# 134 Harley Street

## Quality Report

134 Harley Street
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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 | Good |
| Are services safe? | Good |
| Are services effective? | Not sufficient evidence to rate |
| Are services caring? | Not sufficient evidence to rate |
| Are services responsive? | Good |
| Are services well-led? | Good |

# Summary of findings

## Letter from the Chief Inspector of Hospitals

134 Harley Street is operated by Harley Street Fertility Clinic. The service has no overnight beds. Facilities include one operating theatre, outpatient and diagnostic facilities.

The service provides surgical procedures

We inspected surgery.

We inspected this service using our comprehensive inspection methodology.

We carried out an announced inspection on 19 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.

**Services we rate**

We rated this service as good overall.

- There were good systems and processes in place to protect patients from avoidable harm.
- Reporting of incidents was encouraged and the process was understood by staff.
- The environment was visibly clean and well maintained and there were measures to prevent and control the spread of infection.
- There were adequate 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.

We found areas of practice that require improvement in surgery:

- The service should review its process for managing the identification of out of date drugs.
- The service should also review its surgery safety checklist policy, so that it reflects best practice guidance, including the World Health Organisation surgical checklist.
- Safeguarding policy was not in line with the intercollegiate guidance.

**Prof Ted Baker**
**Deputy Chief Inspector of Hospitals**

# Summary of findings

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Good

# 134 Harley Street

**Services we looked at**
Surgery

# Summary of this inspection

## Background to 134 Harley Street

134 Harley Street is operated by Harley Street Fertility Clinic. Harley Street Fertility Clinic is a private, specialist-led fertility clinic in Central London. The service undertakes diagnostic

tests, including ultrasounds and blood tests as well as fertility treatments and hysteroscopy.

The hysteroscopy service is the only service which is subject to regulation by the Care Quality Commission. The service is also licensed by the Human Fertilisation and Embryology Authority (HFEA).

The service opened in 2014. It is a private clinic in central London. The clinic primarily serves the communities of the London and surrounding areas. It also accepts patient referrals from outside this area.

The clinic has had a registered manager (RM) in post since 2014.

## Our inspection team

The team that inspected the service comprised Anne Hinds-Murray, CQC lead inspector and a specialist advisor with expertise in gynaecology.

## Information about 134 Harley Street

The clinic has one recovery ward and is registered to provide the following regulated activities:

- Surgical procedures

During the inspection, we visited the recovery area, theatre and two consulting rooms. We spoke with six members of staff including; registered nurses, reception staff, medical staff, the director and the general manager. We spoke with two patients by telephone following the inspection as there were no patients receiving surgical care at the time of our inspection.

During our inspection, we reviewed 10 sets of patient records, and other documentation provided to us.

There were no special reviews or investigations of the clinic on going by the CQC at any time during the 12 months before this inspection. The service has not been inspected before.

Activity (November 2015 to October 2016)

- In the reporting period November 2015 to October 2016, there were 32 day case episodes of hysteroscopy recorded at the clinic; of these 0% were NHS-funded and 100% funded by other means.

Two surgeons and eight anaesthetists worked at the clinic in relation to hysteroscopy surgical procedures under practising privileges. 134 Harley Street employed five registered nurses, three healthcare assistants and two receptionists, as well as having its own bank staff of anaesthetists. The accountable officer for controlled drugs (CDs) was the RM.

Track record on safety

- No Never events
- No Clinical incidents relating to surgery.
- 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

# Summary of this inspection

- No complaints relating to surgical procedures

**Services accredited by a national body:**

- Licensed and regulated by the Human Fertilisation and Embryology Authority (HEFA)

**Services provided at the hospital under service level agreement:**

- Clinical and or non-clinical waste removal
- Translation services
- Laundry
- Maintenance of medical equipment
- Pathology and histology
- Decontamination of hysteroscopes

# 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:

- The services at 134 Harley Street had good systems and processes in place to protect patients from avoidable harm. Staff knew how to report incidents and were encouraged to learn from these and make improvements.
- There were enough medical and nursing staff to provide care and treatment for patients.
- Patients received good clinical practice; they were protected from potential hazards, such as infections or having to have the operation repeated.

However;

- There were out of date drugs in the resuscitation trolley and no date for disposal on the sharps bin in the theatre.
- The safeguarding policy was not updated to reflect the latest intercollegiate guidance.

### Are services effective?

Not sufficient evidence to rate

**Are services effective?**

We did not have sufficient evidence to rate effective :

- The service provided care and treatment in accordance with evidence-based practice and nationally recognised standards.
- Staff were suitably skilled and competent to provide the required level of treatment and care.
- Patient nutritional and pain management needs were addressed by staff.
- Patients were provided with good information that allowed them to make informed decisions about surgery.
- Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff were competent and well trained

### Are services caring?

Not sufficient evidence to rate

We did not have sufficient evidence to rate caring:

- Patients told us that staff at this clinic treated them with care and compassion and provided patient-focused care that met individual needs.
- Patients we spoke with and those who completed the patient satisfaction survey were very positive about their treatment.

# Summary of this inspection

- The clinic provided access to alternative therapies for patients wishing to access them.

## Are services responsive?

Good

We rated responsive as Good because:

- Patients were able to choose the most suitable time for their consultation and surgery.
- Detailed information was provided to patients throughout their pathway.
- Where complaints were raised, processes were in place to acknowledge, investigate and respond to these in a suitable manner.
- Patient's privacy and dignity was maintained at all times.
- Access to complementary and nutritional therapists was available to patients

## Are services well-led?

Good

We rated well-led as Good because:

- There was good leadership within the service and evidence of a good working relationship between the registered manager, the general manager and the other staff.
- Staff understood what was expected of them and had a strong ethos of assuring the delivery of services met the requirements of their patients.
- Patents and staff were encouraged to feed back on the quality of services.
- The governance arrangements provided assurance the quality of services was monitored.

However;

- The service did not utilise a formal risk register, but had a detailed risk management policy. This described how risks would be identified, managed and mitigated against.

# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Surgery | Good | Not rated | Not rated | Good | Good | Good |
| Overall | Good | Not rated | Not rated | Good | Good | Good |

Good

# Surgery

| | |
|---|---|
| Safe | Good |
| Effective | Not sufficient evidence to rate |
| Caring | Not sufficient evidence to rate |
| Responsive | Good |
| Well-led | Good |

## Are surgery services safe?

Good

We rated safe as good because;

### Incidents

- The service had not reported any never events during the period November 2015 and October 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.
- There were no serious incidents relating to surgery reported between the same reporting period.
- We were told about and shown the incident reporting system by the registered manager (RM), who was the director. The nurse that we spoke with told us how an incident would be reported. Incidents would then be investigated by the RM. Outcomes and action learning from the incident would then be shared through one to one sessions. However, as there had been no incidents reported we were unable to verify this.
- 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'.

### Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- The clinic, unlike NHS trusts, was not required to use the national safety thermometer to monitor areas such as venous thromboembolism (VTE). However, we saw evidence in patient's records we reviewed, which demonstrated 100% compliance with monitoring and reporting of VTE assessments during the period November 2015 and October 2016. The assessment of patients for the risk of VTE was in line with venous thromboembolism: reducing the risk for patients in clinic National Institute for Health and Care Excellence (NICE) guidelines CG92
- The clinic audited the care pathway documentation, which included surgery checklist, VTE assessment, early warning scores. The audits included actions plans for improved completion to areas that had not been completed. 34 care pathways were reviewed during 2016, with a full completion rate of 31 out of 34.

### Cleanliness, infection control and hygiene

- The provider had an Infection Prevention and Control (IPC) policy, which included guidance on hand washing, management of personal protection equipment, management of needle stick injuries, management of airborne viruses and decontamination. Staff were able to access the policies but we noted there were no dates

to indicate when they had been drafted or updated. It is best practice to date policies, so staff know when the policy was written and when a review is required. Staff will then know if they are following the latest steps and guidance set out by the service.

- The hysteroscopes used within the service were decontaminated off site at an external organisation. This was in line with The Health Technical Memorandum (HTM) HBN01-06: Decontamination of flexible endoscopes guidelines and processes.We viewed the service level agreement between the clinic and the organisation that provided decontamination services. We found checks were made with regards to the size of scope, date of decontamination and scopes turnabout.
- The recovery area and consultation rooms were visibly clean and well maintained. A designated person had responsibility for cleaning six days a week. Although there was no formal cleaning schedule, the general manager monitored cleaning standards by doing spot checks. They told us they would speak directly to the cleaner if there was a problem. Cleaning staff had received appropriate training and were supplied with nationally recognised colour- coded cleaning equipment. This enabled them to follow best practice with respect to minimising cross-contamination.
- Personal protective equipment (PPE) was readily available to all staff. Equipment such as disposable gloves were available to protect staff from exposure to potential infections whilst examining or providing treatment for patients. This reflected the guidance outlined in the Health and Safety Executive (2013) Personal protective equipment (PPE): A brief guide.
- All clinical staff we observed complied with bare below the elbow policy, which enabled good hand washing techniques and reduced the risk of cross infection. There were notices in all areas highlighting the correct method for hand washing. Antibacterial hand gel was available in all of the consultation rooms.
- The service provided was very small in terms of the numbers of patients seen and surgical procedures completed. No surgical site infections were recorded or monitored, as there were no systems in place to do so. The only way the clinic would know if a surgical site infection occurred, was if the patient informed them. However, staff we observed were following good procedures to limit cross infection. These included having clean and dirty zones in the treatment area and ensuring all work surfaces were clutter free. As there were no patients receiving care during our inspection we were not able to observe clinical practice related to the procedure.
- Equipment and materials were stored away in closed cupboards.There were disposable curtains in the recovery area which had been changed within the previous three months and had dates listed for when they should be changed in the future. The examination tables and recovery beds/chairs were provided with disposable paper covers.
- Information was kept on The Control of Substances Hazardous to Health (COSHH) in relation to substances used. Information on how to use the substances/ materials and what actions to take for spillage was available for staff to access.
- The theatre was laid out to accommodate for dirty and clean zones, to allow for good infection control procedures. There was a suitable scrub sink in the theatre ante-room, which met NICE guidance - NICE clinical guidelines (CG74).
- Clinical waste was disposed of correctly, in clinical waste bags and stored safely in a locked cupboard until collected by a specialist waste company, who collected on a weekly basis. This was in accordance with the Department of Health (2013) HTM 07-01: Safe management of healthcare waste.
- Staff disposed of sharps, such as needles and glass ampoules in accordance with safe practices outlined in the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Guidance for employers and employees. However, there was no disposal date listed on the sharps bin in theatre.

### Environment and equipment

- The environment in which patients received their consultations, treatment and surgical procedures were suitably arranged to ensure their safety. There were separate consultation rooms, a designated minor procedure theatre with an adjacent preparation/ recovery room. Separate areas were provided for storage of equipment, medicines and administrative purposes.

- Resuscitation equipment was accessible in the recovery area. The resuscitation trolley was sealed and checked weekly and our checks confirmed this. The checks were ineffective as they did not identify out of date drugs. During our review of the resuscitation equipment we found dilute adrenaline and midazolam which were out of date, by four and five months respectively. When we highlighted this to the general manager and nurse they were removed immediately.
- The theatre had equipment available to support patients who had difficulty breathing.
- Within the theatre was a white board fixed to the wall and it was used to record the needles, swabs and other equipment used for each operation. This was done to confirm everything was accounted for at the end of the procedure, and formed part of the safety checks.
- Staff told us they had sufficient equipment for their roles and there were regular orders made via the general manager to replace any items used.
- Theatre equipment was well maintained and regularly serviced in accordance with a service level agreement from an external company.

## Medicines

- All medicine storage units were visibly clean and lockable to prevent unauthorised access. The most hazardous drugs were securely stored to prevent unauthorised access.
- The controlled drug (CD) cabinet we examined was compliant with CD regulations.
- The CD cabinet was locked and secured to an outside wall. The key was kept separately by the nurse in charge.
- The minimum and maximum temperature of fridges used to store medicines were monitored and recorded to ensure the medicines were kept at the required temperature. We viewed the log sheets for the recordings and found staff had completed them daily, recording the temperatures and signing confirmation. The logbook was kept beside the fridge for easy access. We saw fridges used for this purpose were clean and tidy and held no surplus or expired stock.
- Medication was prescribed by the medical director. Records of patient's allergies and drugs prescribed were contained within the patient's care pathway documentation.

## Records

- We looked at 10 sets of patient notes relating to patients receiving hysteroscopy at 134 Harley Street. The notes were legible, signed and dated, and had been completed to a good standard.
- Paper files were stored in locked cupboards in the staff office in line with the Data Protection Act 1998.
- We noted patients had been screened for meticillin-resistant Staphylococcus Aureus (MRSA) and VTE. They attended a pre-admission clinic, and had signed a consent form after a consultation.
- The care plans for the ten records we looked at were complete and included risk assessments such as venous thromboembolism (VTE), allergies, and patient vital signs after procedures, medication prescribed and given and discharge information.
- We saw audits of consent forms for each quarter of 2016. Out of 98 forms audited during all four quarters, only one form had not been fully completed, which was in quarter one. Actions were identified and the consent forms for the following three quarters were completed fully to the required standard.

## Safeguarding

- There had not been any safeguarding matters reported to the local authority or the commission during the year up to our inspection visit.
- The clinic had a safeguarding policy entitled 'Safeguarding Children and Adults Policy' dated 24 May 2013, and staff we spoke with were aware of its contents. However, the safeguarding policy was not updated to reflect the intercollegiate document from 2014. As a result the latest guidance was not included, particularly with respect to female genital mutilations, Prevent, child exploitation situations, domestic violence and abuse. We did not check staffs understanding of these areas during the inspection.
- The registered manager was the designated member of staff (safeguarding lead) responsible for acting upon adult or child safeguarding concerns locally, and for

ensuring staff were adequately trained on issues relating to safeguarding. They were trained to safeguarding level 3. All other staff were trained to level 2 and safeguarding adults and children was part of the mandatory training programme which all staff complete on a two yearly basis.

- We were told the clinic did not see any patients under the age of 18.

### Mandatory training

- Clinical staff had completed their mandatory safety training within the last two years. Subjects they were expected to complete included for example; health and safety awareness, COSHH, equality and diversity, Infection prevention and control, safeguarding, mental capacity act (MCA) and deprivation of liberty safeguards (DoLS) and manual handling.
- All clinical staff were certified in intermediate life support (ILS).
- Consultants completed their mandatory training at the NHS establishment they routinely worked at. They were required to provide evidence of completion of mandatory training. Records we viewed demonstrated those consultants had completed up to date mandatory training.

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

- The service used a surgical pathway checklist but it was not based on the World Health Organisation (WHO) guidance, it was based on the NHS National Reporting and Learning System/ National Patient Safety Agency guide and protocol 2010. We reviewed the documentation used and noted the use of the sign in and time out but there was no record of sign out.
- We saw evidence within the patient notes review of risk assessments relevant to the patient's needs having been carried out.
- We noted patients having hysteroscopy surgery had been screened for MRSA when they attended a pre-admission clinic.
- All patients undergoing hysteroscopy procedures were risk assessed for Venous Thromboembolism (VTE). VTE is a collective term for deep vein thrombosis, a blood clot that forms in the veins. Records we reviewed indicated all patients had received a VTE risk assessment.
- Surgical procedures carried out on-site were performed under local anaesthetic or conscious sedation. The anaesthetist was required to remain with the patient until the patient was awake and orientated after each procedure where conscious sedation was used. Conscious sedation is defined as 'a technique in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation. The drugs and techniques used should carry a margin of safety wide enough to render loss of consciousness unlikely'.
- The clinic did not provide high dependency, intensive or overnight care. In an emergency situation the standard 999 system was used to facilitate the transfer of the patient to an NHS hospital.
- The service had a policy for the transfer of deteriorating patients. However all staff we spoke with told us if a patient deteriorated, that is if their vital signs and observations after treatment were not satisfactory and showed signs of declining, they would contact emergency services. Vital signs included blood pressure, respiratory rate, heart rate, and temperature.
- The clinic used a modified early warning score (EWS) to assess and monitor their patients. EWS is a guide used by hospital services to quickly determine the degree of illness in a patient.Pain scores, blood pressure, pulse, respiration rate and levels of consciousness were recorded as part of this. We found from our review of patient records, the patients were observed and monitored at regular intervals and findings were recorded.
- We were told there had been no unplanned transfers to other hospitals or unplanned returned to theatre in the past year.
- Before treatment, all patients were assessed for their general fitness to proceed. This assessment included obtaining a medical and obstetric history and measurements of vital signs, including blood pressure, pulse, and temperature.

Good

# Surgery

## Nursing and support staffing

- The theatre staffing levels were in line with those recommended by the Academy of Medical Royal Colleges' 'safe sedation practice for healthcare procedures October 2013'.
- The clinic had a small tight-knit team, with fairly low staff turnover. The clinic did not use any nursing bank or agency staff. Their small surgical list allowed them to list procedures to suit patient's needs and staff availability.
- The clinic employed five registered nurses and three healthcare assistants. There were no staff vacancies at the time of our inspection.
- Nursing staff we spoke with told us they understood the revalidation process and felt they would be supported by the organisation. We did not see any evidence during the inspection of supportive systems in place to assist nurses through the process.

## Medical staffing

- The director who was the registered manager led the service. There were two gynaecology consultants working on the hysteroscopy service and there was a bank of eight anaesthetists, who had practising privileges to work at the clinic. Practising privileges is a term used when doctors have been granted the right to practise in an independent hospital, having satisfactorily provided evidence of the fitness to practice, along with other essential information.
- The registered manager had a system in place whereby fitness to practise was regularly monitored. For example if a doctor or anaesthetist appraisal was due, this would be flagged up and the doctor would be reminded to provide evidence. The files we viewed contained evidence of fitness to practise, appraisals, safety training undertaken at their substantive NHS hospital, GMC registration, and professional indemnity cover.
- The service had a 100% validation of registration for all doctors and anaesthetists working on the hysteroscopy service within the clinic.
- The surgeons and anaesthetists provided out of hour's availability by telephone and in cases of emergency.

## Emergency awareness and training

- Procedures for emergency evacuation in the event of a fire were clearly set out in the clinic's policy for operational fire policy and evacuation policy, both dated October 2015. We spoke with staff who were aware of the policy and the protocols.
- Staff we spoke with were able to describe what actions they would take in the case of an emergency such as a serious fire.
- Fire safety checks were completed regularly to ensure the premises was safe for use, fire extinguishers had been checked, and we saw the certificates to show checks had been completed. There was a generator to provide power for the theatre and recovery area should the electricity supply fail.

## Are surgery services effective?

Not sufficient evidence to rate

There was insufficient evidence to rate, due to the size of the service.

## Evidence-based care and treatment

- Patient care and treatment reflected current legislation and nationally recognised evidence-based guidance. Guidelines were developed in line with the Royal College of Obstetricians and Gynaecologists (RCOG) and NICE guidelines. The clinic's protocols were based on national guidance that was used to deliver care to patients receiving surgery. For example Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance (NICE QS3 statement 5).
- There was a clinic program of audits undertaken, which included audits of consent forms and care pathway. Prior to our inspection these showed 100% compliance and completion.

## Pain relief

- Pre and post procedural pain relief was prescribed by the registered consultant and recorded on the patients records.
- Prescribed local and conscious sedation medication was administered for effective pain relief during the procedure. If required, patients were given pain relief

medication to take home post procedure. At the stage of pre-operative nursing assessment and at discharge patient's expectations of pain and mobility were discussed.

- Patient's pain scores were monitored on a regular basis whilst in recovery. We were told the anaesthetist reviewed patients prior to leaving to ensure they were comfortable. Patients were given the consultants direct number so they were able to contact them should they experience pain after leaving the clinic.

### Nutrition and hydration

- The clinic provided water, tea and coffee to all patients and could provide a choice of sandwiches (outsourced) to surgical patients.
- The service did not offer general anaesthesia so patients did not have to fast before a procedure.

### Patient outcomes

- The clinic had completed 32 hysteroscopy surgical procedures between November 2015 and October 2016. Information provided showed there were no returns to theatre and no re-admissions during that time.
- Staff gave patients clear instructions about managing post surgery and any follow up appointments that were required.
- The clinic at the time of our inspection had not engaged with the Private Healthcare Information Network (PHIN) in accordance with the Private Healthcare Market Investigation Order 2014 regulated by the Competition Markets Authority (CMA). PHIN is an independent, not-for-profit organisation working with the private healthcare industry on behalf of patients formalised by the Competition and Markets Authority. It aims to publish independent, trustworthy information to help patients make informed treatment decisions, and providers to improve standards. This was not unexpected due to the size of the service.

### Competent staff

- We viewed staff personnel records. All records contained staff members curriculum vitae (CV), full employment history, proof of ID, qualifications, the disclosure and barring service (DBS) checks , training certificates, induction checklists, medical indemnity insurance, recruitment checklists including Hep B status. Most staff members training certificates had been completed at their respective NHS trust place of work.
- We were told all new staff completed an induction-training programme, completed mandatory training, and had received an annual appraisal. The nurse we spoke with confirmed they had received an induction when they had joined the service and their records showed they completed an induction course.
- The anaesthetists with practising privileges were required to keep their skills and practices updated as part of their contract.
- The general manager ensured that professional registration, fitness to practice, and validation of qualifications were undertaken for all staff. Medical staff holding practising privileges had all undertaken revalidation. This was confirmed in records we examined.
- All nursing staff had undergone an appraisal in January 2016 and understood their revalidation process.

### Multidisciplinary working

- All of the staff we spoke with told us communication was good within the clinic. The team was small which meant they were able to have their say, get feedback and report any problems immediately.
- Regular monthly team meetings were held, which supplemented the general day to day staff contact. The meetings were used to provide more formal feedback on previously raised issues, and to give an open forum to raise new matters, the minutes of the meetings we reviewed confirmed this.

### Access to information

- Paper-based medical notes were available to clinical staff for all patients.
- Staff had access to the clinics policies and audits. Any complaints made were available to all staff on the computers within the service.
- Patients were given discharge information, which explained actions they should take if they experienced difficulties and emergency contact details.

Good

# Surgery

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We did not observe consent being taken. The two patients we spoke with on the telephone following the inspection told us that they were given detailed information of the treatment and the risks associated with the procedure. They had been given time to consider their options and the opportunity to ask questions before consent was taken.
- Staff we spoke with were able to tell us about the procedure used for gaining consent.
- Patients were given a consent form to sign and this was placed into the patient's records. In the 10 patient records we reviewed all consents forms had been fully completed.
- Mental Capacity Act and Deprivation of Liberty Safeguards training was part of the mandatory training undertaken every two years by the staff within the clinic. The nurse we spoke with showed an understanding of how to manage patients who required a sensitive approach.

## Are surgery services caring?

Not sufficient evidence to rate

There was insufficient evidence to rate, due to the size of the service.

### Compassionate care

- We spoke to two patients by telephone following our inspection; they described the care they received at "excellent" and "very good". They said that staff were professional, kind and caring towards them.
- We reviewed the clinic's patients satisfaction surveys which showed that the vast majority of patients were satisfied with the care they had received. There was only one patient who had expressed their dissatisfaction, and this was relating to an appointment time.

### Understanding and involvement of patients and those close to them

- We were told that patients were offered the opportunity to have a friend or relative present during consultations and examinations. A chaperone could be arranged should a patient request one. There was a sign within the reception area which informed patients of this.
- Patient's we spoke with told us they felt involved in the decision making process regarding their procedures because everything was explained clearly and they had the chance to ask all the questions they wanted to.
- Treatment fees were discussed at the initial consultation and arrangements for payment of deposits, final balance due dates and cancellation fees were also all clearly explained in the patient guide.

### Emotional support

- Counselling was available for all patients accessing the service. There were two onsite counsellors available to patients who required them.

## Are surgery services responsive?

Good

We rated responsive as good

### Service planning and delivery to meet the needs of local people

- The clinic was operational six days a week, Monday to Saturday inclusive and was accessible to the population of London and the surrounding areas, and those further afield, including people living overseas.
- The clinic provided private elective hysteroscopy surgery, admissions were planned in advance at times to suit the patients. None of the procedures carried out at the clinic involved an overnight stay.
- The patient's consultations, pre-surgery assessments and post-surgery care was carried out at the clinic.

### Access and flow

- Patients were able to book appointments by telephone. Appointments were made available at a mutually agreeable time for the patient and the clinic.

Good

# Surgery

- The patients we spoke with told us they had not experienced any delays in agreeing a consultation appointment, setting operation dates and they were often able to choose a date that was convenient to their schedule.
- When patients arrived at the clinic, they reported to the reception and were directed to the waiting area. The patients were then either seen in the consultation room for initial consultation and post-operative follow up or taken to the changing area for surgery.
- Patients were discharged home with post-op care instructions, a discharge summary; any prescribed pain medication and pre-booked appointments for follow-up care.

### Meeting people's individual needs

- Professional translation services were available to those patients who required assistance.
- Privacy and dignity was maintained at the clinic by having screens in the consultation room and the theatre and consulting room were away from the waiting area.
- Each surgical patient was provided with a leaflet, which set out the stages of the patient's journey with the clinic. It explained what was required from the patient and what would be offered by the clinic.
- Consultation appointments were tailored to meet the individual's needs. If a patient required more time, then their appointment was extended.
- The clinic had a lift, which was suitable for people who used wheelchairs. There was also a ramp that could be used on the front steps of the clinic to assist entry for patients in wheelchairs.
- The waiting area was comfortable with refreshment facilities provided and toilet facilities close by.
- The consultation room provided privacy for patients and conversations could not be heard outside of the room.
- Patients were given discharge information and what to do if they were feeling unwell and who to contact during opening and closing hours. There was an emergency number enabling patients to be placed through to the consultant.

### Learning from complaints and concerns

- In the prior November 2015 to October 2016 prior to our inspection the clinic had not logged any complaints with regards to the hysteroscopy service.
- The clinic had system for handling complaints and concerns, which we reviewed during the inspection and found to be sufficient to requirements.
- Clinic staff wherever possible tried to resolve any issues with patients prior to a written complaint being made. If this was not possible then they would issue a copy of the complaints policy. The complaints policy outlined that a complaint would be acknowledged in two days and a response within 20 days. The policy stated the RM handled all complaints.
- If the complaints were related to medical management, feedback and outcomes from complaints were fed back to the staff in the staff meetings and one to one to individual staff members. If the complaint was related to administrative errors then a discussion took place between the general manager and administrative staff.

## Are surgery services well-led?

Good

We rated well-led as good

### Leadership / culture of service related to this core service

- The RM and the general manager were both very visible and easily accessible according to the staff we spoke with. Staff reported they felt supported and listened to.
- We saw evidence of yearly appraisals for all the consultants practise by a person suitably registered with the General Medical Council. All appraisals were up to date.
- All staff we spoke with were well informed about how the service worked and were proud to work for the clinic.
- Patients were asked for their views of the service, through the clinic's patient satisfaction surveys. The surveys we reviewed during the inspection showed that

the vast majority of patients were happy with the services and care provided by the clinic. We found only one negative response, which was relating to appointment times.

- We saw the clinical and non-clinical staff working well as a team and supporting each other.
- We were told regular meetings took place to share information; look at what was working well and where any improvements needed to be made. These were minuted and we reviewed the minutes during the inspection.

### Vision and strategy for this core service

- The clinic vision was to offer advice and treatment in all aspects of assisted conception, gynaecology, endoscopic surgery and male infertility management.
- Staff understood what the vision and purpose of the service were, and what was expected of them.

### Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The clinic did not have medical advisory committee because it was such a small service. We did however see the minutes of the clinical governance meetings which met every two weeks, and at which any issues or concerns with regards to hysteroscopy were discussed.
- The clinic did not have a formal risk register. A risk register is a management tool that enables an organisation to understand its comprehensive risk profile. It is a repository for all risk information. When asked about the lack of a risk register, the general manager explained they had a risk management policy which clearly set out the process for identifying and managing risk and were such a small close-knit team he became aware of a new risk as soon as it became apparent and was able to take action to negate it. That view was shared by the RM and the staff.The six members of staff who work together every day, have briefing sessions where issue, concerns and risks were discussed.
- Any issues or risks identified were reported to the GM and were acted upon immediately.
- We reviewed the risk management policy, which detailed the process for identifying, managing and reducing/mitigating again risk. Staffs responsibilities with regards to risk and the training provided.

### Public and staff engagement (local and service level if this is the main core service)

- The clinic engaged with the public on social media including Facebook and Twitter. The clinic's website offered a blog style news section.
- Patients were able to obtain information from the clinics website, for example information on patient fees, types of services offered and information on the background of the service.
- Patients were able to leave feedback via the patient's satisfaction survey.
- Notices and information on health and safety were displayed in the reception area and the consultation rooms.
- Staff said they were consulted and able to give their views regarding the service and any new developments that might be planned; this was supported by evidence within the staff team meetings minutes.

### Innovation, improvement and sustainability

- We found staff wanted to learn, develop, and improve their skills and were given time, resources, and encouragement to do so. Staff were encouraged to identify areas of learning or courses to attend to advance their skills.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The service should review the surgical check list used and bring it in line with the WHO five steps for safer surgery.
- The service should review the medicines management processes to ensure out of date medicines are disposed on time.
- The service should update their safeguarding policies to reflect the lasted intercollegiate document.