Manchester 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?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

Manchester Private Hospital is operated by Manchester Private Clinic Ltd and based in Salford. The hospital is located on the ground floor of premises shared with other businesses. Facilities include an operating theatre and recovery area, a six bedded ward, two individual ensuite rooms, patient changing rooms and two consultation rooms. There is a reception/waiting area, staff room, and staff and patient toilets.

The service provides cosmetic surgery procedures for adults only. It does not provided services for children.

Of the 165 surgical procedures carried out between July 2018 and June 2019, liposuction (78) and breast augmentation (50) accounted for the majority. The remaining procedures included breast uplifts, otoplasties, blepharoplasties, rhinoplasties, gynaecomastia and abdominoplasties.

Summary of findings

We only regulate surgical procedures carried out by a healthcare professional for cosmetic purposes, where the procedure involves the use of instruments or equipment which are inserted into the body. We do not regulate – and therefore do not inspect - cosmetic procedures that do not involve cutting or inserting instruments or equipment into the body.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 28 and 29th January 2020.

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

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

The main service provided by this hospital was surgery.

Services we rate

This is the first time we have rated the hospital. We rated it as **Requires improvement** overall because:

- Staff did not always complete and updated risk assessments for each patient to remove or minimise risks. NEWS scores had not always been completed.
- There was a lack of compliance with the surgical safety checklist, and records had not always been completed.
- The hospital did not have a comprehensive induction process for new employees.
- Patients were not discharged with a summary of their care and treatment, nor was this information shared with the patients' GP.
- The service did not always managed patient safety incidents well. Staff did not always recognised and reported incidents and near misses.
- The outcomes of people's care and treatment were not always monitored regularly or robustly.
- Participation in external audits and benchmarking was limited.
- The results of monitoring were not always used effectively to improve quality.
- The service did not have a strategy for what it wanted to achieve and by when.
- Leaders and teams did not used systems to manage performance effectively.
- The service did not always collect reliable data and analyse it to ensure the effectiveness of care and treatment. There was no oversight of the monitoring of patient outcome measures.
- Whilst issues with the surgical safety checklist had been identified, action to improve compliance had not been fully effective.
- The service had an audit plan but this had not been fully embedded and audits had not taken place as often as planned.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse.
- The service controlled infection risk well.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Summary of findings

- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs of local people.
- The service was inclusive and took account of patients' individual needs and preferences.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Staff felt respected, supported and valued.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- All staff were committed to continually learning and improving services.

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 two requirement notices that affected surgery. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals (North of England)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Requires improvement 	We rated this service as requires improvement as although it was caring and responsive to patients' needs, there were improvements that could be made relating to the surgical safety checklist, the effective of the monitoring of patient outcomes, as well as the governance of the organisation.

Summary of findings

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Summary of this inspection

Background to Manchester Private Hospital

Manchester Private Hospital is operated by Manchester Private Clinic Ltd. The hospital opened in October 2017. It is a private hospital located Salford, Greater Manchester. The hospital provides services to patients throughout England.

The hospital has had a registered manager in post since opening. At the time of the inspection, a new manager had recently been appointed and registered with the CQC in December 2019.

The hospital also offers cosmetic procedures such as dermal fillers. We did not inspect these services as we do not regulate them.

Our inspection team

The team that inspected the service comprised a CQC inspector and a specialist advisor with expertise in surgery. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

Information about Manchester Private Hospital

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

- Surgical procedures.
- Treatment of disease, disorder or injury.

During the inspection, we visited the ward, theatre and recovery areas. We spoke with 13 staff including surgeons, registered nurses, health care assistants, reception staff, operating department practitioners and senior managers. We spoke with one patient and observed three procedures including the staffs' interactions with those patients. We reviewed five full patient records, and four pre-operative assessments. We also reviewed patient feedback questionnaires.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was the hospital's first inspection since registration with CQC.

Activity (July 2018 to June 2019)

- In the reporting period July 2018 to June 2019 there were 165 day cases and 1,407 outpatient consultations. All patients were privately funded.
- There were three inpatient stays in the same reporting period.

Ten consultants worked at the hospital under practising privileges. The service had access to a resident medical officer (RMO) via an agency when required. There were five registered nurses and six operating department practitioners and healthcare assistants. The service had an accountable officer for controlled drugs (CDs).

Track record on safety

- Zero Never events.
- Clinical incidents: 22 no harm, 22 low harm.
- Zero serious injuries.
- Zero incidents of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- Zero incidents of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- Zero incidents of hospital acquired Clostridium difficile (C.diff)
- Zero incidents of hospital acquired E. coli
- 11 complaints

Summary of this inspection

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Maintenance of medical equipment
- Pathology
- Resident medical officer provision

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?

Requires improvement

We had not rated this domain before. We rated it as **Requires improvement** because:

- Staff did not always complete and updated risk assessments for each patient to remove or minimise risks.
- There was a lack of compliance with the surgical safety checklist, and records had not always been completed.
- The hospital did not have a comprehensive induction process for new employees.
- Patients were not discharged with a summary of their care and treatment, nor was this information shared with the patients' GP.
- The service did not always managed patient safety incidents well. Staff did not always recognised and reported incidents and near misses.
- NEWS score had not always been completed.
- The resuscitation trolley did not have a seal.

However:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse.
- The service controlled infection risk well.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- The service had have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

Are services effective?

Requires improvement

We had not rated this domain before. We rated it as **Requires improvement** because:

- The outcomes of people's care and treatment were not always monitored regularly or robustly.
- Participation in external audits and benchmarking was limited.
- The results of monitoring were not always used effectively to improve quality.

However:

Summary of this inspection

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Are services caring?

Good

We had not rated this domain before. We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive?

Good

We had not rated this domain before. We rated it as **Good** because:

- The service planned and provided care in a way that met the needs of local people.
- The service was inclusive and took account of patients' individual needs and preferences.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Are services well-led?

Requires improvement

We had not rated this domain before. We rated it as **Requires improvement** because:

- The service did not have a strategy for what it wanted to achieve and by when.
- Leaders and teams did not used systems to manage performance effectively.

Summary of this inspection

- The service did not always collect reliable data and analyse it to ensure the effectiveness of care and treatment.
- There was no oversight of the monitoring of patient outcome measures.
- Not all the staff we spoke with were aware of the hospitals strategic plan and it was not displayed in any staffing areas.
- Whilst issues with the surgical safety checklist had been identified, action to improve compliance had not been fully effective.
- The service had an audit plan but this had not been fully embedded and audits not taken place as often as planned.

However:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Staff felt respected, supported and valued.
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Staff identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients.
- All staff were committed to continually learning and improving services.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Requires improvement

Surgery

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

Are surgery services safe?

Requires improvement

We had not rated this domain before. We rated it as **requires improvement.**

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

The service used an electronic system to monitor staff completion of mandatory training modules. Managers could easily see which staff members had completed training and which training modules were due for renewal.

Ninety eight percent of staff had completed mandatory training modules.

Training modules included Mental Capacity Act (which included consent training), adult and children basic life support, moving and handling, infection control, information governance and nutritional awareness. All staff had completed a sepsis training day.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

All staff were up to date with adults and childrens safeguarding levels one and two. The service told us that it planned to ensure that all clinical staff received training to adult safeguarding level three, albeit that this had not been arranged at the time of the inspection.

Information about the local safeguarding board and social services contact numbers were displayed in the reception. There was also a clear safeguarding policy which was available on a shared computer drive and in a folder in the managers' office.

We saw evidence that staff had had training about PREVENT and female genital mutilation. Information about female genital mutilation was also contained in the patient information folder in the reception area.

There was a patient folder in the reception area which included information about domestic violence including contact numbers for help and support.

Staff understood their safeguarding responsibilities. The staff we spoke with could not recall any instances of where they had concerns regarding a vulnerable patient at the hospital, but one staff member could provide an examples of where they had followed safeguarding processes in their previous role.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The hospital was visibly clean and tidy in all areas.

We observed staff adhering to infection prevention controls including handwashing and wearing of personal protective equipment. The hospital carried out hand hygiene audits; staff had been 100% compliant for the three months to January 2020.

We observed staff adhering to the bare below the elbow principles, and wearing personal protective equipment where necessary.

The hospital monitored issues with wound healing after surgery and surgical site infections. Recent audits showed that whilst there had been no infections, there had been five patients with delayed wound healing. Action was taken to help improve the outcome for patients.

The service outsourced the deep clean of its facilities to a third party. We saw evidence that this had been recently completed.

There were sufficient hand washing facilities and hand gel dispensers throughout the hospital, and we saw staff using these.

The service had flooring that could be easily cleaned.

Cleaning was outsourced to a third party contractor.

The service conducted monthly checks for legionella on the water supply. This risk was detailed on the organisation's risk register.

Sharps bins were assembled and labelled correctly and were not overfilled.

Surgical instruments were sterilised by a registered third party. We reviewed the storeroom where surgical instruments were kept and saw that this was clean and tidy.

The service had service level agreements in place for the disposal of clinical waste. This was disposed of through its dirty utility room into locked bins for removal by a third party provider. All waste bags were correctly documented with the date and identification numbers for traceability.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The reception area contained chairs for patients and carers, a reception desk and a water cooler. Two consultation rooms were accessed from this area.

There were fire extinguishers throughout the premises and these had been tested appropriately. Fire safety training was also included as part of mandatory training and staff had completed this.

All surgical equipment was serviced and monitored by a third party. The equipment we checked, including the anaesthetic machine, defibrillator and diathermy machine, had all been appropriately serviced. We saw documentation that demonstrated the anaesthetic machine was checked on the days staff carried out surgery.

The hospital had a resuscitation trolley on the ward. This was appropriately stocked and had been checked. The trolley contained up to date guidelines from the Resuscitation Council (UK) regarding adult basic life support and post-resuscitation care. There were also guidelines from the Association of Anaesthetists of Great Britain and Ireland regarding the management of severe local anaesthetic toxicity, suspected anaphylaxis and massive haemorrhage. The trolley contained medicines to in case of anaesthetic toxicity and a defibrillator which had been checked appropriately. There was a sign in the reception area highlighting where the defibrillator was. However, there was no seal on the resuscitation trolley.

Oxygen and suction was available at each bed in the ward and the two private rooms.

Call buzzers where in reach of each patient bed.

The service had a backup generator and we saw evidence that this had been serviced.

There were accessible toilets within the main lobby area of the building the hospital was based in. There were also accessible toilets within the ward area which contained emergency pull cords.

Electrical equipment had been calibrated and safety tested. There was a folder in the managers' office which listed when each item had been tested and calibrated.

The service had up to date public liability insurance.

The hospital had a Control of Substances Hazardous to Health folder and electronic spreadsheet. This set out the hazardous substances on site, what the health hazards were, how these could be controlled and what the emergency and waste disposal procedures were. We saw that hazardous substances were stored appropriately.

The layout of the reception area meant that it was difficult for patients to have private conversations with reception staff.

Assessing and responding to patient risk

Staff did not always complete and updated risk assessments for each patient to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.

The service used the WHO surgical safety checklist (a checklist to help improve communication in surgery and reduce adverse incidents).

We observed three surgical procedures including the initial full team brief, and the sign in and sign out procedures. All staff were engaged with the team brief and introduced themselves. All patients were discussed individually with conversations about the type of procedure, the equipment required and any implants. There were discussions about past medical history and any allergies. Staff were engaged in the sign in, time outs and sign out processes. There were further discussions regarding venous thromboembolism assessments and surgical site infections.

However, the end of day team debrief was conducted whilst the patient was still in theatre (and under a local anaesthetic), therefore not all staff could be fully engaged in the process (as they would still have to monitor the patient). Due to the last case being a local anaesthetic, the anaesthetist had left prior to the debrief and was not involved.

We also reviewed five patient records and found that the surgical checklist had not been consistently completed. For example, of the records we reviewed, the sign out section of the checklist had not been completed on two occasions.

Audit results showed that whilst there was 100% compliance with the checklist in September 2019, of the five observations competed in October, only 60% of the sign out process had been complied with, and there were no end of day safety check huddles completed. The December audit showed that the paper records were not completed on any of the four occasions checked at that time.

Whilst the service told us after the inspection that it would introduce daily audits of the surgical safety checklist, this had not been embedded at the time of the inspection.

The hospital used a recognised risk assessment tool to identify deteriorating patients (National Early Warning Score). Any patient scoring three or more, or if there was a pattern developing, would be immediately escalated to a consultant.

The service conducted an audit of 10 patient records in August 2019. This showed that whilst 100% of patients had had a minimum of three post-operative observations taken, the score had only been calculated for six patients. We reviewed five records and saw that the scores were calculated for four of the patients. No score was calculated for the fifth patient, but their observations were normal.

We saw that staff recorded all disposable surgical items, including swabs, on a “surgical count board” in theatres to keep a track of items both before and after surgery. The information was then recorded in the relevant paperwork.

The service had a major haemorrhage policy which staff understood.

The service had a clear patient pathway from initial consultation, through to pre-operative assessment, surgery and discharge.

The service had an admissions policy that set clarified which patients it could or could not treat. For example, it would not treat patients who were pregnant or who would require critical care facilities. The consultants would make the final decision about whether the patient was fit for surgery on the day of the procedure.

Most pre-operative assessments were conducted by telephone. The hospital told us that it was looking to conduct more assessments face-to-face.

During pre-operative assessments, patients were asked to confirm who would collect and look after them for the first 24 hours after surgery. Various details were taken including past medical history, current medicines, smoking status and alcohol intake.

The hospital wrote to patients in advance of surgery highlighting the importance of attending all post-operative wound checks and review appointments. The hospital included information about local and general anaesthetics, pain management, exercise and how best to avoid venous thromboembolism.

Requires improvement

Surgery

After patients consented to their procedure, the hospital contacted their GP to request details of their medical history to check they were suitable for surgery. The hospital could provide examples of where they had not operated on patients due to concerns about their medical history.

We reviewed five records and saw that all patients had undergone a venous thromboembolism assessment.

The hospital kept a database to track which consultants had seen which patients, which anaesthesia had been used and whether a one week, six week or six month post-operative appointment had been scheduled.

Complex surgery was typically scheduled at the start of a theatre list to try and avoid sessions finishing later in the evening.

The service had carried out a sepsis training day. Information about sepsis was also displayed in the staff room including the sepsis six (an initial resuscitation bundle designed to offer basic intervention within the first hour of sepsis being suspected).

The service had a transfer policy in place with a local hospital to receive any patients that required emergency medical attention. Contact details for the service and the process where clearly displayed in the reception area.

Prior to discharge, patients were given contact details of a member of staff they could contact should they have any questions about their post-operative care. Patients were also advised to contact 999 in an emergency.

The service held contact details for all consultants in case they needed to be contacted outside of their usual hours. Staff told us that the consultants were responsive to calls, even outside of these hours.

The service conducted screening for Meticillin-resistant Staphylococcus aureus (MRSA) for those patients that worked in a healthcare environment, had previously had MRSA, or had had frequent visits to hospital (including as a visitor).

It was the hospital's policy for consultants to stay within one hour of the hospital should it be necessary for them to attend an inpatient out of hours. In the previous 12 months, there had been only three patients that have required to be kept in overnight and on those occasions the consultant stayed local to the hospital and could easily be contacted.

Nursing, support and medical staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The hospital did not have a comprehensive induction process for new employees. The staff we spoke with told us that they shadowed more experienced team members until confident, but there was no formal process that included, for example, the completion of mandatory training. This was acknowledged by the hospital who advised that this was an area to develop (we saw evidence of discussions about this issue in the November 2019 clinical governance meeting).

The anaesthetists provided by the hospital had advanced life support training, while all other clinical staff had intermediate life support training. If there was an emergency in the recovery unit, the anaesthetist could attend whilst operating department practitioners provided care for patients in theatre. Following our inspection, the hospital told us that is was scheduling advanced life support training for all nursing staff and operating department practitioners.

As none of the staff had been at the service for longer than a year, they had not had an appraisal. However, these had been planned in for all staff.

The was a clear process for requesting agency staff, including checking that they had the relevant mandatory training certificates and identification checks.

Staffing levels in theatres were in line with Association for Perioperative Practice guidelines for procedures under local anaesthetic and those under general anaesthetic.

Staffing levels were usually decided two to three weeks in advance of theatre lists.

The service had 25% staff turnover rates for nursing staff and 15% for healthcare assistants. Whilst these figures were high, the service only employed a small number of people so the percentage figures are consequently higher.

Sickness rates were 10% for nursing staff, and zero percent for all other staff.

There were no vacancies at the time of the inspection. An operating department practitioner had been recently recruited.

Requires improvement

Surgery

There were 10 consultants that provided services for the hospital under practising privileges.

Consultants provided evidence of mandatory training prior to joining the service. The hospital had evidence of each consultants validation of professional registration.

The hospital did not use locum doctors to provide services.

The hospital had low rates of sickness absence and turnover rates for consultants.

The hospital could access resident medical officers (RMO) that were provided by an agency. The hospital told us that due to the small number of overnight patients in the last three years, and the availability of consultants, it had not had to use an RMO.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

The service kept a mix of electronic and paper records. Each patient was registered on the hospital's database. A paper file was then created that contained clinical information. Following surgery, clinical information was uploaded to the database.

Paper files were stored securely in locked filing cabinets within the manager's office (which was separate from the reception area of the hospital).

We reviewed five full patient records and four further pre-operative assessment records. The files were clearly organised and easily followed. They were split into discrete sections: consultation; pre-operative assessment; surgical pathway; and post-operative follow-up.

The hospital conducted records audits. Results from the audits in September and October 2019 showed that of the 10 records checked, all were "easy to find", had allergies recorded and had been scanned to the patient electronic record system.

The service submitted data to the Breast and Cosmetic Implant Register. We also saw that traceability stickers had been placed in the medical records we reviewed that involved breast surgery. There was a breast implant register folder within theatre which consultants completed.

However, patients were not discharged with a summary of their care and treatment, nor was this information shared with the patients' GP. The hospital told us that it was looking to implement this.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

The service had a service level agreement with a pharmacist. The pharmacist completed quarterly audits, the most recent being in November 2019. This showed that the hospital was compliant in all areas including controlled drug checks, and in the theatre and ward areas. The pharmacist was also involved in the safe destruction of controlled drugs and helped implement a comprehensive medicines register.

We checked the medicines fridge and saw that this was locked. Temperatures had been checked daily with documented minimum and maximum temperatures recorded. There was a clear standard operating procedure for staff to follow should the temperature fall outside of the normal range. This included contacting the on call pharmacist for advice.

The service stored controlled drugs, including fentanyl, appropriately and ensured that these were administered correctly. Keys to the medicines cabinets were held by a registered member of staff.

Local anaesthetics (including lidocaine) were stored appropriately.

Allergies were correctly recorded in patient records which helped ensure that medicines were prescribed and administered safely.

Medicines were prescribed by consultants.

The service had an Antibiotics Local Procedure which highlighted that "the use of antibiotics will be restricted within National Institute for Health and Care Excellence guidance where applicable".

Incidents

The service did not always managed patient safety incidents well. Staff did not always recognised and reported incidents and near misses. Managers ensured that actions from patient safety alerts were implemented and monitored.

Requires improvement

Surgery

We saw evidence in staff meetings that the managers had raised concerns with staff about not raising incidents when they should. Staff had been reminded of their responsibility to do so and had received additional support in how to record an incident. We were therefore not assured that staff reported all incidents they should.

One staff member told us that they had reported an incident and received feedback. Another said that they had not received any feedback.

The hospital had a clear incident reporting policy and staff we spoke could explain the process for reporting incidents. The policy included specific reference to "wound/infection" incidents and that these should be completed on a specific form. We saw evidence to show that wound incidents were logged and followed-up.

The service had not reported any serious incidents in the reporting period.

Incidents were discussed as part of regular all staff meetings, and during clinical governance meetings and the medical advisory committee.

Staff we spoke with understood Duty of Candour and when this would apply. Information about Duty of Candour was displayed within the staff room.

The operations manager reviewed all alerts from the Medicines and Healthcare products Regulatory Agency.

The service maintained a log of all incidents including the type of incident, the level of harm and any learning.

Safety Thermometer (or equivalent)

Staff collected safety information and shared it with staff, patients and visitors.

The service displayed its infection rates for 2019 (zero) in the reception area.

Are surgery services effective?

Requires improvement

We had not rated this domain before. We rated it as **requires improvement.**

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

The service acted in accordance with various guidelines issues by the National Institute for Health and Care Excellence, and with the Mental Capacity Act. We saw evidence that the hospital also complied with guidance from the Association of Anaesthetists of Great Britain and Ireland, the Resuscitation Council (UK) and the Association for Perioperative Practice. Patients were also given information, prior to surgery, from the Royal College of Anaesthetists to help prepare for their procedure.

Staff completed relevant mental health assessments of patients. Audits showed that the assessments had been complied with on all occasions.

The service had developed standard operating procedures for a number of surgical procedures, including liposuction. This set out the standard of care to be expected and the roles and responsibilities of staff. There were prompts regarding local anaesthetic toxicity and staffing requirements in theatres. The standard operating procedure had been produced in line with guidance from the Association of Anaesthetists of Great Britain and Ireland.

We observed two procedures involving breast implants. All implants were discussed by the theatre team prior to surgery and documented for traceability. This was in accordance with guidance issued by the Department of Health and Social Care.

Patients were given post-operative instructions to help improve the outcome of their surgery. For example, for breast augmentation surgery, patients were advised to wear a sports bra for six to eight weeks, no heavy lifting, and to attend post-operative wound check appointments.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health.

Patients were given fasting instructions during their pre-operative assessment. Patients were also asked to arrive at hospital at a set time for their appointment (rather than at the beginning of the day) to ensure that did not go long periods without food.

Staff monitored patients nausea and prescribed anti-sickness medicines when necessary. These prompts were included in the standard operating procedures for certain surgery, such as liposuction.

Most patients had day procedures. They were provided with drinks and snacks where necessary. Those patients that stayed longer were provided with food specifically bought for them.

A water cooler was provided for patients in the waiting area.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

The service used a scale (1 to 10) to monitor pain. Following discussions at a team meeting about how to better manage patients' pain, laminated charts had been placed by the side of each bed to allow easier assessment. The charts contained pictorial references to help patients with communication issues indicate their pain levels.

The service conducted pain relief audits. The results for September, October and December 2019 demonstrated that 100% of patients had pain scores checked, had pain relief following surgery and that its effectiveness had been checked after 30 minutes.

We spoke with one patient who told us that their pain had been managed appropriately.

We observed nausea and pain medicines being administered to surgical patients.

Patient outcomes

The outcomes of people's care and treatment were not always monitored regularly or robustly. Participation in external audits and benchmarking was limited. The results of monitoring were not always used effectively to improve quality.

The Royal College of Surgeons had developed QPROMS – questionnaires designed to collect and report on patient satisfaction with the outcomes of cosmetic surgery. As the hospital did not collect this data, it could not objectively review the effectiveness of the surgical procedures provided. Immediately following the inspection the hospital told us that it planned to start submitting data on 1 March 2020.

The hospital had been in contact with the Private Healthcare Information Network to register and set up their credentials. This has not happened at the time of the inspection so the service had not yet submitted any data to the network.

There were no key performance indicators which set out the minimum compliance levels in each audit area. Therefore, whilst the hospital collected data, it could not readily establish whether staff were providing effective care and treatment.

However, the hospital had a clear audit programme which included completion of hand hygiene practices, the surgical safety checklist, pain relief and infection prevention control. We could see high level outcomes from these audits recorded within the hospital's clinical audit plan.

The hospital monitored surgical site infections and delayed wound healing and took action to improve in these areas.

Competent staff

The service made sure staff were competent for their roles.

We reviewed two consultant files and saw evidence of up to date professional registrations and appraisals with their NHS appraiser.

No staff had an appraisal in the 12 months prior to inspection. However, this was because that no staff members had been there for longer than a year. The service told us that it planned to complete appraisals within the 12 month period.

The hospital provided support to staff to help them develop. Some healthcare assistants had started their care certificate, and others had been supported to apply to a local college to start a diploma in health care.

We checked 12 staff files including ward and theatre staff, and registered nurses. We saw that these contained details

of training courses that staff had attended at including the safe administration of medicines, basic life support and venepuncture training. Two of the files related to registered nurses and these contained their professional registration details. We saw that staff had specific competency training for their roles.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

There were regular clinical governance meetings attended by nurses, healthcare assistants, managers and consultants to discuss performance, practice and any issues.

Staff at all levels told us that they worked well together.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

There were numerous leaflets and information folders in the hospital that provided advice to patients. These included information about breast cancer as well as contact details for a mental health support group. There was information about smoking cessation and how this could improve surgical outcomes and wound healing

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Consent and mental capacity formed part of mandatory training which was up to date for all staff.

The service had a comprehensive consent policy that detailed the steps to be taken to check patients had the capacity to consent.

Cosmetic surgery procedures require a 14 day cooling off period before consenting for the procedure and surgery taking place. We reviewed five records and saw that sufficient time had been allowed for the cooling off period. The records showed that the risks and benefits of surgery had been discussed with the patients, as well as other options, including not having surgery.

The surgical pathway made it clear that patients could not be listed for theatre in the 14 days immediately after their consultation. The patient records also contained a checklist that highlighted whether the cooling off period had been complied with.

The hospital completed a patient health questionnaire for each patient to assess their mental health.

Staff could provide examples when they have referred the patient back to their GP for a formal mental health assessment as they were concerned about the patient's ability to consent to surgery.

The hospital conducted audits of compliance with consent requirements. Audits in August and December showed that of 17 records reviewed, there was 100% compliance with the cooling off period, all mental health assessments had been completed, and the risks of the procedure had been listed on the consent form.

In the ward, and the staff room, there were posters highlighting the five key principles of mental capacity. These were: the presumption of capacity; supporting people to make their own decisions; the right to make unwise decisions; best interest decisions; and the use of the least restrictive option.

Are surgery services caring?

Good

We had not rated this domain before. We rated it as **good**.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

We spoke with one patient who told us the consultant was "really good" and provided a "good explanation" about their procedure. The patient told us that the staff could "not have done anything better".

Thankyou cards were displayed in the reception area. Comments included that staff had provided "amazing care before, during and after surgery"

We observed three surgical procedures. In all cases staff provided compassionate care. They ensured that the

patient was comfortable and kept them informed, where possible, of what was happening. We also observed compassionate care being provided to patients in the recovery area.

The service collected patient satisfaction information. This showed that following the introduction of the new management team in April 2019, satisfaction levels had increased from 74% to 100% in December 2019.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

We observed three surgical procedures were staff supported the patients and reassured them both before, during and after surgery.

A thank you card from a patient explained that staff had helped and supported them during their procedure as well as the follow-up care. Another told staff that they "felt like a new person".

Feedback from one patient highlighted that although they were very nervous about the procedure "staff made me feel comfortable and at ease from my first appointment to the end.

One consultant told us that they had given the contact details of their personal assistant to anxious patients to contact them direct should they have any concerns both pre and post-operatively.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

The reception area contained profile information about each consultant at the hospital including their professional qualifications and the NHS trust they were primarily based at. These profiles were sent to patients prior to their surgery and helped them make an informed decision about whether to proceed with surgery.

We spoke with one patient who told us that prior to surgery all staff, including consultants and the pre-operative assessment nurse, had given them the information they needed to know about their procedure. The patient told us that staff had kept in regular contact with them prior to surgery.

We reviewed a number of patient questionnaires. One patient wrote that the consultant "understood my problem and made sure he achieved the results. I was very nervous but everyone made sure I felt comfortable".

Are surgery services responsive?

Good

We had not rated this domain before. We rated it as **good.**

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people.

All patients were private and accessed the service by choice.

Patients were emailed directions to the hospital in advance of their surgery.

Information about chaperones (displayed in different languages) was available in the reception area.

There were public transport links to the hospital. There was also free parking.

Given the nature of the services provided, there was little requirement to work with other organisations in the local area to meet the needs of local people.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The service had a hearing loop installed in the reception area.

The service had a service level agreement to provide interpreter services for those patients that spoke English as a second language. The service also told us that it could arrange sign language interpreters where necessary.

Patient information leaflets contained pictures of the operating theatre to help prepare patients. Staff also told us that they had shown patients around the facility to help manage their anxiety.

The service told us that it had not had any patients with learning disabilities or autism but would not refuse to provide a service. This was purely based on their ability to consent to the procedure.

The hospital explained that it had treated larger patients in the past and brought in specialist equipment to help mobilise them during liposuction procedures.

The service had a patient information folder in reception that contained details for support groups for LGBTQ patients and for patients that were transitioning.

The service had numbing cream for needle phobic patients to help reduce the pain of needles and therefore reduce their anxiety.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

The hospital did not monitor "did not attend" rates either for initial consultations, or post-surgical follow up appointments. One consultant told us that they had "quite a lot of" patients who did not attend for initial consultations as they did not receive a reminder of their appointment.

Patients could request a consultation on a day and time that suited them.

The first patient was typically prepared and ready for theatre at 7.30am. There was a staggered admission for patients to avoid them having to wait long for their procedures to start.

Of the 165 procedures scheduled over the previous 12 months, 18 (11%) had been cancelled. Of those procedures cancelled, 83% were rescheduled within 28 days. The service told us that those not rescheduled within 28 days were due to patient choice or clinical reasons.

The hospital told us that it had previously had a problems with operations being cancelled on the day of surgery due to failures to complete pre-assessment check in advance of surgery (it told us approximately 30% had been cancelled in 2018). The hospital told us that no procedures had been cancelled in 2019 due to a failure to complete pre-assessment assessments.

Discussions at the December 2019 medical advisory committee meeting showed that there were discussions about introducing key performance indicators in theatre to gain an overview of theatre start times and patient flow.

The hospital was open Monday to Friday, and Saturdays. Clinic times aware usually between 9am and 8pm (9am to 3pm on Saturdays) to help accommodate those patients that work full time. Surgical procedures were typically carried out between 8am and 6pm (until 3pm on Saturdays).

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

The hospital had a clear complaints policy. The policy highlighted the rights of patients to take their complaint to the Independent Sector Complaints Adjudication Service (private patients). Contact details for the adjudication service were displayed in the reception area.

The hospital did not keep individual complaint files. Each complaint was instead logged on a complaint tracker which recorded the type of procedure the patient had, the consultant's name, and complaint issue. We reviewed the tracker and saw that each complaint had been assigned to an investigator with progress and outcome (when completed) logged. There was a section to record any lessons that had been learned from each complaint.

The service's complaints policy stated that it aimed to respond to patients' complaints within 20 days. If it could not do so then it would "inform the patient of the status of the complaint at a minimum of 20 working day intervals". The complaint log details the date of the complaint and the date of the "last update". It does not detail when the complaint was closed or when other updates had been sent to the complaint. It was therefore not possible to establish whether complaints had been closed within 20 days or whether complainant's had received timely updates.

Requires improvement

Surgery

Are surgery services well-led?

Requires improvement

We had not rated this domain before. We rated it as **requires improvement.**

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The directors of the hospital were not based at the location and had other roles in other organisations. However, they visited site on a weekly basis and regularly attended clinical governance meetings and medical advisory committee meetings.

A new managerial team had been in post since mid-2019 and had started the process of developing the hospital's governance processes. The nurse manager and operations manager were responsible for the day to day running of the hospital. They told us that the directors were readily contactable by telephone outside of their regular visits to the hospital.

Staff told us that managers were visible and approachable.

The hospital told us that checks had been carried out on directors to ensure that they were "fit and proper". This included disclosure and barring service checks, references and immunisation checks.

Vision and strategy

The service did not have a clear vision for what it wanted to achieve or a strategy to turn it into action. The strategy that was in place had not been developed with all relevant stakeholders, including staff at different levels.

The service did not have a strategy for what it wanted to achieve and by when. Whilst the service shared with us a "strategic and operating business model", this was a set of key tasks to complete rather than a strategic vision for the service. In addition, there were no dates for when the tasks within the "strategic and operating business model" would be met.

Not all the staff we spoke with were aware of the hospitals strategic plan and it was not displayed in any staffing areas.

There were no values against which the hospital could assess itself or its staff. These were important given that the hospital was in the process of developing its appraisal system which would usually be linked to the values of the organisation.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

There was a positive culture within the hospital and staff told us that they enjoyed working at there. One staff member told us that communication with managers was good and there was a lot more organisation than there had previously been.

One consultant told us that the culture had "improved a lot" since the new management team had been brought into the hospital and he was "impressed" with the work they had done.

The hospital had a whistleblowing policy. However, staff told us that they felt confident to approach managers if they had concerns about their work.

The hospital had an up to date equality and diversity policy.

Governance

Whilst there were clear governance processes, these were not always operated effectively. However, staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The nurse manager had introduced an audit schedule to help monitor compliance with such things as hand hygiene, the surgical safety checklist, consent and pain management - these were not previously in place. The majority of audits were scheduled to take place every month, with the exception of the health and safety and

infection control audits which were scheduled every three months. However, whilst the audit plan had been developed, this had not been fully embedded and audits not taken place as often as planned.

The hospital had a governance policy in place and clear governance procedures.

The hospital outsourced its pathology to a third party provider. However, whilst there was a service level agreement in place with this provided, no turn-around times were quoted in the agreement. In addition, there was no regular contact with the provider. This meant that the hospital could not assess whether the third party provider was returning pathology results in a timely manner. It also meant that there was no mechanism for the hospital to address any potential poor performance.

Policies were kept in hard copy within the administrative office, and electronically on a shared drive.

The hospital had a system to monitor the competency of the consultants that worked at the organisation. Using information stored on an electronic system, and paper files, the hospital could demonstrate that it had collected relevant information for consultants including details of professional registration, indemnity insurance, disclosure and barring service checks and references.

The hospital held both clinical governance meetings (which all staff attended) and medical advisory committee meetings which were attended by the management team, directors and consultants (where necessary).

The clinical governance meeting was held every month and this reported into the medical advisory committee. The role of the governance meeting was to agree the protocols for clinical audits and outcome measurements. Incidents, complaint and patient satisfaction levels were also discussed at this meeting, along with training requirements. The meeting was chaired by a senior member of the hospital with staff members from all areas attending.

The hospital had developed a Medical Advisory Committee with the purpose of ensuring "that doctors who receive practising privileges … are of an appropriate and satisfactory standard". the committee was responsible for, amongst other things, monitoring consultant performance and their scope of practice.

Minutes of the most recent meetings were displayed in the staff room, as were the most recent audit results.

Managing risks, issues and performance

Leaders and teams did not use systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The surgical safety checklist audit showed that there had been issues with compliance. In September 2019 only 60% of sign outs were completed in the notes that were audited, and no end of day safety huddles were completed. Whilst actions were identified in following an audit in October (which included improving the design of the form to help completion of all parts of the checklist), the results from December showed that none of the paper records were completed on any of the four occasions observed. It was apparent that the steps taken to improve compliance had not been fully effective.

Following the inspection the service told us that it would be undertaking daily surgical safety audits until the process was "embedded into daily practice".

There was no oversight of the monitoring of patient outcome measures (QPROMs) or "did not attend" rates so it was difficult for the hospital to clearly identify areas of strength or weakness, or where targeted improvements could be made. Following the inspection the hospital told us that it would begin submitting QPROM data from 1 March 2020. It also told us that it was creating a performance dashboard to monitor "did not attend" rates.

The hospital had developed an audit programme that looked at 15 key areas including completion of National Early Warning Scores, hand hygiene, consent, WHO surgical safety checklist, pain relief and medical records. The results of these audits were discussed in the clinical governance meetings and medical advisory committee meetings.

The service conducted audits into surgical site infections. Whilst audits for August to October showed that there had been no infections, no audits had been conducted for November or December.

The service had an up to date risk register and this was reviewed at the medical advisory committee and during clinical governance meetings if required. Each risk had a

description of the impact along with the rating and likelihood. Controls were in place for each risk and it was easy to see when each risk was added, when it was last reviewed, and when it was next due to be reviewed. There were mitigations action allocated to specific staff members. There was a risk matrix staff could follow that gave an overall risk rating.

The minutes from the medical advisory committee in December 2019 contained discussions about updates from the British Association of Plastic, Reconstructive and Aesthetic Surgeons regarding risks from breast implants. There were discussion regarding updates to policies and that these needed to be circulated to staff. There were also discussions about potential new procedures including keloid (Scar) surgery, and "massive weight loss" surgery. There was a "focus of the month" which included lidocaine toxicity awareness (we saw information about this toxicity displayed in the staff room).

Minutes from the medical advisory committee also showed evidence that it had reviewed a national recommendation from the British Association of Aesthetic and Plastic Surgeons about Brazilian Buttock Lift surgery. The service had been suspended as a consequence of the guidance that had been issued nationally.

The medical advisory committee monitored the performance of consultants and we saw examples of this.

Minutes from the clinical governance meeting in December 2019 showed discussions about venous thromboembolisms assessments, a reminder to check medicine fridge temperatures, information governance, and the completion of incident forms. The minutes from November 2019 included discussions around ensuring theatre lists were confirmed seven days in advance to ensure that sufficient stock was ordered.

The hospital told us that the biggest risk to the organisation was the fact that they were a new team and had had to develop a number of new process and policies. However, we saw staff worked well together, albeit that systems and processes still needed to be fully embedded.

The hospital told us that finance did not dictate the work it did. It could provide examples of where patients had been refused surgery as they had not disclosed pre-existing medical conditions which had then been identified after receiving information for their GP. In addition, the hospital told us that the number of post-operative follow-up appointments were not linked to the price paid for the procedure. Any additional appointments needed (above the usual one and six week follow-up – and six month for liposuction) were not chargeable.

The hospital had a business continuity plan with contained key contact information for, amongst other organisations, the emergency services, and electricity, gas and water providers.

Managing information

The service did not always collected reliable data and analyse it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service was not yet submitting information to the Private Healthcare Information Network, and was not collecting QPROMS data.

The service collected information via its audit programme, albeit that these audits were not always consistently carried out.

There was a privacy information leaflet available in the reception area for patients to read. This included information about the hospital's responsibilities under the General Data Protection Regulation. There was also information displayed in the two consultation rooms.

Patient records were kept onsite for six months then taken away to secure offsite storage.

The hospital told us that it did not share patient identifiable information via unsecured email. It told us that it was in the process of procuring a system to securely send emails.

Engagement

Leaders and staff actively and openly engaged with patients.

The hospital had regular staff meetings and we could see good participation from staff at all levels.

The hospital used patient satisfaction questionnaires to obtain the views of patients. These were also available in the reception area for patients to complete.

The hospital had contacted LGBTQ groups to collate information to provide to patients.

Requires improvement

Surgery

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The hospital had introduced a telephone check with patients after discharge. It told us that this had reduced the number of times patients had called back wanting to speak to the consultant. It explained that the healthcare assistant making the call could often answer any concerns the patient had. If there were any further clinical concerns, the assistance would seek advice from a nurse of the consultant responsible for the patient.

The service had worked with a surgical equipment supplier to reduce waste. It had previously used generic sterile theatre packs but not all the items were used (but still had to be disposed of. The hospital, in conjunction with the provider, had developed packs specific to the procedure being undertaken which included only the equipment to be used. This helped to reduce waste and cost.

The service monitored social media and internet reviews to help develop its service. It provided an example of a change it made to help improve patient experience.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- Ensure that staff comply with all aspects the WHO surgical safety checklist.
- Ensure that performance is monitored to evaluate the effectiveness of the services provided by, and to, the hospital.
- Ensure that audits are completed and action is taken to improve areas of non-compliance.

Action the provider SHOULD take to improve

- Consider ways for patients to have an opportunity for private conversations at reception.
- Ensure that staff complete National Early Warning Scores.
- Ensure that the resuscitation trolley has an appropriate seal.
- Continue its work to introduce a formal induction process for new staff.
- Ensure that staff have annual appraisals.
- Consider introducing discharge summaries for patients and their GPs.
- Gain assurance that staff are reporting all incidents.
- Consider introducing key performance indicators to better monitor performance and the effectiveness of its service.
- Improve its complaints monitoring processes.
- Work with staff to discuss the hospital's vision and strategy, and to develop key values that could form part of staff appraisals.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17(2)(b) HSCA (RA) Regulations 2014 – Providers must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17(2)(f) HSCA (RA) Regulations 2014 – Providers must ensure that their audit and governance systems remain effective.

Regulated activity	Regulation
Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12(1) HSCA (RA) Regulations 2014 - Care and treatment must be provided in a safe way for service users