Hammersmith Private Hospital

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Requires improvement
Are services safe?	Good
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

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

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

The service was inspected four times before, in February and March 2018, 12 June 2019, 30 October 2019 and 2 July 2020. Following the October 2019 inspection, two requirement notices relating to infection prevention control and governance remained outstanding. The July 2020 inspection took place following a number of concerns reported to us through the 'give feedback on care' section of our website. We inspected this service using our focused inspection methodology, looking specifically at infection prevention control and the management of risk relating to transmission of Covid-19. Following this inspection, we issued an urgent notice of decision to impose conditions on their registration as a service provider in respect of the regulated activity of surgical procedures at Hammersmith Private Hospital. This focused follow-up inspection took place on 6 August 2020 to assess whether these conditions could be lifted.

Services we rate

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

- The service provided mandatory training in Covid-19 and infection prevention control to all staff and made sure everyone completed it.
- 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 design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Processes for the management of clinical waste had been reviewed.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. There were arrangements to enable staff to identify and quickly act upon patients at risk of deterioration.
- Staff kept detailed records of patients' care and treatment in relation to Covid-19 transmission risk. Records were stored securely.
- The service used systems and processes to safely prescribe and store medicines.

Following this inspection, we told the provider that it should make an improvement, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Nigel Acheson
Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	**Requires improvement** 	Cosmetic surgery was the only activity carried out in the service. Our overall rating for this service stayed the same. During this focused inspection, we only inspected safe, which was rated good.

Summary of findings

Contents

Requires improvement

Hammersmith Private Hospital

Services we looked at:
Surgery

Summary of this inspection

Background to Hammersmith Private Hospital

Hammersmith Private Hospital is operated by Curis Healthcare Limited. Until recently, the service operated under the name of Ziering London Clinic. The service opened in 2014, providing hair transplants, cosmetic surgery and non-surgical cosmetic interventions. In January 2017, the clinic began functioning as a cosmetic surgery provider, providing operations such as breast enlargement, hair transplant and liposuction. It is a private clinic in London. The clinic accepts referrals from GPs, lead referrals from third party companies and self-referrals from patients living in London and internationally. The service does not provide services to NHS-funded patients or patients under the age of 18.

At the time of this inspection, there was no registered manager, but the service was in the process of recruiting someone into this position. The company director was the nominated individual.

Our inspection team

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

Information about Hammersmith Private Hospital

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

- Surgical Procedures

During the inspection, we visited the whole clinic, including the reception, waiting areas, theatre, two-bedded post anaesthesia care unit (PACU), the ward and consultation rooms. We spoke with five staff including registered nurses and the director of governance and compliance. We did not review any patient records as the service was not operational at the time of our inspection.

Between 2 July 2020 and the day of our inspection on 6 August 2020, no procedures had taken place as the service was closed.

There were seven doctors working at the clinic under practising privileges. The service employed five registered nurses, two healthcare assistants and two non-clinical staff, as well as having its own bank staff. The accountable officer for controlled drugs (CDs) was the director of governance and compliance.

Services provided at the hospital under service level agreement:

- Clinical and general waste collection
- Fire alarm & lighting servicing
- Fire extinguisher checks
- Pest control
- Gas boiler maintenance
- Legionella risk assessment
- Water cooler maintenance
- Laboratory testing
- Blood specimen testing
- Private ambulance services
- Blood specimen testing
- Supply of linen and provision of laundry
- Confidential waste removal
- Deep Cleaning
- Clinical Couch servicing
- Equipment testing and servicing
- Theatre air handling servicing
- Anaesthetic machine servicing and call-out
- IT and internet maintenance
- Pharmacy provision

Summary of this inspection

- Stock and personal protective equipment (PPE)

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

Our rating of safe improved. We rated it as **Good** because:

- The service provided mandatory training in Covid-19 and infection prevention control to all staff and made sure everyone completed it.
- 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 design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Processes for the management of clinical waste had been reviewed.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. There were arrangements to enable staff to identify and quickly act upon patients at risk of deterioration.
- Staff kept detailed records of patients' care and treatment in relation to Covid-19 transmission risk. Records were stored securely.
- The service used systems and processes to safely prescribe and store medicines.

Are services effective?

Requires improvement

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

Are services caring?

Good

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

Are services responsive?

Good

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

Are services well-led?

Requires improvement

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

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Requires improvement

Surgery

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

Are surgery services safe?

Good

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

Our rating of safe improved. We rated it as **good.**

Mandatory training

The service provided mandatory training in Covid-19 and infection prevention control to all staff and made sure everyone completed it.

As this was a focused inspection, we looked only at mandatory training compliance specifically related to Covid-19. At the last inspection in July 2020, staff had not received any formal training regarding Covid-19, including infection prevention and control (IPC) procedures and donning and doffing personal protective equipment (PPE). At the time of this inspection, there was evidence staff had been provided with a combination of face-to-face and e-learning in the following topics: Covid-19 awareness, cleaning the clinical environment, donning and doffing of PPE, hand hygiene, appropriate use of PPE including masks, safe movement around the building, principles of infection control, cleaning the theatre between cases, aerosol generating procedures (AGPs), staff sickness and isolation, patient consent and pre-surgical isolation. Staff we spoke to demonstrated an increased knowledge base in these areas.

At our last inspection in July 2020, there was no time allocated during working hours to complete any training, clinical/administrative tasks or staff meetings. At the time of this inspection, the director of governance and compliance informed us there were now two non-operational weekdays per month, one in the first week and one in the last week of every month. The clinic would now only operate on weekdays. Staff meetings now took place weekly, with full minutes available. We saw evidence the medical advisory committee (MAC) had been reinstated via video link, with meetings scheduled every six weeks.

Safeguarding

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

Cleanliness, infection control and hygiene

The service 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.

At the previous July 2020 inspection, the provider's Covid-19 infection prevention control (IPC) policy did not reference appropriate national guidance, and it had been devised prior to the publication of much national guidance on resuming elective surgery. There was no evidence the provider had reviewed this policy, as it had no version control or specified review date. At the time of this inspection, the provider's Covid-19 IPC had been revised and now had version control. We saw evidence it had been regularly reviewed in line with emerging national guidance, such as the National Institute for Health and Care Excellence (NICE) guidance published on 27 July 2020.

At the July 2020 inspection, the last evidence of a deep clean was in 2019. At this inspection, we saw evidence deep cleaning had taken place twice since 2 July 2020, to ensure any IPC concerns resulting from environmental works had

been addressed. Deep cleaning was scheduled to take place on a monthly basis for at least the next six months. This would take place overnight whilst the clinic was closed to ensure all areas were included.

At the July 2020 inspection, the service's in-house cleaner worked 42.5 hours per week, usually between 12pm and 8.30pm on weekdays. This did not always allow the in-house cleaner to clean the theatre environment properly due to the organisation of theatre lists. There were also no arrangements as to who would clean the clinic when the in-house cleaner was absent. At this inspection, two additional in-house cleaning staff had been employed. They worked a total of 120 hours per week, with flexible hours to ensure cleaning staff were on the premises during opening hours, even when theatre lists ran late. This arrangement also ensured cover for leave.

At the July 2020 inspection, an allowance of 15 minutes was given between theatre cases for cleaning. This 15-minute space between cases was not based on any national guidance. At the time of this inspection, the director of governance and compliance had reviewed national guidance and there was now a gap of 20 minutes between cases given for cleaning. This allowed a minimum of six air changes to take place to allow particles to settle during cleaning. We were shown evidence of the number of air changes (18-22 per hour).

At the July 2020 inspection, staff did not use personal protective equipment (PPE) as per national guidance or the local provider policy. We observed widespread improper use of masks across all staff. Surgical masks were either not worn at all or worn incorrectly. At this inspection, we saw evidence staff had received training in PPE and regular reminders of how to use this correctly. Donning and doffing stations had also been added to the clinic environment.

At our previous inspection, there was no access to FFP3 masks as the provider had not ordered any. Staff members, including the clinical service director (CSD) were not aware what the term 'fit testing' meant. A 'fit test' checks whether a mask properly fits the face of someone who wears it, ensuring there is an adequate seal with their face to provide the intended protection. At the time of this inspection, the provider told us they had been unable to secure a method to 'fit test' FFP3 masks, so they had instead invested in three respirator hoods. When worn with a powered air respirator, purified air fills the hood to give the wearer, safe, breathable air. The service was continuing to explore options to 'fit test' staff in future. In the meantime, consideration had been given to the stages of intubation and extubation, which are considered aerosol generating procedures (AGPs). During AGPs there is an increased risk of aerosol spread of infectious agents irrespective of the mode of transmission (contact, droplet, or airborne). Once a patient was ready for intubation/ extubation, the anaesthetist and operating department practitioner (ODP) would ensure they were wearing their PPE, including respirators. All other staff would ensure they left the theatre or remained above two meters distant from the patient. The AGP would then take place. After 10 minutes, the team could then return to theatre (or within two meters of the patient). This allowed at least two air changes to take place, in line with national guidance.

At the July 2020 inspection, we found the hand hygiene poster used to guide staff on proper hand washing technique was out of date and based on outdated guidance. Not all staff understood proper hand hygiene or the requirement to be bare below the elbow (BBE). At the time of this inspection, the posters had been replaced with up-to-date versions and staff had received training in hand hygiene. Monthly hand hygiene facilities audits had been introduced. Staff entering the theatre environment were required to wear scrubs. Scrubs are sanitary clothing worn healthcare workers involved in patient care in clinical environments. A uniform audit had been introduced, and staff were encouraged to challenge any poor practice.

At the July 2020, there was no provision of hand soap or hand towels at handwashing stations in the theatre sluice room. There had been no hand soap for four days. At the time of this inspection, there were adequate supplies of both hand soap and hand towels, with a rolling order to ensure these did not run out.

At the July 2020 inspection, the handbasin in recovery had a paper towel dispenser was on the wall around the corner from the handbasin, presenting a cross-infection risk from water droplets. At the time of this inspection, this handbasin had been moved.

At the July 2020 inspection, the staff toilet facilities were in poor hygienic condition. The cleaning schedule did not give the cleaner a list of cleaning tasks but instead instructed 'check to ensure staff toilet / shower area is clean and tidy'. This was also the case for other areas of the clinic. Cleaning records across the clinic were not up to date and did not demonstrate all areas were cleaned

regularly. At the time of this inspection, new cleaning checklists itemising expected tasks for each area had been introduced. We saw these had been filled out. The toilet facilities were visibly clean and uncluttered.

At the time of our previous inspection, the local colour-coding scheme for use of cleaning materials suggested use of a red bucket was used to clean bathrooms, showers, or toilets. We saw a yellow bucket and blue bucket in the clinic. There were no buckets of any other colours. At the time of this inspection, new cleaning materials had been purchased in line with the colour-coding scheme. A cleaning trolley had been introduced to ensure easy access to all necessary items.

At the July 2020 inspection, we found the clinic environment to be cluttered, with unused equipment and boxes found in many areas. There were other general IPC concerns across the clinic, such as dust and reuse of dirty mop water. At this inspection, the clinic environment had been improved. Floors in the theatre had been replaced, with plans to replace flooring in other areas in the next quarter. In the meantime, this flooring had been buffed. Extensive redecoration, reorganisation and decluttering had taken place. Staff had been reminded of the importance keeping clinical environments as bare as possible without stockpiling items, and re-educated on IPC requirements.

At the July 2020 inspection, we found two sets of breast implants on top of cupboard in the theatre sluice room. These had been extracted from patients on 26 May 2020 and 24 June 2020. These were not stored in an appropriate manner and had not been labelled to indicate their status as clinical waste. At this inspection, we saw this had been reported as an incident and was scheduled to be discussed at the next medical advisory committee (MAC) meeting. There was now a process to ensure implant retrieval boxes were ordered for future use in the case of revisions. All staff had been informed about this new process.

At the July 2020 inspection, we found soiled linen was not bagged or stored correctly. At the time of this inspection, new laundry bins with lids had been purchased and staff were made aware of how to correctly dispose of linen. The IPC policy was updated to include linen management. Clean linen and uniforms had been moved to a single storage cupboard in an easily accessible location.

At the last inspection, instruments to be sent for decontamination with an external company, following surgical use, were stored in a red box on the floor near the water fountain. At this inspection, boxes were now stored in the dirty utility area. A formal process had been introduced to ensure boxes were moved to the collection point at the end of each day. Staff had been re-educated in this process.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Processes for the management of clinical waste had been reviewed.

At the July 2020 inspection, we found the clinic was freely accessible to non-authorised people and members of the public, with doors marked 'keep locked at all times' left unlocked. On previous inspections of the service, we had queried whether this presented a security risk, but the provider told us their risk assessment did not necessitate adding locks to any internal doors. At this inspection, we saw the main door left unlocked at our last visit had been replaced. This was now an alarmed fire exit, with no access from the adjoining building. The clinic was considering whether to add swipe card access to other internal doors, as traditional locks could not be added due to fire safety considerations.

At the last inspection, we found the Control of substances hazardous to health (COSHH) cupboard unlocked and unattended, contrary to national guidance. At the time of this inspection, the COSHH cupboard was locked. The COSHH folder had been updated, with a member of staff given responsibility for checking this remained up to date.

At the July 2020 inspection, the provider had implemented a one-way system to minimise the risk of people crossing paths and cross infection. We observed staff not following the arrows on the floor or observing the one-way system. During theatre cases, we observed a high level of theatre traffic, with staff using both doors of the operating theatre for access. This was contrary to the intended single access point. At this inspection, the one-way system had been risk assessed and replaced with clear arrows on the floor, indicating people should keep left and try to avoid passing one another where possible. Signage had been added to doors to indicate the ideal flow through the building. We saw evidence in staff meeting minutes the changes had been communicated with staff.

At the previous inspection, there was no record to indicate the air conditioning system had been serviced or updated since issues found in 2019. On the day of our July inspection, it was hot in the theatre and staff told us it was often too hot or too cold. At this inspection, we saw evidence the air conditioning system had been serviced and tested. The director or governance and compliance told us there were plans to upgrade the system so servicing will be possible off-site by remote log-in.

At the July 2020 inspection, there was no adequate record of recent equipment testing. No contracts existed in relation to equipment checks and maintenance. At this inspection, we saw evidence equipment testing had taken place. Seven items had been missed, but we saw evidence these were booked in for testing.

The clinic did not use piped oxygen. At the July 2020 inspection, we found cardboard stored behind oxygen cylinders, presenting both a cross infection and fire risk. At this inspection, we saw this cardboard had been removed. Storage of empty oxygen cylinders had improved in the clinical waste store, with chains added to ensure they remained upright. Staff had been asked to undertake e-learning relating to safe oxygen management. A full fire extinguisher audit and service had been undertaken.

A legionella service report on 29 June 2020 found the temperature of the water in the clinic was not hot enough (55C) for a clinical environment. At the July 2020 inspection, we saw an email trail relating to the location of the water heaters and how to adjust this, but no evidence to suggest the service had resolved this issue. At this inspection, we saw a further legionella service had taken place. There was a thermometer for water temperature checks, and staff had been shown how to adjust the temperature by the building maintenance team.

At the July 2020 inspection, there was no bin for either domestic or clinical waste in theatre sluice room or the cleaner's room. There was no bag in the bin in the patient toilet. At this inspection, bins had been purchased for these areas, and all had bags.

Clinical waste bins were still located in a locked store room off a corridor which included doors to theatre ante-room, admission room, recovery area and ward. This may present a cross-infection risk when collecting clinical waste. Although the clinical waste bins remained in the same location at this inspection, the provider had introduced a new process ensuring minimum traffic to and from this room to mitigate against the risk of cross-infection. Clinical waste was always collected outside of clinical hours.

At the July 2020 inspection, we found health and safety audit and IPC audits completed in June 2020 did not detail many of the issues we found during our inspection. In addition, the provider had arranged for an external inspection on 10/11 June 2020. The resulting report found many of the same issues we found three weeks later, which the service had not taken steps to resolve. This demonstrated a lack of governance regarding IPC and failure to act on such concerns once raised. At this inspection, we saw action had been taken in response to our July 2020 inspection and the external inspection in June 2020. All existing audits had been reviewed and some new audits had been introduced. These were ready to be implemented when the clinic reopened. The governance committee had been reinstated.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. There were arrangements to enable staff to identify and quickly act upon patients at risk of deterioration.

At the time of the July 2020 inspection, NHS England national guidance relating to Covid-19 indicated patients should self-isolate for 14 days prior a procedure. The service had not implemented this guidance and did not routinely test patients for Covid-19 prior to operating. In some cases, the service flagged patients if their risk was higher, such as those who worked in healthcare. The flagged patients underwent a screening process, which involved the clinical services director (CSD) reviewing any higher risk cases and deciding whether they could be booked in for surgery or required Covid-19 testing prior to surgery. This decision relied on clinical judgement rather than set criteria and the CSD did not formally document this anywhere. National guidance on resuming elective surgery suggests developing a local diagnostic testing policy for symptom-free patients. At this inspection, we found changes had been made to this process, which incorporated new National Institute for Health and Care Excellence (NICE) guidance published on 27 July 2020. This no longer stated a blanket 14-day period of self-isolation for all patients but advocated a risk-based approach. As such, the clinic now sent a screening assessment to

patients to determine risk characteristics such as age, gender, ethnic background and any underlying health conditions. In the case of being assessed as high risk, the patient would then be required to self-isolate for 14 days pre-operatively. If not deemed higher risk, the patient was required to adhere to strict social distancing for two weeks pre-operatively, follow good hand hygiene practices and have a Covid-19 test three days before their operation date. This test could be sent to the patient via post. Following this test, the patient was asked to self-isolate until their date of admission for surgery.

At the July 2020 inspection, we could find no evidence of revised patient information (apart from a brief questionnaire relating to risk of Covid-19 infection) given to patients prior to operations, or following discharge. At the time of inspection, the service had not published any information relating to changes in practice due to Covid-19 on their website. At this inspection, we found the provider's website now contained detailed information on Covid-19. Patients were provided with information and specific Covid-19 consent form prior to surgery. Discharge information also referenced Covid-19.

At the July 2020 inspection, all people entering the clinic had their temperatures checked as per the provider's policy. A high temperature (37.8C or above) may indicate Covid-19 infection. The thermometer was not in good working order and staff had to change the batteries or the thermometer several times before readings were obtained. At this inspection, the provider had purchased new thermometers and ensured staff calibrated these daily, with batteries changed regularly. The clinic ensured all members of the inspection team had a temperature reading taken before entering the clinic.

National guidance indicates where possible, recovery of patients should take place in the same environment where they have been operated on, to reduce the risk of Covid-19 transmission. In the clinic, patients still moved from the operating theatre, to the recovery area, and then the ward. Although this remained the case at the time of this inspection, we were assured the provider had reviewed national guidance and considered the risks associated with this process remaining the same.

The service was no longer planning to resume complex multiple-site combined operations (such as breast and abdomen concurrently) in the near future. National guidance advises it is important to reduce the complexity of aesthetic procedures where possible and reduce the operative time and recovery period at present. Any changes to this decision would be considered and discussed at the medical advisory committee (MAC).

On the day prior to our July 2020 inspection, two patients stayed overnight at the clinic due to the theatre list overrunning. One patient had to stay on a trolley rather than a bed as there was currently only one bed in the ward area. At this inspection, the provider had purchased another bed for the ward, and condemned one of the trolleys. This was going to be replaced with a reclining chair bay to enable patients who wished to sit up and mobilise after surgery to do so more quickly.

Since our July 2020 inspection, the director of governance and compliance had renewed the agreement with a private ambulance company to ensure the smooth conveyance of any patient who deteriorated to an NHS hospital where necessary. They had booked a meeting with the local NHS hospital to discuss whether an arrangement could be reinstated with them to care for any patients who required transfer in an emergency.

Nursing and support staffing

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

Medical staffing

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

Records

Staff kept detailed records of patients' care and treatment in relation to Covid-19 transmission risk. Records were stored securely.

At the July 2020 inspection, we found there had been no adaptations of any care or consent documentation in relation to Covid-19. At this inspection, we found documentation had been adjusted to consider Covid-19 risk.

On the day of the July inspection, we found three sets of patient notes unattended in an unlocked room. In the administration room, we saw multiple boxes of paper-based patient notes. The CSD told us these were awaiting collection by the provider to be archived. There was no evidence of an arrangement to dispose of

confidential waste. At this inspection, we saw notes on site had been moved to a different locked room and reorganised. Only notes from those patients who had surgery in the last 12 months remained at the clinic. Other historic notes had been scanned, indexed and moved off-site to a secure storage facility. We were unable to assess the information governance practices beyond this as the clinic was not operational.

Medicines

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

At the July 2020 inspection medicines were not stored and managed in line with the provider's policy. At this inspection we found systems for the management of medicines had been reviewed and improved.

There was a service level agreement (SLA) with a pharmacy provider for the supply of medicines; the director of governance told us this included six-monthly visits to the clinic to offer support and advice.

The main storage area dedicated for medicines and some clinical equipment was in a locked room off the recovery area. Medicines were stored in secure steel cabinets, which were fit for purpose. Keys to medicine storage areas, including the controlled drug cupboard (CD), were stored in a safe with a digital lock within the medicines room. Only the registered nurses employed by the service had access to the safe key-code.

Medicines specifically for use in theatre were stored in a locked cupboard in the theatre ante-room, accessible from theatre and the recovery area. The locked medicines fridge was also located in this area.

The room and fridge temperatures were monitored and recorded daily to ensure medicines were stored within recommended ranges. Staff documented any issues and there was evidence that action was taken when concerns were escalated.

The service used electronic prescribing and administration records. Prescriptions for patients 'to take out' (TTO) were printed and dispensed at the patient's pharmacy of choice. A small stock of TTOs were stored for use on occasion when patients were discharged outside of pharmacy hours. The service had seen no patients since the July 2020 inspection, so we could not review electronic medicine administration records.

There was documented evidence of medicine audits, so the provider could account for medicines received, administered and returned.

We audited the contents of the CD cupboard against the CD register and found they tallied. CD destruction kits were available.

At the July 2020 inspection we found Intravenous (IV) fluids were not stored safely. At this inspection, IVs storage had been reviewed and all IVs were now stored in the locked medicines room. We sampled several bags of IV fluids and all were in date.

At the July 2020 inspection, we found medicine inappropriately stored in an unlocked cupboard allocated for Control of Substances Hazardous to Health (COSHH) chemicals. At his inspection the COSHH cupboard was locked and contained only COSHH chemicals.

At the July 2020 inspection, we found the service gave all patients a broad-spectrum antibiotic following surgery, which was not in line with local provider policy or national guidance. The director of governance told us the Medical Advisory Committee (MAC) had been re-established since the last inspection. The MAC was attended by all surgeons and anaesthetists on 16 July 2020; terms of reference were agreed and all practising privileges reviewed. Antibiotic stewardship was scheduled to be reviewed at the next Medical Advisory Committee (MAC).

Incidents

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

Safety Thermometer (or equivalent)

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

Are surgery services effective?

Requires improvement

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

Are surgery services caring?

Requires improvement

Surgery

Good

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

Are surgery services responsive?

Good

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

Are surgery services well-led?

Requires improvement

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

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should consider reviewing their practice of prescribing of antibiotics to bring this in line with national policy.