

Acuitus Medical Ltd

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

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

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

Overall summary

Acuitus Medical Ltd is operated by Acuitus Medical Ltd. The service provides day case cosmetic surgery. Facilities include one operating theatre, an admissions room, a recovery room and one consultation room. There is also a waiting room and toilet and shower.

We inspected this service to follow up on a warning notice and a requirement notice issued following our follow up inspection in December 2017. The warning notice was issued for a breach of regulation 12 (safe care and treatment) and the requirement notice was issued for a breach of regulation 17 (good governance). We carried out an unannounced inspection on 05 June 2018.

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.

We regulate cosmetic surgery services but we do not currently have a legal duty to **rate** them when they are provided as a single specialty service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- Patients with a history of mental health concerns received a psychological assessment before proceeding with their surgery.
- Equipment, including emergency equipment stored on the resuscitation trolley were in date.

- Meetings took with place with the relevant staff members and minutes were circulated to staff who attended the meetings.
- An induction programme was in place for all staff as well as a location orientation to the building. Staff competencies were also monitored.
- Staff files had been updated and included references and evidence of completed mandatory training.
- Decontamination continued to be outsourced to another provider.
- Audits were undertaken of venous thromboembolism (VTE) assessments and World Health Organisation (WHO) surgical safety checklists.
- We saw improvements in patient records including completion of VTE assessments, WHO surgical safety checklists, psychological assessments and observations.

However, we also found the following issues that the service provider needs to improve:

- We noted that not all entries within patient records were dated and signed.
- All entries in relation to administration of drugs were not dated and timed.

Following this inspection, 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 a requirement notice. Details are at the end of the report.

Heidi Smouldt

Deputy Chief Inspector of Hospitals (Central)

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating Summary of each main service

- Patients with a history of mental health concerns received a psychological assessment before proceeding with their surgery.
- Equipment, including emergency equipment stored on the resuscitation trolley were in date.
- Meetings took place with the relevant staff members and minutes were circulated to staff who attended the meetings.
- An induction programme was in place for all staff as well as a location orientation to the building. Staff competencies were also monitored.
- Staff files had been updated and included references and evidence of completed mandatory training.
- Decontamination of equipment was outsourced.
- Audits were undertaken of venous thromboembolism (VTE) assessments and World Health Organisation (WHO) surgical safety checklists.
- We saw improvements in patient records including completion of VTE assessments, WHO surgical safety checklists, psychological assessments and observations.

However:

- We noted that not all entries within patient records were dated and signed.
- All entries in relation to administration of drugs were not dated and timed.

Summary of findings

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Acuitus Medical Ltd

Services we looked at

Surgery

Summary of this inspection

Background to Acuitus Medical Ltd

Acuitus Medical Ltd is operated by Acuitus Medical Ltd. The service opened in 2015. It is a private cosmetic clinic in Watford, Hertfordshire. The clinic primarily serves the communities of London and the Home Counties. It also accepts patient referrals from outside this area. Services are provided for patients aged over 18. It provides a range of cosmetic procedures including rhinoplasty (nose

reconstruction), rhytidectomy (facelift), breast augmentation (implants), liposuction (fat removal) and abdominoplasty (tummy tuck). All patients are seen on a day case basis.

The hospital has had a registered manager in post since 11 June 2015. The unannounced focused inspection took place on 05 June 2018.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC inspection manager and a second CQC inspector. The inspection team was overseen by Bernadette Hanney, Head of Hospital Inspection.

Information about Acuitus Medical Ltd

The clinic has one day case theatre and is registered to provide the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder and injury

During the inspection, we visited the day case theatre, the consultation room, the admission room, the recovery room and the decontamination room. We spoke with five staff including the registered manager, and four administrators. During our inspection, we reviewed 11 sets of patient records. We made several attempts to contact a member of the nursing team, however we were unsuccessful in doing so.

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. The service had been previously inspected two times, once in May 2017 and again in December 2017.

In May 2017 we found the service was not meeting all the standards of quality and safety it was inspected against.

This led to three requirement notices being issued for; regulation 12 (safe care and treatment), regulation 17 (good governance) and regulation 19 (fit and proper persons employed).

In December 2017 we found the service had made some improvements, however we told the provider they must take some actions to comply with the regulations. This led to a warning notice being issued for regulation 12 (safe care and treatment) and a requirement notice for regulation 17 (good governance).

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Maintenance of medical equipment
- Decontamination of equipment

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?

We do not currently have a legal duty to rate cosmetic surgery services where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- Patients with a history of mental health concerns received a psychological assessment before proceeding with their surgery.
- Equipment, including emergency equipment stored on the resuscitation trolley were in date.
- An induction programme was in place for all staff as well as a location orientation to the building. Staff competencies were also monitored.
- Decontamination of equipment was outsourced.
- We saw improvements in patient records including completion of VTE assessments, WHO surgical safety checklists, psychological assessments and observations.

However, we also found the following issues that the service provider needs to improve:

- We noted that not all entries within patient records were dated and signed.
- All entries in relation to administration of medicines were not dated and timed.

Are services effective?

We do not currently have a legal duty to rate cosmetic surgery services where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- Patients with a history of mental health concerns received a psychological assessment before proceeding with their surgery.
- An induction programme was in place for all staff as well as a location orientation to the building. Staff competencies were also monitored.
- Staff files had been updated and included references and evidence of completed mandatory training.

Are services caring?

We did not review this as part of our inspection.

Summary of this inspection

Are services responsive?

We did not review this as part of our inspection.

Are services well-led?

We do not currently have a legal duty to rate cosmetic surgery services where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- Meetings took place with the relevant staff members and minutes were circulated to staff who attended the meetings.
- Audits were undertaken of venous thromboembolism (VTE) assessments and World Health Organisation (WHO) surgical safety checklists.

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are surgery services safe?

Mandatory training

- All staff had evidence they had completed mandatory training modules including fire safety, infection prevention and control, information governance, health and safety and safeguarding of vulnerable adults. This was an improvement from our last inspection in December 2017 where this had been raised as a concern.

Safeguarding

- This was not reviewed as part of this inspection.

Cleanliness, infection control and hygiene

- During our inspection in December 2017, clean and dirty surgical equipment was stored in the decontamination room. Instruments were cleaned, inspected, packed and autoclaved in the decontamination room by clinical staff. However, the decontamination room had not been commissioned in line with national safety guidance Health Technical Memorandum (HTM) 01-01 part A.
- The registered manager confirmed at the time of the last inspection they would stop using the decontamination room and this process for decontaminating equipment. They confirmed that single use equipment would be used as well as outsourcing decontamination to another service.
- During this inspection, the registered manager confirmed they continued to use single use equipment as well as outsourcing of decontamination to another service. The registered manager also confirmed they had been in contact with an organisation to discuss the possibility of designing and commissioning a decontamination room in the future.

- We observed that the autoclaves had been removed from the decontamination room.
- The storage area for intravenous (IV) fluids, sterile instruments and consumables was organised and tidy. The registered manager had taken action to ensure opened boxes were not stored on the floor. However, we noted that some sealed boxes continued to be stored on the floor which could be damaged if a flood occurred.
- The temperature in the storage area was checked on a daily basis and records we reviewed confirmed this. This was an improvement since our previous inspection in December 2017.

Environment and equipment

- During our inspection in December 2017, we found two endotracheal tubes (tubes that are inserted into the windpipe in the event of a patient requiring artificial ventilation) which were six months out of date. During this inspection, we found all equipment stored within the resuscitation trolley was in date and fit for purpose.
- During our previous inspection in December 2017, a separate storage rack provided rapid access to face masks, ventilation adaptors (attached to the anaesthetic machine) and nasal cannulas (tubes which are inserted into a patient's nose to support their airway) had not been checked and there were no nasal cannulas available and a limited supply of ventilation adaptors. During this inspection, we found all stock was checked on a regular basis and there was sufficient equipment available.

Assessing and responding to patient risk

- During our inspection in December 2017 we saw that the service had implemented a nationally recognised NEWS (National Early Warning System) tool, to identify a deteriorating patient. We found omissions in the

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completion of the NEWS chart. We also found omissions in venous thromboembolism (VTE) assessments and the World Health Organisation (WHO) “Five Steps to Safer Surgery” checklists were not all completed. However, during this inspection we found NEWS charts, VTE assessments and WHO checklists were completed accurately. This meant staff were assessing and documenting patients’ risks.

- During our inspection in December 2017 a combined monthly audit was carried out on the WHO checklists and VTE assessments. We found the audits lacked detail and did not provide assurances that the WHO checklists and VTE assessments were being completed or that the audit would lead to improvements. However, during this inspection we found monthly audits for WHO checklists and VTE assessments were completed. Each month five sets of patient records were reviewed to check completion of the WHO checklist, VTE assessment and VTE prophylaxis. The audit form had also been updated to include an area to note any actions to be taken as a result of the audit.
- During our inspection in December 2017, not all patient observations were recorded before, during or after surgery. However, we reviewed 11 patient records and noted patient observations were recorded before, during and after surgery. This meant staff could tell if the patients’ vital signs were within normal ranges before going to theatre and if they had returned to a normal level before the patient was discharged.
- During our previous inspection in December 2017, we remained concerned that a GP summary or psychological assessment was not obtained before a patient had surgery if they had indicated they had suffered from depression previously or were taking antidepressants. During this inspection, we noted pre-operative templates had been amended to prompt staff to ask if a patient had a history of mental health illness. If the patient declared they had, a member of the nursing team assisted the patient to obtain a GP summary before the surgeon made a decision regarding suitability for surgery.

Nursing and support staffing

- Since the previous inspection, a healthcare assistant had been employed. We noted that a formal induction programme was in place to ensure new staff members

completed relevant mandatory training and staff confirmed they had a local orientation with regards to the building and emergency exits. This was an improvement from our previous inspection.

- Staff files also contained evidence of internal training to show they were competent in the areas they were required to work. For example, pre assessment and theatre. This was an improvement from our previous inspection.

Medical staffing

- This was not reviewed as part of this inspection.

Records

- Patients individual care records were generally completed and up to date. We reviewed 11 patient records and noted that all VTE assessments, WHO checklists and NEWS charts were completed. However, we noted that not all entries within the records were dated and signed to ensure a complete and comprehensive patient record.

Medicines

- During our inspection in December 2017, medications for patients to take home after surgery were not labelled in accordance with Human Medicines Regulations Schedule 26 packaging requirements: special provisions. During this inspection, the registered manager confirmed hand written instructions were added to medications by the consultant. We saw a poster on the cupboard storing medications which reminded staff to include the name of the medicine and formulation, instructions for administration, the patient name and patients’ date of birth.
- We reviewed 11 patient records and noted that records relating to administration of medication did not include a date and time. For example, for a patient who had IV fluids, there was no date and time to indicate when this had been commenced. Records also did not state what the volume was or what the rate of delivery should be.

Incidents

- This was not reviewed as part of this inspection.

Safety Thermometer (or equivalent)

- This was not reviewed as part of this inspection.

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Are surgery services effective?

Evidence-based care and treatment

- This was not reviewed as part of this inspection.

Nutrition and hydration

- This was not reviewed as part of this inspection.

Pain relief

- This was not reviewed as part of this inspection.

Patient outcomes

- This was not reviewed as part of this inspection.

Competent staff

- During our inspection in December 2017, not all staff had a documented induction. We saw during this inspection new staff members had a documented induction and staff we spoke with could explain the induction process including a local orientation to the building.
- Administrative staff informed us they acted as a chaperone as and when needed. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- During our previous inspection in December 2017, we remained concerned that not all staff members had two written employment references. During this inspection, we saw that all staff had two written employment references on file.

Multidisciplinary working

- This was not reviewed as part of this inspection.

Seven-day services

- This was not reviewed as part of this inspection.

Health promotion

- This was not reviewed as part of this inspection.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- This was not reviewed as part of this inspection.

Are surgery services caring?

Compassionate care

- This was not reviewed as part of this inspection.

Emotional support

- This was not reviewed as part of this inspection.

Understanding and involvement of patients and those close to them

- This was not reviewed as part of this inspection.

Are surgery services responsive?

Service delivery to meet the needs of local people

- This was not reviewed as part of this inspection.

Meeting people's individual needs

- This was not reviewed as part of this inspection.

Access and flow

- This was not reviewed as part of this inspection.

Learning from complaints and concerns

- This was not reviewed as part of this inspection.

Are surgery services well-led?

Leadership

- This was not reviewed as part of this inspection.

Vision and strategy

- This was not reviewed as part of this inspection.

Culture

- This was not reviewed as part of this inspection.

Governance

- At our inspection in May 2017 we raised concerns that not all safety audits were being completed. In December 2017 safety audits had been implemented, however the audits did not adequately identify any themes or learning. During this inspection, we saw that the audits

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were completed in detail and there was an area within the audit form to identify any areas for improvement. This included audits for infection prevention and control, controlled drugs (medicines that require extra checks and special storage because of the potential for them to be misused) and stock levels.

- Meetings with the surgeons were carried out on a quarterly basis and circulated to those that attended the meeting. Minutes included the review of procedures completed where there had been concerns raised by the patient, as well as general business issues. We saw evidence of the recorded minutes which included discussions around outcomes of surgery.
- Monthly team meetings were also held with all staff members and staff were able to tell us the topics that

were discussed. The registered manager confirmed that an agenda was set for each of the meetings, however staff informed us they did not receive minutes from these meetings.

Managing risks, issues and performance

- This was not reviewed as part of this inspection.

Managing information

- This was not reviewed as part of this inspection.

Engagement

- This was not reviewed as part of this inspection.

Learning, continuous improvement and innovation

- This was not reviewed as part of this inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure patient records are accurate and comprehensive.

Action the provider **SHOULD** take to improve

- The provider should consider circulating meeting minutes to all staff members irrespective of whether they attended the meeting.
- The provider should consider how staff are able to access minutes from team meetings.

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 Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment The registered person must ensure medication administration records are an accurate, complete and contemporaneous record in respect of each patient. Regulation 12 (2)(g)

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance The registered person must ensure they maintain an accurate, complete and contemporaneous record in respect of each patient. Regulation 17 (2)(c)