

# The Belvedere Private Hospital

## Quality Report

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Date of inspection visit: 27 April 2018

Date of publication: 31/07/2018

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

# Summary of findings

## Letter from the Chief Inspector of Hospitals

The Belvedere Private Hospital is operated by Pemberdeen Laser and Cosmetic Surgery Clinic Ltd. The hospital provides cosmetic surgery, mainly breast augmentation, but also abdominoplasty, blepharoplasty and liposuction. We inspected surgery services only.

We inspected this service as a follow up to review the action plan developed following our previous inspection in November 2016. We carried out the unannounced inspection on 27 April 2018.

The key questions we asked during this focused unannounced inspection were, was it 'Safe, Effective and Responsive' in surgery?

The hospital has had a registered manager in post since 20 May 2015.

We did not rate this service during the previous inspection. This inspection took place to review concerns identified during the previous inspection in November 2016 and review actions taken by the service.

We found the following areas of good practice:

- Incidents were being reviewed by the medical advisory committee and agreed learning was being decimated.
- Data was being collected on surgical site infections and they were being reviewed when required.
- Post-operative follow up appointment patient notes were now being completed.
- Training had been completed for safeguarding children level 3, immediate life support and cultural needs.
- Emergency medicines were being audited and expiry dates were being checked.
- Pregnancy status for all women between 18 and 55 years old was being checked at pre-operative assessments.
- Patient's pain scores were being documented and analgesia given if required.
- Learning from complaints was now a standing item on the agenda of the medical advisory committee.

Amanda Stanford

**Deputy Chief Inspector of Hospitals**

# Summary of findings

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# Summary of this inspection

## Background to The Belvedere Private Hospital

Belvedere Private Hospital is operated by Pemberdene Laser and Cosmetic Surgery Clinic Ltd.

The hospital has eight in-patient beds, and the facilities include one operating theatre, anaesthetic room and a recovery room. There are three consultation rooms.

During the inspection, we visited the ward area and the theatre. We spoke with two members of staff including; the registered manager. We reviewed 10 sets of patient treatment and care records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The hospital has been inspected five times; the most recent inspection took place in November 2016.

## Our inspection team

The team that inspected this service comprised of a CQC lead inspector and another CQC inspector. The inspection team was overseen by Stella Franklin, Inspection Manager and Helen Rawlings, Head of Hospital Inspection.

## Why we carried out this inspection

We carried out a focused inspection to follow up on requirement notices issued following our last inspection in November 2016. Specifically :-

- The provider must ensure they operate an effective system or process which enables them to assess, monitor and improve the quality and safety of services provided in the carrying out of the prescribed regulated activities.
- The provider must ensure they assess, monitor and mitigate the risks relating to health and safety and welfare of service users and others.
- Ensure the registered manager has access to relevant professional training and development and peer review.
- The provider must assess the risk to the health and safety of service users receiving care or treatment and must do all that is reasonably practicable to mitigate any such risks.

# Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are surgery services safe?

### Incidents

- During our previous inspection we identified concerns that incidents were not being discussed at the medical advisory committee (MAC) meetings. We reviewed the minutes for the MAC meetings for the preceding year and saw that incidents were a standing item on the agenda and were discussed if an incident had occurred. A low number of incidents had been discussed as part of this standing agenda item and were detailed within the meeting notes. We were satisfied the service had met this requirement.

### Cleanliness, infection control and hygiene

- At our previous inspection, we had concerns regarding the identification of surgical site infections by the hospital in patients after their one week follow up appointment and the six week appointment with the consultant. Since our last inspection the hospital had implemented a procedure where all patients were told to call the hospital if there were any concerns with regards to possible post-surgical infection. The hospital had developed a dedicated sheet within the patient's notes which was completed by the nurse at the seven-day post-operative follow up appointment where it was noted that the patient had been informed again to contact the hospital if they were concerned. The consultant also asked patients at the six week follow up appointment if there had been any infection and if they had they were advised to contact their general practitioner (GP). This was also documented on the sheet within the patient's notes. This meant the service had a record if a surgical site infection was identified between the seven day and six-week post-operative follow up appointments. We were satisfied the service had met this requirement.

- During our previous inspection we identified that the room that had been used for consultations and post-operative checks had a carpeted floor. We found now that the service has built two new consultations rooms, flooring met the requirements of Health Building Notice (HBN) 00-09: Infection control in the newly built environment. The old consulting room was not being used any longer. We were satisfied the service had met this requirement.

### Records

- At our previous inspection we identified that post-operative patient notes were not being completed by consultants. On this inspection we found that post-operative review notes were now completed by the surgeons at the six week follow up appointment. We reviewed 4 post-operative notes as part of this inspection. These demonstrated that surgeons were checking whether patients had experienced a surgical site infection post operatively. We were satisfied the service had met this requirement.

### Safeguarding

- During our last inspection we identified that no member of staff has undertaken safeguarding children level 3 training. The hospital provided certificates for safeguarding children level 3 training for both the registered manager and the deputy matron. The service had met this requirement.

### Mandatory training

- On the previous inspection, we had identified concerns regarding the number of staff that had received training in intermediate life support (ILS). We saw evidence that the resident medical officers that the hospital used and the registered manager had completed ILS training in the last year. The service had met this requirement.

### Medicines

# Surgery

- During our previous inspection, we had identified various medicines in the resuscitation trolley had been out of date. We reviewed the emergency medicines in the resuscitation trolleys and found that all medications were in date. The service was auditing the expiry dates of emergency medications and the checking of the medication on the resuscitation trolley. We were satisfied the service had met this requirement.

## Assessing and responding to patient risk

- On our previous inspection, we identified that the hospital's policy stated that all women from 18 years to 55 years old would receive a pregnancy test prior to surgical procedures. During the follow up inspection we found that all patients that could be pregnant were asked about their status and this was noted within their notes pre-operatively. If a patient could not confirm whether they may be pregnant, a test would be taken and the results would be noted on the pre-operative notes. We were satisfied the service had met this requirement.

## Are surgery services effective?

### Pain relief

- During our previous inspection we found that patient pain scores had not been recorded within the patient notes. During the follow up inspection we found in four patient notes we reviewed pain scores were noted for patients in recovery and post operatively and analgesia given as required. We were satisfied the service had met this requirement.

### Competent staff

- When we last inspected, we identified that the registered manager had not received clinical supervision. The register manager was now receiving clinical supervision from the medical advisory committee chair. The registered manager's appraisal

was completed by the nominated individual. Clinical supervision is an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice. The service had met this requirement.

## Are surgery services caring?

Caring did not form part of this focussed inspection. For caring refer to the full inspection from November 2016.

## Are surgery services responsive?

### Meeting people's individual needs

- On our last inspection, we identified that there was no cultural needs training for staff. During the follow up inspection the hospital provided us with the training records for equality and diversity course which included cultural needs. Staff were aware of different cultural needs and how to meet the needs of a diverse population. All staff had completed this training. We were satisfied the service had met this requirement.

### Learning from complaints and concerns

- During our previous inspection, we were not satisfied that learning from complaints was being reviewed by the MAC. When we returned to the service we found, learning from complaints was now a standing item on the MAC agenda. We reviewed the minutes from the past three meetings and found that complaints and any learning required had been discussed and had been included within the minutes for the meeting. We were satisfied the service had met this requirement.

## Are surgery services well-led?

Well led did not form part of this focussed inspection. For well led refer to the full inspection report from November 2016.