas were cleaned regularly. The theatre cleaning log for June 2020 was incomplete, with no cleaning marked as taking place on days (or following days) where there were theatre lists taking place.

At the time of inspection, there were no arrangements as to who would clean the clinic when the in-house cleaner was absent. The CSD told us she was trying to set up an arrangement with a cleaning company she was familiar with at present to cover any holidays or sickness absence.

We observed a mop standing in dirty water in the theatre sluice room for some time. Later, we observed staff use the same mop and dirty water to mop the theatre after an operation. Staff told us they would change this water every two or three cases. Theatre meeting minutes from 12 June 2020 clearly stated staff should change this water between every case.

On the day of inspection, we observed a 14-minute gap between two operations. On questioning staff, they told us it was usual for an allowance of 15 minutes to be given between cases for cleaning. This 15-minute space between cases was not based on any national guidance, and

allowed only one air change in the theatre between cases. As intubation and extubation are aerosol generating procedures (AGPs), this did not follow national guidance, which suggests two air changes should take place before any person not wearing appropriate personal protective equipment (PPE) should enter the environment. The highest risk of transmission of respiratory viruses is during AGPs of the respiratory tract. Guidance published by the British Association of Aesthetic Plastic Surgeons and the Royal College of Surgeons on 18 May 2020 suggests adding a full hour to each case on a theatre list, to allow for additional time needed for safe intubation and recovery.

Staff did not follow infection control principles including the use of personal protective equipment (PPE). Staff did not use PPE as per national guidance or the local provider policy. We found staff did not have full knowledge of the required PPE for different areas or procedures. Staff meeting minutes from 22 May 2020 clearly stated, 'all staff should wear masks throughout the day'. However, on the day of inspection, we observed widespread improper use of masks across all staff. Surgical masks were either not worn at all or worn incorrectly. Staff did not wear FFP3 masks for AGPs, such as an intubation. Intubation carries the risk of transmission of droplets containing Covid-19, therefore putting people at higher risk of catching Covid-19. There was no access to FFP3 masks as the provider had not ordered any. Some staff told us they had brought in their own masks as they were not satisfied with those offered by the provider. Staff members, including the clinical service director (CSD) were not aware what the term 'fit testing' meant. A 'fit test' checks whether a mask properly fits the face of someone who wears it, ensuring there is an adequate seal with their face to provide the intended protection. Therefore, even when staff had brought in their own masks, there was no provision by the provider to ensure an adequate fit.

We found the hand hygiene poster used to guide staff on proper hand washing technique was out of date and based on outdated guidance. It did not contain a step indicating the handwashing should include the wrists. On the day of inspection, the CSD (who went into clinical areas) was not bare below the elbow and was wearing a long scarf.

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We observed one member of staff using alcohol gel on top of disposable gloves. Although the gloves were clean at the time of observation, this suggested a lack of understanding of proper hand hygiene, meaning this may occur at other stages when gloves were soiled.

We found there was no provision of hand soap or hand towels at handwashing stations in the theatre sluice room. Staff told us this had been the case for an extended period. The CSD told us they had ordered incorrect handwash refills and they were not compatible with the dispensers fitted in the clinic. This meant there had been no hand soap for four days. During a telephone call with the provider in the afternoon, the nominated individual told us this was a “supply and demand” issue and the risk had been mitigated by providing hand sanitiser. This was not adequate mitigation as it did not account for times when hands may have been soiled, making hand sanitiser less effective. In addition, handwashing is more effective than hand sanitisers at removing certain kinds of germs, such as norovirus, and *Clostridium difficile*.

The CSD told us the handbasin in the staff toilet was an alternative handwashing facility in the absence of hand soap and hand towels in the theatre sluice area. The handbasin was not fit for appropriate handwashing in a clinical area, as it was small and did not have non-touch taps. There were also inadequate handwashing facilities in the cleaner’s room.

The handbasin in recovery was fit for purpose and had non-touch taps. Handwash was available. However, the paper towel dispenser was on the wall around the corner from the handbasin, presenting a cross-infection risk from water droplets.

In an area adjacent an exit to the clinic leading to a reception area for the adjacent building, we found the soap dispenser at the clinical handbasin was empty. There was also baby shampoo and conditioner sitting on the sink.

We found the staff toilet facilities to be in poor hygienic condition. We saw a full open topped bag of used scrubs on the floor, as well as a used razor and toothbrush on a shelf above the handbasin. Staff had last updated the cleaning schedule for the staff toilet and shower room (kept inside the room) in December 2019. Other separately kept cleaning records were available from June 2020, but the

cleaning schedule did not give the cleaner a list of cleaning tasks but instead instructed ‘check to ensure staff toilet / shower area is clean and tidy’. This was also the case for other areas of the clinic.

The local colour-coding scheme for use of cleaning materials suggested use of a red bucket was used to clean bathrooms, showers, or toilets. We saw a yellow bucket and blue bucket in the clinic. There were no buckets of any other colours.

The clinic environment was cluttered, with unused equipment and boxes found in many areas, such as the hair transplant room, room between theatre and recovery, and the area adjacent to the exit of the clinic. The CSD told us they were waiting for the provider to collect many items for storage at the head office, and other boxes had only recently been delivered.

We noted other IPC concerns, such as a torn covering on chair in consultation room, a mop head on top of the sink in the theatre sluice area and high dust in the recovery area. In the recovery area, there was also a procedure trolley found with four dressings removed from the packaging and covered in dust. The staff changing area was unkempt, with shoes and personal items stored in a haphazard manner.

We found two sets of breast implants on top of cupboard in the theatre sluice room. One set was stored in a plastic bag and the other set in a plastic receptacle. Staff told us these had been extracted from a patient several days prior to our inspection, with the intention of sending back to the manufacturer. Later, when checked against patient notes we found the two operations in question had taken place on 26 May 2020 and 24 June 2020 respectively. The removed implants had not been labelled to indicate their status as clinical waste.

In the ward, we found an uncovered laundry hamper, presenting an infection risk. In the cleaner’s room, there was a cage with dirty linen stored in it. This was single bagged only in a standard bag, despite some blood strains present on some sheeting. This did not follow the provider’s own policy on safe linen disposal.

Instruments the provider planned to send for decontamination with an external company, following surgical use, were stored in a red box on the floor near the water fountain. Patients from the ward or attending for wound care walked past this area to use the patient toilet.

Surgery

Environment and equipment

The design, maintenance and use of facilities, premises and equipment did not keep people safe. Staff did not manage clinical waste well.

On the day of inspection, we found the clinic was freely accessible to non-authorised people and members of the public, with doors marked 'keep locked at all times' left unlocked. Once in the building, visitors, patients or intruders could access the theatres and intravenous fluid storage cupboard as there were no locked doors. We also observed the reception area was not 'manned' at all times. On previous inspections of the service, we had queried whether this presented a security risk, but the provider told us their risk assessment did not necessitate adding locks to any internal doors. It was unclear what had been put in place to mitigate the risk of unauthorised access.

We found the Control of substances hazardous to health (COSHH) cupboard unlocked and unattended, contrary to national guidance. The clinical services director (CSD) acknowledged the COSHH cupboard should be kept locked.

The provider had implemented a one-way system prior to reopening on 26 May 2020 to minimise the risk of people crossing paths and cross infection. On the day of inspection, we observed staff not following the arrows on the floor or observing the one-way system. During theatre cases, we observed a high level of theatre traffic, with staff using both doors of the operating theatre for access. This was contrary to the intended single access point. Operating theatre human traffic may increase the risk of surgical site infection.

There was no record to indicate the air conditioning system had been serviced or updated since issues found in 2019. In the facilities file, it was clear there was a fault with the air conditioning system, but there was no evidence of works to resolve this. We asked the CSD about this, who told us the nominated individual had informed her this had been completed, but she had been unable to find evidence of this. On the day of our inspection, it was hot in the theatre and staff told us it was often too hot or too cold.

There was no adequate record of recent equipment testing. Theatre meeting minutes from 12 June 2020 stated the CSD was trying to arrange this. We also saw emails from the start of June 2020 indicating the CSD was trying to arrange equipment service and maintenance, but this had not been

arranged at the time of our inspection. No contracts currently existed in relation to equipment checks and maintenance. Staff told us some equipment such as the theatre table 'played up' and would not go up or down as required.

The clinic did not use piped oxygen. We found cardboard stored behind oxygen cylinders, presenting both a cross infection and fire risk.

A legionella service report on 29 June 2020 found the temperature of the water in the clinic was not hot enough (55C) for a clinical environment. We saw an email trail relating to the location of the water heaters and how to adjust this, but no evidence to suggest the service had resolved this issue.

There was no bin for either domestic or clinical waste in theatre sluice room or the cleaner's room. There was no bag in the bin in the patient toilet. Clinical waste bins were located in a locked store room off a corridor which included doors to theatre ante-room, admission room, recovery area and ward. This may present a cross-infection risk when collecting clinical waste. Staff including the CSD did not know the access code for this room.

The health and safety audit and IPC audits completed in June 2020 did not detail many of the issues we found during our inspection. In addition, the provider had arranged for an external inspection on 10/11 June 2020. The resulting report found many of the same issues we found three weeks later, which the service had not taken steps to resolve. This demonstrated a lack of governance regarding IPC and failure to act on such concerns once raised.

Assessing and responding to patient risk

Staff did not complete adequate Covid-19 risk assessments for each patient and did not remove or minimise risks.

The provider did not ask patients to self-isolate for 14 days prior a procedure as outlined in NHS England national guidance relating to Covid-19 in place at the time of our inspection, and little mitigation was in place despite this. The service did not routinely test patients for Covid-19 prior to operating. In some cases, the service flagged patients if their risk was higher, such as those who worked in healthcare. The flagged patients underwent a screening process, which involved the clinical services director (CSD)

Surgery

reviewing any higher risk cases and making a decision as to whether they could be booked in for surgery or required Covid-19 testing prior to surgery. This decision relied on clinical judgement rather than set criteria and the CSD did not formally document this anywhere. There had been no instances of delayed or cancelled surgery because of elevated risk of Covid-19 transmission. The CSD told us their patients were asymptomatic and low risk, contrary to the provider policy which stated, 'central to recommendations is the recognition that we have to act as if all patients coming to our clinics are infected'. National guidance on resuming elective surgery suggests developing a local diagnostic testing policy for symptom-free patients.

We could find no evidence of revised patient information (apart from a brief questionnaire relating to risk of Covid-19 infection) given to patients prior to operations, or following discharge. At the time of inspection, the service had not published any information relating to changes in practice due to Covid-19 on their website. Patient feedback collated in June 2020 showed one patient reported information given pre-operatively was poor.

When we entered the clinic, staff asked the inspection team to have their temperatures checked as per the provider's policy. A high temperature (37.8C or above) may indicate Covid-19 infection. The thermometer was not in good working order and staff had to change the batteries or thermometer several times before readings were obtained. One member of the inspection team had not had his temperature checked and staff indicated he could enter the premises, before he challenged this. When his temperature was taken, the reading was 35.6C. This is outside of the normal range, although it did not indicate possible Covid-19 infection, which is characterised by high temperature (37.8C or greater). Staff did not challenge or repeat this reading.

Recovery of patients had not been reviewed in line with national guidance, which indicates where possible, recovery of patients should take place in the same environment where they have been operated on, to reduce the risk of Covid-19 transmission. In the clinic, patients still moved from the operating theatre, to the recovery area, and then the ward, as was the case before the pandemic. This had not been reviewed or risk assessed in line with available guidance.

The service was planning to resume complex multiple-site combined operations (such as breast and abdomen concurrently) in August 2020. National guidance advises it is important to reduce the complexity of aesthetic procedures where possible and reduce the operative time and recovery period at present. The decision to resume complex operations had not been reached by any review or consideration of any current guidance.

On the day prior to our inspection, two patients stayed overnight at the clinic due to the theatre list overrunning. One patient had to stay on a trolley rather than a bed as there was currently only one bed in the ward area. Staff told us they had allocated the heavier patient to the bed. There was no formal risk assessment process of these patients, or considerations of how to mitigate the heightened risk of developing pressure sores, for example.

Nursing and support staffing

We did not specifically look at this key line of enquiry as part of this focused inspection.

Medical staffing

We did not specifically look at this key line of enquiry as part of this focused inspection.

Records

Staff did not keep detailed records of patients' care and treatment in relation to Covid-19 transmission risk. Records were not always stored securely.

We reviewed 10 patient records. We found there had been no adaptations of any care or consent documentation in relation to Covid-19. National guidance from the British Association of Aesthetic Plastic Surgeons (BAAPS) states services should review any team briefs or surgery checklists and consider the inclusion of additional steps such as the appropriate PPE availability. Theatre staff used a safer surgical checklist based on the World Health Organisation (WHO) guidance, but we could not see documentation relating to this had been adapted.

On the day of inspection, we found three sets of patient notes unattended in an unlocked room. The clinical services director (CSD) told us this was where the surgeon reviewed patient notes for theatre list taking place that day. However, the theatre list had started three hours prior to this, and the notes remained unsecured and unattended.

Surgery

In the administration room, we saw multiple boxes of paper-based patient notes. The CSD told us these were awaiting collection by the provider to be archived. On the day of inspection, there was no evidence of an arrangement to dispose of confidential waste.

Medicines

The service did not use systems and processes to safely prescribe and store medicines.

Staff did not store and manage medicines in line with the provider's policy. On the day of inspection, we observed a nurse coming out of theatre and putting a box of prescription only medication ampoules in the Control of substances hazardous to health (COSHH) cupboard. On examination, we found several cannisters of a prescription only inhalation vapour already stored inside. These medicines need to be stored in a locked cupboard. However, they were stored in the COSHH cupboard alongside hazardous chemicals. When we queried the storage of the medicine with the CSD, they told us it was their understanding the inhalation vapours should be in the COSHH cupboard.

We found two out of date bags of intravenous (IV) plasma volume substitute fluids stored with other IV fluids in the medication room. We observed this plasma volume substitute was missing from the resuscitation trolley in recovery. Staff told us this was out of date and awaiting return. However, in returning this out of date IV fluid to the main store, there is a risk staff could pick it up and use it in an emergency. In addition, we also found personal belongings of staff stored in the medication/IV room inappropriately.

At the time of our last inspection in October 2019, we found the service gave all patients a broad-spectrum antibiotic following surgery, which was not in line with local provider policy or national guidance. At the time of this inspection, this remained the case, with the CSD informing us she had organised a meeting to discuss this on 10 July 2020. She told us antibiotics were now prescribed for a shorter time post-surgery, but they were still not prescribed in accordance to national guidance.

Incidents

We did not specifically look at this key line of enquiry as part of this focused inspection. The service recorded no reported incidents since reopening on 26 May 2020.

Safety Thermometer (or equivalent)

We did not specifically look at this key line of enquiry as part of this focused inspection.

Are surgery services effective?

Requires improvement 

We did not inspect effective at this inspection. Please see the overall summary for more information.

Are surgery services caring?

Good 

We did not inspect caring at this inspection. Please see the overall summary for more information.

Are surgery services responsive?

Good 

We did not inspect responsive at this inspection. Please see the overall summary for more information.

Are surgery services well-led?

Requires improvement 

We did not inspect well-led at this inspection. Please see the overall summary for more information.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure records are stored in accordance with the General Data Protection Regulation (GDPR).

Action the provider **SHOULD** take to improve

- The provider should review the schedule of the clinic to allow time for activity other than theatre lists.

- The provider should review their arrangements relating to patients staying overnight.
- The provider should consider reviewing their practice of prescribing of antibiotics to bring this in line with national policy.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>2. c. maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	<p>Section 31 HSCA Urgent procedure for suspension, variation etc.</p> <p>Following this inspection, we issued an urgent notice of decision to impose conditions on their registration as a service provider in respect of the regulated activity of surgical procedures at Hammersmith Private Hospital, effective until 13 August 2020.</p>