

# Yannis Alexandrides - 111 Harley Street

## Quality Report

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

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Dr Yannis Alexandrides, trading as 111 Harley Street is a small independent hospital offering cosmetic surgery services to privately funded adult patients at this location since 2001. The hospital was previously inspected by the Care Quality Commission (CQC) in November 2013. When the report was published in December 2013 we had concluded the location had met all of the standards inspected.

On this occasion we inspected the hospital on 6 September 2016 as part of our independent hospital inspection programme. The inspection was conducted using the CQC's comprehensive inspection methodology and was a routine planned inspection. The inspection focussed on the regulated activities of surgical procedures and treatment of disease, disorder or injury. Procedures not currently subject to regulation were not part of the inspection.

The inspection team was led by a CQC inspection manager supported by a CQC inspector.

We have not published a rating for this service. CQC does not currently have a legal duty to award ratings for those hospitals that provide solely or mainly cosmetic surgery services.

### **Are services safe at this service**

We found there were systems to report and investigate safety incidents and to learn from these. Risks, including those related to infection prevention control measures, medicines, and equipment were understood and actions were taken to mitigate them. There were sufficient numbers of staff with the necessary skill, qualifications and experience to meet patients' needs.

The service needed to improve staffs compliance with the completion of the World Health Organisation (WHO) surgical checklist. Additionally, staff safeguarding training required updating.

### **Are services effective at this service**

Care was planned and delivered in accordance with current guidance, best practice and legislation by suitably skilled and competent staff. There was a programme of audit, which was used to assess the effectiveness of services and to maintain standards. Patients' pain was well controlled, and their nutritional needs were met.

### **Are services caring at this service**

Patients were treated with kindness and respect. Patients gave positive feedback and said they were treated well by staff, and with compassion and dignity.

### **Are services responsive at this service**

Services were planned to meet the needs and choices of patients, and the arrangements for treatment were prompt. There were arrangements to ensure the individual needs of patients were fully considered, assessed and met. Complaints were appropriately acknowledged, investigated and responded to in a timely way.

### **Are services well led at this service**

The service had a well-established leader, who had an excellent working relationship with their staff.

Staff understood what the values and purpose of the service were, and what was expected of them. They were committed to meet the requirements of their patients.

Patients and staff were encouraged to feedback on the quality of services.

The governance arrangements provided assurance of systematic monitoring of the quality of services.

However, although risks were managed, a formal risk register was not in use to capture such information.

# Summary of findings

Our key findings were as follows:

- There were adequate systems to keep people safe and to learn from adverse events or incidents.
- The environment was visibly clean and well maintained and there were measures to prevent and control the spread of infection.
- There were adequate numbers of suitably qualified, skilled and experienced staff to meet patients' needs, and staff had access to training and development, which ensured they were competent to do their jobs.
- There were arrangements to ensure patients had access to suitable refreshments, including drinks.
- Treatment and care was delivered in line with national guidance and the outcomes for patients were good.
- Patient consent for treatment and care met legal requirements and national guidance.
- Patients could access care in a timely way, and had choices regarding their treatment day.
- Staff ensured patients privacy and dignity of patients was upheld.
- The leadership team were visible and appropriate governance arrangements meant the service continually reviewed the quality of services provided.

However, there were also areas of where the provider needs to make improvements. The provider should:

- Review the arrangements and practices for the completion of the World Health Organisation safer surgery checklist.
- Provide staff with the correct level of safeguarding training.
- Consider improving staff knowledge of mental capacity, dementia awareness and deprivation of liberty safeguards.
- Consider introducing a formal hospital risk register.

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

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# Yannis Alexandrides 111 Harley Street

## Services we looked at

Surgery

# Summary of this inspection

## Background to Yannis Alexandrides - 111 Harley Street

Dr Yannis Alexandrides, trading as 111 Harley Street is a small independent hospital offering cosmetic surgery services to private patients. This hospital occupies a basement level, which encompasses the operating theatre, treatment rooms and a reception area. There are

also consulting and administration rooms on the first floor. There were no inpatient beds at the hospital. No surgical procedures are carried out on young people under the age of 18.

The registered manager has been registered with the Commission since March 2013.

## Our inspection team

Our inspection team was led by a CQC hospitals inspection manager Stella Franklin, in conjunction with a hospital inspector.

## Why we carried out this inspection

We inspected the hospital as part of our schedule for independent hospitals.

## How we carried out this inspection

To understand the patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

We analysed information that we hold on the service prior to our inspection. We carried out an announced onsite inspection on 6 September 2016, where we observed practice, spoke with seven members of staff, three patients and the provider. We also reviewed four sets of records for patients treated at 111 Harley Street, and other documents requested during the visit.

## Information about Yannis Alexandrides - 111 Harley Street

Dr Yannis Alexandrides, trading as 111 Harley Street is a private medical practice, which provides cosmetic surgical and non-surgical treatment for a variety of conditions. Services are provided only to adults, and include cosmetic and reconstructive surgery under local anaesthetic and conscious sedation.

The hospital is registered to provide the regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury

Dr Yannis Alexandrides, MD FACS is the medical director and the practising consultant at the location. The registered manager has been registered with the Commission since March 2013, and also acted as the accountable officer for controlled drugs.

# Summary of this inspection

The hospital employed two surgical nurses, two patient co-ordinators and two aesthetic treatment practitioners. There were two anaesthetists able to work at the hospital under practising privileges.

The on-site minor surgical procedures are carried out under local anaesthetic or conscious sedation. Surgical operations requiring general anaesthetic are carried out by Dr Alexandrides at other local private hospitals under their practising privileges.

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Safe	
Effective	
Caring	
Responsive	
Well-led	

## Information about the service

111 Harley street opened in 2001 and since then has provided elective cosmetic surgical and aesthetic procedures to both male and female patients over the age of 18 years. The hospital opened Monday to Saturday. The facilities included a reception area, an operating theatre used for minor surgical procedures, and three treatment rooms. These areas are located in the basement and means the hospital is unable to provide services to patients with mobility issues. There is also a consulting room located on the first floor.

There were over 4,700 appointments in the year to July 2016 of which 1,370 were surgery related. Between January and August 2016, the hospital performed 69 surgical procedures.

During our inspection process we spoke with Dr Alexandrides, all of the staff (clinical and administrative) and three patients.

## Summary of findings

We found there were systems to report and investigate safety incidents and to learn from these. Risks, including those related to infection prevention control measures, medicines, and equipment were understood and actions were taken to mitigate them. There were sufficient numbers of staff with the necessary skill, qualifications and experience to meet patients' needs.

Care was planned and delivered in accordance with current guidance, best practice and legislation by suitably skilled and competent staff. There was a programme of audit, which was used to assess the effectiveness of services and to maintain standards. Patients' pain was well controlled, and their nutritional needs were met.

Patients were treated with kindness and respect. Patients gave positive feedback and said they were treated well by staff, and with compassion and dignity.

Services were planned to meet the needs and choices of patients, and the arrangements for treatment were prompt. There were arrangements to ensure the individual needs of patients were fully considered, assessed and met. Complaints were appropriately acknowledged, investigated and responded to in a timely way.

The service had a well-established leader, who had an excellent working relationship with their staff.

Staff understood what the values and purpose of the service were, and what was expected of them. They were committed to meet the requirements of their patients.

Patients and staff were encouraged to feedback on the quality of services.



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The governance arrangements provided assurance of systematic monitoring of the quality of services.

However;

The service would need to improve staffs compliance with the completion of the World Health Organisation (WHO) surgical checklist.

Staff safeguarding training required updating.

A risk register was not in use, which meant staff did not have oversight of risks and could not be certain of the mitigations or actions taken to manage these.

## Are surgery services safe?

- The services at 111 Harley Street had good systems and processes to protect patients from avoidable harm. Managers and staff knew how to report incidents and were encouraged to learn from these and make improvements.
- There were enough medical and nursing staff to provide care and treatment for patients. Staff were competent and well trained.
- Patients received good clinical practice; they were protected from potential hazards, such as infections or having to have the operation repeated.
- There were agreements with local larger independent hospitals to transfer patients who unexpectedly required an overnight stay.

However;

- The World Health Organisation (WHO) surgical checklist was not always fully completed and staff safeguarding training required updating.

## Incidents

- The hospital had not reported any 'never events' between August 2015 and September 2016. Never events are serious events that are wholly preventable, where guidance or safety recommendations that provide strong protective barriers are available at a national level, and should be implemented by all healthcare providers.
- The staff we spoke with were fully aware of how to report incidents. All of the information was placed into the incident report file and was investigated by the manager and another member of staff. Information on the steps taken to rectify matters, and the final outcomes were fed back at regular monthly meetings attended by all staff and the consultant. We saw diarised notes of the discussions, actions decided and agreed at the meetings but they were not formally documented.
- From November 2014, registered persons were required to comply with the duty of candour, Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty, that relates to openness and transparency, and requires providers of health and social care services to

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notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. This means providers must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. The staff we spoke with had a good understanding of 'duty of candour', although they were unable to provide an example of when they had to implement it.

## **Safety thermometer or equivalent (how does the service monitor safety and use results)**

- The hospital, unlike NHS trusts, is not required to use the national safety thermometer to monitor areas such as venous thromboembolism (VTE). However, the audit evidence provided to us demonstrated 100% compliance with monitoring and reporting of VTE assessments. The assessment of patients for the risk of VTE was in line with venous thromboembolism: reducing the risk for patients in centre NICE guidelines CG92.

## **Cleanliness, infection control and hygiene**

- The hospital had a suitable Infection Prevention and Control (IPC) policy, and staff we spoke with were aware of the IPC lead. We were shown an IPC report dated 12 June 2016, which related to the previous six months. This included standard IPC precautions, anti-microbial stewardship, safe sharps use and disposal, and a hand washing action plan. We saw evidence of six monthly staff hand washing audits dating back to April 2015, and all showed 100% compliance.
- There was a lead nurse who took responsibility for ensuring IPC standards were met.
- Every surgical patient was tested for meticillin-resistant *Staphylococcus Aureus* (MRSA) prior to surgery. This was in line with the Department of Health (2014). Implementation of modified admission MRSA screening guidance for NHS (2014). We saw an audit of the MRSA testing dated May 2016, which confirmed 100% compliance testing of the 10 sample patients.
- The provider confirmed there had not been any surgical site infections (SSI) at the hospital within the last year and this was confirmed from the records.
- All areas of the hospital were visibly clean and well maintained. The theatre was cleaned by the nurse after

each procedure, and the area was cleaned by a cleaner responsible for the rest of the hospital once a day. Regular theatre deep cleans were recorded, with the last being undertaken on 31 July 2016.

- There was a suitable scrub sink in the theatre ante-room, which met regulatory guidance.
- All of the surgical instruments we saw were single use items, and were disposed of after use.
- Personal protective equipment (PPE) was available to all staff, in line with Health and Safety Executive (2013) Personal protective equipment (PPE): A brief guide. Staff were observed to be bare below elbow, which enabled them to wash their hands before and after each patient contact. We observed this happened in practice.
- There were notices in all areas highlighting the correct method for hand washing. Hand gel was available in all of the treatment rooms. Hand wash basins and waste bins were behind soft touch cupboard doors. The examination tables were provided with disposable paper covers.
- Waste was managed by staff in accordance with Department of Health (2013) HTM 07-01: Safe management of healthcare waste.
- Staff disposed of sharps, such as needles and glass ampoules in accordance with safe practices outlined in the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Guidance for employers and employees.

## **Environment and equipment**

- The environment in which patients received their consultations, treatment and surgical procedures were suitably arranged to ensure their safety. There were separate clinical rooms, a designated minor procedure theatre with an adjacent preparation/recovery room. Separate areas were provided for storage of equipment, medicines and administrative purposes.
- Resuscitation equipment was accessible in the theatre. The resuscitation trolley was sealed and checked weekly and our checks confirmed this. The theatre had equipment available to support patients who had difficulty breathing.
- Within the theatre was a white board fixed to the wall and it was used to record the needles, swabs and other equipment used for each operation. This was done to confirm everything was accounted for at the end of the procedure, and formed part of the safety checks.

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- Staff told us they had sufficient equipment for their roles and there were regular monthly orders made via the manager to replace any items used.
- Theatre equipment was well maintained and regularly serviced in accordance with a service level agreement from an external company.

## Medicines

- All medicine storage units were visibly clean and lockable to prevent unauthorised access.
- The controlled drug (CD) cabinet was locked and secured to an outside wall. The key was kept separately in a secure coded safe.
- CD's were only collected on the day they would be used from the providing pharmacy service.
- No CD's were dispensed to patient's to take away, any such drugs required were prescribed on a private CD prescription to be filled at an external pharmacy as per the providers CD policy.
- The CD policy set out the procedure for disposal of CD's which involved destruction of the drugs in the presence of the accountable officer and a registered medical practitioner.
- Fridge temperatures were checked daily and recorded.
- Medication was prescribed by Dr Alexandrides, in accordance with prescribing practices.

## Records

- We looked at four sets of patient notes relating to patients treated at 111 Harley Street. The notes were legible, signed and dated, and had been completed to a good standard.
- We noted patients having elective surgery had been screened for meticillin-resistant Staphylococcus Aureus (MRSA) and VTE. They attended a pre-admission clinic, and had signed a consent form after a consultation with Dr Alexandrides. We noted patients were supplied with a letter to inform their GP of the procedure they had undergone.
- We saw audits of consent forms April – June 2016, treatment register (10 records) Jan – March 2016, and clinical records Jan – March 2016. All were 100% compliant or completed to the required standard.

## Safeguarding

- There had not been any safeguarding matters reported to the commission during the year up to our inspection visit.

- The hospital had a safeguarding policy titled 'policy for protection of vulnerable adults' dated 9 April 2016. Staff we spoke with were aware of its contents, and we heard evidence of patients having procedures postponed or refused pending contact with their GP's or referral for psychological care.
- The hospital manager told us safeguarding was raised and talked through by her at team meetings. However, the policy did not properly reflect up to date guidance and the manager was not aware of the different levels of competency training required. As a result staff had not received updated safeguarding training. We brought this to the attention of the registered manager, who subsequently informed us child and adult safeguarding training was to be arranged for all staff, and it would be a member of the nursing staff who would be the safeguarding lead.
- Since our inspection we were made aware the staff had received safeguarding training at level 2, and a safeguarding lead had been appointed.

## Mandatory training

- Clinical staff had completed their mandatory safety training within the last two years. Subjects they were expected to complete included for example; first aid, IPC and manual handling.
- Two members of the clinical staff were certified in advanced life support (ALS), two were certified in immediate life support (ILS), and others were certified in basic life support (BLS).

## Assessing and responding to patient risk

- We saw evidence within the patient notes reviewed of risk assessments relevant to the patient's needs having been carried out. Two members of staff told us of patients referred for psychiatric assessment prior to undergoing surgery and a patient told us she had been referred to a cardiologist prior to her operation as she was found to have high blood pressure at her pre-assessment.
- We noted patients having elective surgery had been screened for MRSA and VTE, when they attended a pre-admission clinic.
- Theatre staff used a surgical checklist based on the World Health Organisation (WHO) guidance; however, we observed the checklist was not always fully implemented. We followed a patient through their procedure and saw the WHO sign in and sign out completed but not the time out. Of the three sets of

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notes we reviewed for patients who had undergone procedures at the hospital, one had no WHO checklist, in another the sign in wasn't done and the time out not recorded, the remaining notes had a fully completed WHO checklist. The WHO checklist was launched in June 2009 and recommended by the National Patient Safety Agency (NPSA) for use in all NHS hospitals in England and Wales in 2010. Its use is now widely accepted as best practice as a tool to lower avoidable surgical mistakes. However, neither its use nor its format is mandatory for independent hospitals and WHO encourage modifications to suit local situations. In this hospital all of the surgical procedures were completed by Dr Alexandrides and his team.

- Surgical procedures carried out on-site were performed under local anaesthetic or conscious sedation. The anaesthetist was required to remain with the patient until the patient was awake and oriented after each procedure where conscious sedation was used. Dr Alexandrides also remained on-site. Conscious sedation is defined as 'a technique in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation. The drugs and techniques used should carry a margin of safety wide enough to render loss of consciousness unlikely'.
- The hospital did not provide high dependency, intensive or overnight care. In an emergency situation the standard 999 system was used to facilitate the transfer of the patient to an NHS hospital.
- If the patient had not recovered sufficiently to return home safely the patient would be transferred under an agreement to a larger local independent hospital where Dr Alexandrides had admitting and practising privileges. In the year leading up to our inspection there had not been any such transfers.

## Nursing and surgical staffing

- The theatre staffing levels were in line with those recommended by the Academy of Medical Royal Colleges' 'safe sedation practice for healthcare procedures October 2013'.
- The hospital had a small tight-knit team, with low staff turnover. The hospital did not use any bank or agency

staff, preferring to cancel and re-arrange appointments for unexpected absences. Their small surgical list allowed them to list procedures to suit patient's needs and staff availability.

## Major incident awareness and training

- Procedures for emergency evacuation in the event of a fire were clearly set out in the hospital's policy for fire risk management dated April 2016. We spoke with staff who were aware of the policy and the protocols.
- There was no formal protocol for a power failure in the theatre. There was no back-up generator to power the lights or equipment in the event of a loss of electrical supply, but there was manual blood pressure and hand-held diathermy equipment.

## Are surgery services effective?

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

However;

- We found staff lacked knowledge of the Mental Capacity Act and Dementia.

## Evidence-based care and treatment

- Nurses and surgeons delivered care in line with the relevant National Institute for Health and Care Excellence (NICE) and Royal College guidelines, such as the Royal College of Anaesthetists and the Academy of Medical Royal Colleges. The hospital protocols were based on national guidance that was used to deliver care to patients receiving cosmetic procedures.
- Hospital policies were benchmarked against those used in the NHS and NICE and GMC guidelines.
- There was a hospital program of audits undertaken, which included audits of consent forms, treatment register and clinical records. Prior to our inspection these showed 100% compliance and completion.

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- The hospital manager and Dr Alexandrides had a good knowledge of the results of the clinical audits, which enabled a swift response to any negative trend.
- Dr Alexandrides was able to leverage the knowledge of his business and the needs of his patients to provide the level of service expected and praised by them.

## Pain relief

- Prescribed local and conscious sedation medication was administered for effective pain relief during the procedure. If required, patients were given pain relief medication to take home post procedure. At the stage of pre-operative nursing assessment and at discharge patient's expectations of pain and mobility were discussed.
- Patients were provided with contact numbers for Dr Alexandrides and other staff should they have post-operative concerns.

## Nutrition and hydration

- The hospital provided water, tea and coffee to all patients and could provide a choice of sandwiches (outsourced) to surgical patients.
- The procedures undertaken at the hospital did not require patients to fast beforehand.

## Patient outcomes

- The hospital had completed 69 surgical procedures since January 2016 prior to our inspection. Information provided showed there were no returns to theatre and no re-admissions during that time.
- Staff gave patients clear instructions about managing their surgical wounds and any follow up appointments that were required.
- The hospital at the time of our inspection had not engaged with the Private Healthcare Information Network (PHIN) in accordance with the Private Healthcare Market Investigation Order 2014 regulated by the Competition Markets Authority (CMA). However, PHIN will invite all consultants working in the private sector to access the PHIN portal later this year (2016) as stated in a letter sent to the consultants in June 2016.

## Competent staff

- Staff we spoke with reported they received annual appraisals and opportunities for professional development.
- One member of the nursing staff has recently completed her Nursing and Midwifery Council (NMC) revalidation supported by the hospital, and another was currently

going through the process. The surgical nurse also practiced at a large NHS hospital and was high dependency trained. She was trained to give medication intravenously.

- The two anaesthetists with practising privileges were required to keep their skills and practices updated as part of their contract. Dr Alexandrides attended conferences twice a year and spent 150 hours per year in continuing education. He held a U.S Board certificate as a plastic surgeon and was on the speciality register at the General Medical Council.
- The hospital manager ensured that professional registration, fitness to practice, and validation of qualification were undertaken for all staff. Medical staff holding practising privileges had all undertaken revalidation. This was confirmed in records we examined.
- The hospital manager inducted any new staff personally.

## Multidisciplinary working

- All of the staff we spoke with told us communication was excellent at the hospital, being such a small team meant they were able to have their say, get feedback and report any problems immediately.
- Regular monthly team meetings were held, which supplemented the general day to day staff contact. The meetings were used to provide more formal feedback on previously raised issues, and to give an open forum to raise new matters.
- The patient co-ordinators liaised with patients' GPs regarding the patient's medical history. The hospital's patient guide explained this contact but says patients can decline it. The patient guide also explained in particular medical cases, a supporting letter from the patient's GP would be required to confirm fitness to undergo a particular procedure. Patients who declined GP contact were provided with a letter for them to give to their GP at a time of their choosing.

## Seven-day services

- The hospital did not provide a seven day service.
- Dr Alexandrides and the hospital manager made themselves available to patients out of hours following surgery via provided mobile phone numbers.

## Access to information



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- Medical notes were available to clinical staff for all patients, although some information relating to surgical procedures carried out at other hospitals was not copied or requested for the on-site record.
- Staff had access to hospital policies, audits and the complaints folder.

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

- The hospital's printed patient guide given to all patients clearly sets out the stages of consultation, advice, pre-operative assessment and informed consent. Currently the guide stipulates a policy of a minimum of one week's period of reflection before a procedure, although extending the reflection period to two weeks was discussed at the June 2016 Medical Advisory Committee (MAC) meeting. The latest guidance from the GMC which came into force in June 2016 states; 'The amount of time patients need for reflection and the amount and type of information they will need depend on several factors. These include the invasiveness, complexity, permanence and risks of the intervention, how many intervention options the patient is considering and how much information they have already considered about a proposed intervention.'
- One member of staff had training about the Mental Capacity Act (MCA) in a previous employment; all of the staff we spoke with assumed Dr Alexandrides would pick such things up during his consultations. The hospital did not provide any mental capacity, dementia awareness or deprivation of liberty safeguards training.

## Are surgery services caring?

- Staff at this hospital treated patients with care and compassion and provided patient-focused care that met individual needs.
- Patients we spoke with and those who responded to the hospital were very positive about their treatment.

## Compassionate care

- Patients we spoke with described their care as "professional, brilliant, couldn't be better". Those who had returned for further treatments mentioned the comfort afforded to them by knowing the staff. One

patient highlighted the fact she was not allowed to undergo the surgery until she had seen a cardiologist after her pre-admission screening had revealed high blood pressure.

- We observed interactions between staff and a patient prior to, during and following a surgical procedure. Staff were very caring and kind in their administrations, and demonstrated a calmness and compassion. Any discussions were open and informative, with checks on understanding and agreement.
- The hospital sent an automatic email to patients after treatment asking for feedback. At the time of our inspection patient feedback to the hospital was at 2.1%. From the responses we saw and received from patients we spoke with it was likely the reason for such a low return was a disinclination to respond rather than dissatisfaction.

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

- The patient co-ordinators gave support on non-clinical matters such as appointments and costs. Where patients' required clinical advice, either a consultation or a telephone conversation was arranged with Dr Alexandrides or the surgical nurse/patient co-ordinator.
- Patients were offered the opportunity to have a friend or relative present during consultations and examinations.
- Patient's we spoke with told us they felt involved in the decision making process regarding their procedures because everything was explained clearly and they had the chance to ask all the questions they wanted to.
- Treatment fees were discussed at the initial consultation and arrangements for payment of deposits, final balance due dates and cancellation fees were also all clearly explained in the patient guide.

## Emotional support

- The contractual terms of treatment for surgical patients included the 'patient promise' which provided for revision surgery free of charge from day 29 post-surgery up to two years. Certain services can be provided free of charge after that time subject to conditions.

## Are surgery services responsive?

- The service had good processes to ensure that it only treated patients who were physically and mentally suited to have cosmetic surgery.

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- Patients were able to choose the most suitable time for their treatment, and were subject to a full consultation and assessment prior to arranging this.
- Detailed information was provided to patients throughout their pathway.
- Where complaints were raised, these were acknowledged, investigated and responded to.

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

- The hospital provided cosmetic procedures to adults over the age of 18 years. Only minor non-invasive procedures, which did not require general anaesthesia were performed at the hospital.
- There were two patient co-ordinators based at the hospital and they responded to enquiries made via the hospital's website or by patients who called the hospital directly. One of the co-ordinators was a qualified surgical nurse and also completed pre-admission assessments and some consultations. One patient spoken with said she liked that the person who answered the phone had the knowledge to answer her questions, and was then involved in her patient experience.
- As the hospital provided private elective surgery, admissions were planned in advance at times to suit the patients. None of the procedures carried out at the hospital involved an overnight stay, although transfer arrangements were in place should the patient unexpectedly require it.
- The patient's pre-surgery assessments, consultations and the post-surgery care was carried out at the hospital no matter where the surgical procedure was completed.

## Access and flow

- Patients we spoke with told us they had not experienced any delays in setting operation dates and they were often able to choose a date.
- Staff confirmed surgery dates were usually arranged to take the 'cooling off' period into account, although some patients wanted their surgery as soon as possible, which then depended on Dr Alexandrides availability.
- The hospital required patients to undergo a number of tests before being accepted for surgery; full blood count, antibody screen and blood grouping as well as screening for Meticillin Resistant Staphylococcus Aureus

(MRSA). The surgical patient co-ordinator checked the results as part of the pre-assessment along with the patient's medical history. Patients were also asked for consent to make contact with their GP.

- There were 4,749 patient appointments in the 12 months prior to our inspection. These appointments were for aesthetic treatments as well as cosmetic surgical procedures, of those 129 were cancelled due to the practitioner being unwell or equipment requiring maintenance. These were rearranged with the patient for the earliest convenient time.
- Patients were discharged home with post-op care instructions, a discharge summary; any prescribed pain medication and pre-booked appointments for follow-up care.

## Meeting people's individual needs

- Each surgical patient was provided with a patient guide booklet, which set out the stages of the patient's journey with the hospital. It explained what is required from the patient and what will be offered. The out of hours section listed the mobile contact numbers for Dr Alexandrides, and the hospital manager along with the contact telephone numbers for the other independent hospitals their surgery may have been performed. It also explains the hospital's complaints, rescheduling and cancellation policies. On the inside back cover of the booklet is a prepared space for the hospital co-ordinator to write the details of the consultant, patient co-ordinator, the procedure(s) proposed, the price and the provisional date(s).
- The patient's discharge plan included advice specific to the procedure that had been undertaken as well as information relating to any pain relief or antibiotics that patients were given to take home.
- The multicultural makeup of the hospital staff meant they were able to converse with patients in any of thirteen languages. Staff we spoke with told us they had not had to use a translation service.
- The basement location of the main hospital area at 111 Harley Street meant patients with restricted mobility could not access it. The hospital stated they would always seek to give details of an alternative provider.

## Learning from complaints and concerns

- In the year prior to our inspection the hospital had logged one complaint. The patient had complained about some sutures not being removed at the follow-up appointment after treatment. The sutures had not been

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visible because of swelling in the area. The patient received an apology; the matter was investigated and fully resolved. A final written response was sent to the patient in accordance with their complaint's policy.

- Hospital staff wherever possible tried to resolve any issues with patients prior to a written complaint being made. If the patient was not satisfied by the initial outcome the patient guide stated a formal complaint in writing or via email should be made to the hospital manager. The patient would receive an acknowledgement within two days and be informed of the result of the investigation within 20 days.

## Are surgery services well-led?

- There was good leadership at the hospital and evidence of an excellent working relationship between Dr Alexandrides, the registered manager and the other staff.
- Staff understood what was expected of them and had a strong ethos of assuring the delivery of services met the requirements of their patients.
- Patients and staff were encouraged to feedback on the quality of services.
- The governance arrangements provided assurance of systematic monitoring of the quality of services.

However;

- The service did not utilise a formal risk register.

## Vision and strategy for this core service

- The hospital manager provided us with a copy of the hospital's statement of purpose, which stated: Our service consists of dedicated and professional practitioners and staff. We strive to be acknowledged by our patients, suppliers and regulators as the leader in our sector. This will be achieved by ensuring that we recruit and train highly professional staff whose ambitions are to exceed patient expectations.
- The service aims were: To understand and exceed the expectation of our patients; To both motivate and invest in our team and acknowledge their value, and to encourage all the team members to participate in achieving our aims and objectives.
- The objectives were: To support each other in achieving patient expectations; maintain the highest professional

and ethical standards, respond to the needs of our patients, practitioners and staff, and to encourage innovation, ambition, enterprise and continuous improvement.

- A shorter version of the statement of purpose was printed in the patient guide and the full version was displayed at the hospital.
- Staff we spoke with were aware of the hospital's statement of purpose, and believed everyone was doing their best to provide the promised service to the patients.

## Governance, risk management and quality measurement for this core service

- We saw evidence from the Medical Advisory Committee (MAC) meeting minutes of consistent monitoring of provided services by reviewing audit results. There was also discussion and agreement around ways to improve the service offered. We saw agreement to introduce VTE monitoring and the WHO surgical checklist in last year's meeting minutes. At this hospital the MAC is formed of the registered manager, Dr Alexandrides and an external medical advisor who was a consultant surgeon practising within the NHS and privately. It is usual practice for the MAC to advise the registered person on matters relating to the granting of practising privileges, clinical standards, new and emerging professional guidance, the introduction of new treatments and capital investments.
- The hospital did not have a formal risk register. A risk register is a management tool that enables an organisation to understand its comprehensive risk profile. It is simply a repository for all risk information. When asked about the lack of a risk register, the hospital manager explained they were such a small close-knit team she became aware of a new risk as soon as it became apparent and was able to take action to negate it. That view was shared by Dr Alexandrides and the staff told us it happened in practice.

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

- Dr Alexandrides and the hospital manager were both very visible and easily accessible according to the staff we spoke with. Staff reported they felt supported and listened to.



# Surgery

- We saw evidence of yearly appraisals of Dr Alexandrides' practise by a surgeon registered with the General Medical Council. The last appraisal was completed in June 2016
- One newly appointed member of staff, having been previously employed at another cosmetic clinic, said, "This is a morally wonderful place to work".
- Patients were able to leave feedback via the hospital website as well as by responding to the email they were sent by the hospital team after surgery.
- Patients could access a named patient co-ordinator either by telephone or email to ask questions about treatments or pre or post-surgery advice.

## **Innovation, improvement and sustainability**

- The hospital engaged with the public on social media including facebook, youtube and twitter, the hospital website offered a 'live chat' button and Dr Alexandrides maintained an 'blog' about all things cosmetic.
- The patient guide, currently in version 1.3, provided a great deal of useful information for patients before, during and after their surgical procedures. Of particular use was the inclusion of the out of hours contact numbers, not only for the various hospitals, but for the consultant surgeon.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- Review the arrangements and practices for the completion of the World Health Organisation safer surgery checklist.
- Provide staff with the correct level of safeguarding training.
- Consider improving staff knowledge of mental capacity, dementia awareness and deprivation of liberty safeguards.
- Consider introducing a formal hospital risk register.