

Queen Anne Street Medical Centre Limited







Quality Report

18-22 Queen Anne Street
London
W1G 8HU
Tel:020 7034 3301
Website: www.qasmc.com

Date of inspection visit: 30th July and 13th August
2019
Date of publication: 08/10/2019

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

Ratings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Queen Anne Street Medical Centre is operated by Queen Anne Street Medical Centre Limited. The service has one inpatient and four-day care beds. Facilities include one operating theatre and recovery area, outpatient and diagnostic facilities.

The service provides a range of surgery to adults only. Surgery is predominantly cosmetic in nature. The centre also provides transgender feminisation procedures including complex reconstructive surgery. They also provide private consultations and outpatient diagnostics, and carry out treatment of back pain, joint problems including injections and arthroscopy.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 30th July 2019, along with a second unannounced visit to the service on 13 August 2019

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

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

The main service provided by this hospital was surgery.

Services we rate

Our rating of this hospital/service improved. We rated it as **Good** overall.

- Staff understood how to identify patients who may be being abused by others. There was a clear process for reporting suspected abuse. Staff had training on how to recognise and report abuse, and they knew when it applied.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

However, we found areas for improvement:

- Mandatory training did not include topics such female genital mutilation (FGM), domestic violence or PREVENT.

Summary of findings

- The vision and strategy for the service was focused around future business proposals and did not relate to the working practices of the service. Staff had little or no understanding of a vision for the service.

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

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Overall summary

Queen Anne Street Medical Centre Limited (QASMC Ltd) is a private independent acute care hospital, operating under the same provider name. The service was established in 2005 and is located in central London, easily accessible via public transport.

The service primarily serves the communities of London and accepts patient referrals from outside of this area, including from overseas.

QASMC Ltd provides specialist medical care offering a range of surgical surgery, outpatient consultations and diagnostics. In addition, there are separately registered services related to clinical trials, which do not come under the regulatory duties of the Care Quality Commission.

The services provided a range of cosmetic surgery such as: transgender feminisation procedures, invasive spinal surgery, treatment for joint problems including joint injections and arthroscopy. The service also provided ophthalmic diagnostics, lung function testing and colposcopy procedures.

There are on-site consultation facilities and access to some diagnostics, including exercise electrocardiographs, pulmonary functions test, ultrasound and biopsies.

The service was registered in January 2011 with the Care Quality Commission for the following regulated activities:

- Diagnostic and screening procedures.
- Surgical Procedures.
- Treatment of disease, disorder or injury.

The service has a registered manager who is also the nominated individual. There is a designated controlled drug accountable officer (CD AO).

The most recent inspection was carried out in February 2017. Whilst there were no breaches in the regulations during this inspection, we made a number of recommendations to address identified shortcomings.

Prior to this, a comprehensive inspection was undertaken on 16th May 2013, where the service was found to be meeting the required standards at the time.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Surgery was the main activity of the hospital. We rated this service as good because it was safe, effective, caring, responsive and well led.



Summary of findings

Contents

Summary of this inspection

	Page
Background to Queen Anne Street Medical Centre Limited	7
Our inspection team	7
Information about Queen Anne Street Medical Centre Limited	7
The five questions we ask about services and what we found	9

Detailed findings from this inspection

Overview of ratings	11
Outstanding practice	25
Areas for improvement	25

Good 

Queen Anne Street Medical Centre

Services we looked at

Surgery

Summary of this inspection

Background to Queen Anne Street Medical Centre Limited

Queen Anne Street Medical Centre Limited (QAMC Ltd) is a private independent acute care hospital, operating under the same provider name. The service was established in 2005 and is located in central London, easily accessible via public transport.

The service primarily serves the communities of London and accepts patient referrals from outside of this area, including from overseas.

QAMC Ltd provides specialist medical care offering a range of surgical surgery, outpatient consultations and diagnostics. In addition, there are separately registered services related to clinical trials, which do not come under the regulatory duties of the Care Quality Commission.

The services provided a range of cosmetic surgery such as: transgender feminisation procedures, invasive spinal surgery, treatment for joint problems including joint injections and arthroscopy. The service also provided ophthalmic diagnostics, lung function testing and colposcopy procedures.

There are on-site consultation facilities and access to some diagnostics, including exercise electrocardiographs, pulmonary functions test, ultrasound and biopsies.

The service was registered in January 2011 with the Care Quality Commission for the following regulated activities:

- Diagnostic and screening procedures.
- Surgical Procedures.
- Treatment of disease, disorder or injury.

The service has a registered manager who is also the nominated individual. There is a designated controlled drug accountable officer (CD AO).

The most recent inspection was carried out in February 2017. Whilst there were no breaches in the regulations during this inspection, we made a number of recommendations to address identified shortcomings.

Prior to this, a comprehensive inspection was undertaken on 16th May 2013, where the service was found to be meeting the required standards at the time.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, one assistant inspector and two specialist advisors with expertise in surgery. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection south London.

Information about Queen Anne Street Medical Centre Limited

The service is situated in a building which also provides separately registered activities, including those related to clinical trials. Services are arranged over five floors with lower basement used for storage and offices for admin staff. The main surgical area is located on the ground floor. The first floor contains consulting rooms including an ophthalmic suite, pharmacy, a four bedded ward area that is used for diagnostics and non-invasive tests; a single bedded investigation area currently used for

invasive investigations such as urodynamics and ultrasound investigations. The single bedded area may also be used as an overnight stay area if required as it contains en suite facilities.

The second floor houses the six bedded clinical trials unit with diagnostic facilities and lung function as well as the research laboratory.

Summary of this inspection

The third floor contains consulting rooms and a cardio-pulmonary diagnostic suite.

The service has one operating theatre and a four bedded recovery area. Staffing of the theatre/surgical area is independent of other services. The surgical department was staffed according to pre-planned arrangements.

The services is registered to provide the following regulated activities:

- Diagnostic and screening procedures (10 January 2011)
- Surgical procedures (10 January 2011)
- Treatment of disease, disorder or injury (10 January 2011)

During the inspection, we visited the operating theatre and recovery area. We visited the consultation and diagnostic treatment areas, pharmacy and the overnight bed facility. We spoke with 10 staff including; registered nurses, a health care assistant, operating department practitioner and senior managers. We spoke with one patient. During our inspection, we reviewed six sets of patient 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/service has been inspected four times, and the most recent inspection took place in August 2017 which found some actions we asked the provider to take in order to make improvements.

Activity (January 2018 to December 2018)

- In the reporting period January 2018 to December 2018, there were 941-day case episodes of care recorded at the service. There were 26 in-patient stays and 967 visits to theatre in the same period.
- The main category of activity for service between April 2018 and March 2019 were:
 - 500 ophthalmic diagnostic tests
 - 116 joint injections (under local anaesthetic)
 - 32 ultrasounds
 - 18 ambulatory urodynamics

7 colposcopy and biopsy

6 lung function

2 echocardiography.

Track record on safety

- No never event
- Clinical incidents two no harm, one low harm, one moderate harm, one severe harm, no death
- Two non-clinical incidents

no incidences of hospital acquired meticillin-resistant Staphylococcus aureus (MRSA),

no incidences of hospital acquired meticillin-sensitive Staphylococcus aureus (MSSA)

no incidences of hospital acquired Clostridium difficile (c.diff)

no incidences of hospital acquired E-Coli

10 complaints

One hundred and seven doctors worked at the service under practising privileges, this is where a medical practitioner is granted permission to work in a private hospital or clinic in independent private practice, or within the provision of community services. One regular resident medical officer (RMO) worked on an as required basis. There were two employed registered nurses. The rest of the clinical staff worked through staff bank. There were 15 other staff employed within the service, including administration and reception staff. The accountable officer for controlled drugs (CDs) would be the registered manager.

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Laser protection service
- Laundry
- Maintenance of medical equipment
- Pathology and histology
- RMO provision

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff understood how to identify patients who may be abused.
- The service controlled infection risk well. Staff kept their uniforms, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff on the whole kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

However:

- The service provided mandatory training in key skills to all staff but did not ensure everyone completed it.

Good



Are services effective?

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Good



Are services caring?

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

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

Good



Summary of this inspection

Are services responsive?

Our rating of responsive stayed the same. We rated it as **Good** because:

- The service planned and provided care in a way that met the needs of patients they served.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- Patients could access the service when they needed it and received the right care in a timely way.

Good



Are services well-led?

Our rating of well-led improved. We rated it as **Good** because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Good



Detailed findings from this inspection






Overview of ratings

Our ratings for this location are:

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

Notes

Surgery

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

Are surgery services safe?

Good 

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

Mandatory training

The service provided mandatory training in key skills to all staff but did not ensure everyone completed it.

- Staff received mandatory training through an online computer training system with some face to face sessions being provided by an external company. Compulsory training was offered to all new members of staff. Training subjects included: infection prevention and control, information governance, fire safety and medicine awareness training. The online learning could only be completed at the service, so staff had to find time during their working week to complete the training. If they were busy, they were unable to complete the training.
- Training data supplied to us by the service showed low compliance rates for some mandatory training subjects including interactive infection control training and information security. Data we viewed showed a 29% compliance rate for theatre staff in medicine awareness training.
- An external company provided classroom-based training in subjects such as equality and diversity, safeguarding levels 1-3, duty of candour and manual handling.

- The service did not have a target for completion of mandatory training, therefore the service did not have a compliance rate which they aspired to achieve.
- Oversight of training needs was the responsibility of each department manager with service oversight being provided by the human resources (HR) lead. The HR lead told us it was their responsibility to chase each department manager to ensure training was completed for each staff member.
- The RMO had advanced life support training (ALS) and a check of their HR record showed their certificate for this was valid and in-date.

Safeguarding

Staff understood how to identify patients who may be being abused by others. There was a clear process for reporting suspected abuse. Staff had training on how to recognise and report abuse, and they knew when it applied.

- We viewed six HR records of staff working under practising privileges and each record showed in-date mandatory training related to safeguarding adults' level one and two. All six records had valid and recent criminal records checks.
- We saw no evidence staff had completed training regarding female genital mutilation (FGM), domestic violence or PREVENT which is the governments counter-terrorism strategy. The mandatory training provided by the service did not include these topics. However, the medical director and hospital manager had completed level 3 safeguarding training which covered FGM and domestic violence awareness subjects.

Surgery

- The service had a safeguarding adults and children policy in place which was in-date and accessible to staff via an online system or paper copy. The policy did mention domestic violence and FGM despite these not being mandatory training subjects. There was a clear process to follow if a staff member suspected abuse.
- According to the mandatory training policy, staff were required to complete level 1 and 2 adult safeguarding training annually and level 3 safeguarding every 3 years. A review of the training data supplied by the service showed that all relevant staff were compliant with this training.
- The service told us that non-clinical staff received level 1 safeguarding adults training, clinical staff received level 2 training and the hospital manager and medical director completed level 3 training. The general manager was the safeguarding officer and deputy safeguarding officer was the medical director.
- Staff we spoke with were able to tell us the process for raising a safeguarding alert and confirmed they felt confident in this process. Staff were required to complete safeguarding children and adult training.
- We noted hand sanitising gels placed at the entrance to each floor and within each room. Personal protective equipment (PPE) such as gloves and gowns in a variety of sizes and latex free options were readily available to all staff.
- Clinical staff were observed adhering to the service's 'arms bare below the elbow' policy. This is an infection prevention and control (IPC) strategy to prevent the transmission of infection from contaminated clothing and enables clinicians to thoroughly wash their hands and wrists.
- The theatres area had a bi-annual deep clean carried out by an external company. We reviewed evidence which showed these cleans had been completed.
- The service had an IPC annual plan which listed tasks to be completed throughout the year. Items included reviewing relevant healthcare legislation and update IPC policies, review deep clean policy and review building regulations and requirements relating to IPC.
- Hand hygiene audit for May 2019 showed 100% compliance for clinical and non-clinical staff. The audit scored multiple categories including excess jewellery, length of nails and skin integrity.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff kept their uniforms, equipment and the premises clean. They used control measures to prevent the spread of infection.

- All areas of the service were visibly clean and tidy. Cleaning checklists and schedules were in place and the service was cleaned daily. There was a cleaning log in theatres which listed the equipment that must be cleaned and there were signatures present to indicate the cleaning had been done.
- Flooring throughout the service were well maintained and visibly clean. Flooring in procedure rooms, recovery rooms and consultation rooms were in line with national requirements (Department of Health, Health Building Note 00-10 Part A: Flooring 2013). However, we noted carpet in some consulting rooms, the registered manager provided us with assurance that no invasive procedures were undertaken in these rooms and we saw no evidence this was happening.
- All patients were screened for MRSA prior to any procedure. We viewed pre-operative records which included patient history and evidence of testing for MRSA.
- The service had a service level agreement with an external company who provided waste removal including the safe disposal of sharp instruments.
- The service had developed a proforma used by the surgical staff at the patient's follow up appointment to talk to the patient about whether there had been any surgical site infection, whether the patient had had to see their GP or had been given antibiotics. This proforma was then audited to ensure the service understood how many surgical site infections there had been.
- The service employed infection control consultants to help reduce infection risks for patients and to give advice and training to staff on IPC related matters.

Environment and equipment

Surgery

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

- The service was set over five floors and there was an accessible lift, which was regularly serviced. Accessible toilets were available for patients, staff and families.
- The ward area and patient rooms were uncluttered, visible clean and tidy. They were decorated to a high standard.
- Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. During our inspection we saw service dates for the all equipment had taken place within the last 12 months. We reviewed documents that showed the equipment had been serviced annually in line with the manufacturer's guidance. All electrical equipment had been tested for safety and the premises had an electrical safety check.
- Arrangements were in place for the handling, storage and safe disposal of clinical and domestic waste. This was handled by an external company.
- We observed working emergency call bells in every clinical area. Call bells were accessible for patients in their rooms to alert staff if a patient required assistance.

Assessing and responding to patient risk

Risk assessments were completed for each patient but were updated or reviewed by. Staff identified and quickly acted upon patients at risk of deterioration.

- Consultations for procedures were held face to face with the lead clinician who would assessed and examine the patient and explain the treatment options available to them.
- The lead clinician would assess and discuss every patients psychiatric and emotional health to determine if a patient was suitable for surgery. The lead clinician would write to the patient's GP asking for information relating to any previous psychiatric history. If a patients GP noted any significant concerns relating to a patient's psychiatric need, then surgery would not be offered until support was in place.

- There was an admissions acceptance criteria. This was used to ensure only those individuals who were suitable to receive treatment at the service were accepted for surgery.
- We observed the World Health Organisation's three steps to safer surgery was being used by staff in theatres.
- There was a difficult intubation box within the theatre area containing items such as 'i-gel' and laryngoscope blades. We saw evidence this was routinely checked and items which were out-of-date were removed and replaced.
- Staff used the national early warning score (NEWS2) as a standard form of assessment of acute-illness severity. We saw this documented within patient records.
- There was a policy in place for the management of adult emergencies. The policy also involved processes for staff to follow in the event a patient showed signs of sepsis. Medical and nursing staff had received training in relation to the policy and we saw documented evidence which showed staff had read and understood this.
- There were on site capabilities to deal with medical emergencies, such as resuscitation trolleys on all clinical floors, defibrillators and oxygen equipment.
- The service had procedures in place to transfer deteriorating or critically unwell patients to a local NHS trust. The service told us that staff were instructed to call for an ambulance in the eventuality they were unable to manage a patient's condition. We reviewed policy which stated the escalation procedure leading up to this. Information received before the inspection showed there had been one unplanned transfer to another hospital between January and December 2018.
- The service had a resident medical officer (RMO) in post at all times when surgery was taking place. We saw a documented description of the duties to be carried out by the RMO. However, during our first inspection there was some misunderstanding with regards to the type of support given by the RMO to the recovery staff when the surgical team had left the service. During our second inspection clarity was provided and the RMO had been briefed on the support they were to provide for the recovery staff.

Nursing and support staffing

Surgery

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

Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction.

- The majority of nursing staff told us that they felt staffing levels were appropriate, and they had time to do their jobs and give compassionate care. There were concerns raised regarding the level of support given to staff covering the recovery area when all the other staff left following the completion of the surgery list. During our follow up inspection, we discussed the changes the service had implemented following our first inspection. The RMO had moved offices and was now situated in an area which allowed for immediate support should it be required in the recovery area.
- Patient care was also supported by a wider team including healthcare assistants, therapists and domestic staff.
- The service did not use agency staff unless in very unusual circumstances and had a strong bank of staff. We reviewed the HR checks carried out on staff which showed updated checks on their qualifications and suitability were considered regularly. Admin staff told us they would take away working privileges to anyone who had not worked for the service in a long while.
- In cases where a patient required an overnight stay, a recovery nurse stays overnight to support the patient.
- Theatre staffing consisted of: 2.6 whole time equivalent (WTE) registered theatre nurse and one WTE ODP and health care assistant.
- As with the previous inspection, there were no separate clinical staff for the recovery beds and overnight bed facility. Nursing staff worked across both of these areas.
- Staff informed us that clinics were booked by consultants in advance, so staff understood which clinics they needed to provide staff for. Weekly activity of the outpatient department was discussed in meetings and we saw minutes of these meetings during the inspection.

- If a patient required overnight staff, then the theatre department would cover the night by utilising their regular full or part time staff. Bank and agency staff were utilised if the regular staff were unable to cover overnight, however, this was used as a last resort. The RMO would stay on site for as long as the patient was present.
- Information provided prior to inspection showed there were no bank nurses working in the theatre department from April 2019 to March 2019.

Medical staffing

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

- Medical staff were employed on a self-employment contract and were not directly employed by the service, they worked in the service under practicing privileges. The resident medical officer (RMO) on duty on the day of the inspection did not work in the NHS and worked solely in the capacity as RMO within the private sector. They were employed directly to Queen Anne Street Medical Centre.
- There were 107 doctors with practising privileges at the time of our inspection. Medical staff were granted practising privileges through the service. We viewed seven staff records which showed practising privileges had been granted to staff working there.
- In cases where a patient required an overnight stay, the RMO worked a 24-hour shift and other staff were bought in to support.
- The vast majority of the surgery undertaken was carried out as day cases.
- Surgeons were contactable 24 hours a day by telephone and were required as part of their contract be able to return to the hospital within 30 minutes should an emergency require them.
- During the inspection, we spoke with the RMO who understood their responsibilities. They were able to clearly tell us the escalation procedure to follow in the eventuality a patient required further medical intervention than could be offered by the service.

Surgery

- Practising privileges were subject to agreement of the medical director in conjunction with members of the medical advisory committee (MAC). The MAC had responsibility to review practising privileges annually and advised on the suitability of medical practitioners. This included reviewing information received from external bodies, complaints and incidents.
- During inspection, we saw evidence that the MAC had decided to remove a medical practitioner from practising privileges because of poor conduct. We saw documented evidence of the decision making, rationale and correspondence sent to the medical practitioner revoking their practising privileges rights.

Records

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

- We reviewed five patient records. We saw some pre-operative assessment forms had been completed. However, we noticed in a number of records there was no venous thromboembolism (VTE) assessments completed. The medical director told us this was likely to be because the assessment was carried out during initial consultation which happened outside of QASMC. However, we saw no evidence of this completed check.
- Medical records were held securely with restricted access to certain staff groups.
- We noted completed consent forms, surgical safety checklist, pre-operative checklist, intra-operative and post-operative care notes in each patient record we reviewed. Nursing staff used a nationally recognised early warning score (NEWS) to ensure the safety of patients were assessed and appropriately responded to.
- We saw documented evidence of a discharge checklist which included patients' vital signs and clinical observations.
- Some records contained a 30-day follow up questionnaire, where the patient had returned one.
- We saw evidence that a complete medical history and risk evaluation had been completed and reviewed by the operating surgeon prior to commencement of surgery.

- The theatre staff kept an updated Implant Register which was cross checked and recorded correctly. Serial numbers were noted for traceability purposes.

Medicines

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

- There was an onsite pharmacy, led by a pharmacist and supported by the medical director. During the inspection, we visited the pharmacy area and observed this to be well organised with safe storage of medicines. The temperature within the pharmacy area was high due to a breakdown in air cooling equipment. The lead pharmacist told us they were in contact with the medicines manufactures to reduce the expiry date of some medications. We reviewed documentation which provided us with assurance, the cooling system was going to be repaired imminently.
- Staff we spoke with during inspection told us they felt they had good, easily-accessible support from the pharmacist.
- We saw controlled drugs (CD's) had been checked and stock levels recorded in a CD book. All recordings were correct. Staff received training from the pharmacist if there were trends or errors identified.
- CD book checks were completed by the theatre manager every evening at the end of a shift to ensure records were accurate.
- The consultant anaesthetist was responsible for the treatment and care of patients undergoing a surgical procedure. Emergency medicines were available within the theatre area.
- Oxygen cylinders were available, and these were full, checked and properly stored.
- Patient allergies had been documented with the patient's medical notes and care records. We observed staff checking these pre and post-operatively.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared

Surgery

Lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

- The service managed patient safety incidents well. Staff were able to tell us what a risk was and the process for reporting these. Managers investigated incidents and shared learning with wider staff, through emails, bulletins on notice boards and staff meetings.
- There was an incident reporting and risk management policy in place, this was available electronically and in paper-copy, which outlined expectations of staff, processes to follow and the purpose of acting on incidents and risks. The level of investigation to be undertaken was determined by the severity of the incident or risk.
- Incident awareness and risk management training was mandatory for all staff.
- Staff we spoke with told us they had reported incidents to the theatre manager and completed an incident reporting form. During the inspection, we viewed a completed electronic incident report form and the investigation and actions completed as part of the investigative process.
- The service had clear lines of accountability and told us they felt able to raise issues with their immediate senior. Staff told us they felt able to report incidents without fear of repercussion.
- We reviewed minutes of meetings which documented attendees including the medical director, business manager, governance and finance manager discussing incidents.
- In information supplied to us prior to the on-site inspection, there were 5 clinical incidents between January 2018 and December 2018. 2 of these were classified as no harm, 1 low harm, 1 moderate and 1 severe harm. The service also reported 2 non-clinical incidents between January 2018 and December 2018.
- We saw evidence which demonstrated incidents had been escalated to the MAC. We reviewed MAC minute meetings which demonstrated incidents had been discussed, assurance processes strengthened, and

procedures put in place to minimise reoccurrence of the risk. We also noted in the minutes, follow up discussion around risk management to ensure newly implemented policies were working as intended.

- We saw evidence duty of candour (DoC) had been applied when reviewing an incident involving a patient who sustained minor harm.

Are surgery services effective?

Good 

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

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care

- The service had effective systems in place to ensure policies, protocols and clinical pathways were reviewed regularly and reflected national guidance.
- Guidelines were available through the intranet which all staff had access too. Guidance from the Royal College of Nursing (RCN) and National Institute for Clinical Excellence (NICE) was available. Staff we spoke with were aware of how to access policies, procedures and guidance.
- The pharmacist had access to the NHS England controlled drugs (CDs) guidance to inform their practice.
- In the patient records we reviewed we noted staff were completing WHO checklists, NEWS, pain scoring and temperature monitoring. Audits had been conducted on staffs use of these tools. We saw evidence of audits being carried out to monitor effectiveness of treatment.
- Regular records management audits had been carried out which included a review of processes in theatre and a review of patient records. Findings were presented, along with an action plan for any areas of improvement.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. The service made adjustments for patients' religious, cultural and other needs

Surgery

- A menu was available to patients using the service with items purchased locally for heating. Patients were not discharged home until they were able to tolerate fluids and food where relevant.
- There was no kitchen available for use by patients, however light snacks could be prepared by staff for patients on request.
- There were adequate water machines and vending facilities for patients, relatives and guests of the service.
- Guidance given to patient pre-operatively included information about fasting times. We saw documented evidence that consultants had discussed fasting times with patients.
- Patients were asked about their dietary requirement and staff provided food that was suitable for patients needs. For example, gluten free food was provided for patient which required it.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

- We saw documented evidence that prescribed local analgesic medication had been administered for effective pain relief during and after a surgical procedure.
- Pain relief was recorded on a patient's medication notes with medication being prescribed by the anaesthetist or consultant surgeon. Pain was scored between 0 to 10, with 10 being the most pain.
- Three sets of medical records we reviewed did not document a patient's pain score. Four sets of medical records did document pain scores.
- Where required, pain relief medication had been prescribed to patients to take home after their procedure. We saw documented evidence which showed the patient had been informed of how to safely use their medication.
- The service did not have a dedicated pain team but the RMO could be contacted if there were concerns regarding pain management.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

- The service was collecting data for The Royal College of Surgeons Patient Reported Outcome Measures (Q-PROMS) for relevant procedures carried out at the service. The service employed a quality assurance manager who oversaw the collection of this data. The service then gave a general level of scrutiny for the procedures relevant to the service.
- Patient outcome data was also collected through a 30 day post-procedure follow up questionnaire. This consisted of a form given to the patient to complete and hand back. The questions were designed to determine if there had been any immediate complications such as infection, use of antibiotics and if the patient had accessed their GP.
- Outcome data was reported to the MAC who met quarterly to review and discuss findings. Data submitted to the breast and cosmetic implant registry (BCIR) and data collected through post-procedure follow up was discussed. We saw evidence of this in meeting minutes.
- The service collected data for unplanned or returns to theatre and where patients had emergency transfer to a local NHS trust. This was discussed at the MAC meeting and a review of policies was implemented where required.
- In the reporting period January 2018 to December 2018 there were no readmission to surgery within 28 days and one unplanned transfers of inpatients to other hospitals.
- The service engaged and provided data to private healthcare information network (PHIN) in accordance with the Private Healthcare Market Investigation order 2014.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

- Surgeons and anaesthetists working for the service were required to have approved practising privileges. Staff had oversight of a formal system which monitored and

Surgery

managed information relating to staff working under practising privileges. Information contained on the system included General Medical Council (GMC) membership number, evidence of revalidation, a performance review and certification of qualifications and experience.

- The medical director took responsibility to check the competence and relevant information for staff members who did not have a substantive post in an NHS hospital. We reviewed seven HR records of staff working under practising privileges and found all relevant information, in-date, checked and reviewed according to the services practising privileges policy.
- Staff were required to complete an induction, educational checklists and learning plans prior to working at the service. Departmental managers had responsibility to ensure these were completed.
- Agency staff were required to provide evidence of their right to work in the UK, references and information about their skills.
- Nursing staff were required to comply with the Nursing and Midwifery Council (NMC) guidance on revalidation. Support for nursing staff was provided by the theatre manager. An annual appraisal system was in place as well as one to one's with their line manager.
- We saw evidence of completed appraisal and learning needs identified and action. We saw evidence appraisal rates were 100% completed for staff.

Multidisciplinary working

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

- There was no formal multidisciplinary meeting (MDT) for staff, however, the medical director told us there was close collaborative working between nursing staff, surgeons, pharmacy, RMO, admin and clerical staff.
- If a patient became unwell during their stay at the service then attending medical staff, including the RMO and medical director were alerted and consulted on a plan of action. There was no formal agreement with an

NHS hospital to receive deteriorating patients. If a patient deteriorated, the local NHS ambulance trust would provide treatment and transfer the patient to a local NHS hospital where appropriate.

Seven-day services

- The service was open five days per week from 0700 to 1900, Monday to Friday. The registered manager told us they would do occasional Saturday and Sunday consultations depending on patient demand.
- The service only undertook planned surgery with operating lists organised in advance.

Health promotion

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

- We viewed five patient records and saw evidence that patients were advised to stop or reduce smoking and alcohol intake before and following surgery.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

- The service had a formal consent policy which all staff were expected to adhere to. This policy outlined the clinician had primary responsibility for the care of a patient and were required to assess and document the adult's capacity prior to any surgical procedure.
- The medical director told us that patients experiencing mental ill health were not suitable to use the service. Consultants were responsible for carry out a mental health assessment in the pre-operative consultations prior to surgery.
- There were arrangements in place between patient and consultant for a two week cooling off period prior to making decisions to consent for surgery.

Are surgery services caring?

Our rating of caring stayed the same. We rated it as **good**.

Surgery

Compassionate care

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

- Due to the small numbers of patients using the service at the times of our inspections we were only able to observe care provided to two patients.
- We observed the recovery and theatre staff being courteous and polite to patients. We observed patients were treated with dignity, respect and kindness during all interactions with staff.
- Patients we spoke with told us staff were “kind” to them and that staff have looked after them well. Any concerns they had were addressed.
- Staff announced themselves before entering a curtained patient area or knocked on doors before entering. They introduced themselves and asked permission before commencing any task.
- Patient’s individual preferences and needs were reflected in how care was delivered.
- The service encouraged patients to provide feedback from their experience. We reviewed some patient satisfaction forms and results from this feedback was on the whole positive.

Emotional support

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

- We saw staff were positive and attentive to the needs of patients.
- We observed staff providing kind and supportive care. They provided them with assurance and reassurance which enabled patients to relax.
- We saw staff in theatres providing emotional support to patients who were worried or anxious. For example, we staff provided assurance and comfort for a nervous patient prior to their procedure.
- Patients were given appropriate support and information to cope emotionally with their procedure

they were having. Patients we spoke with informed us staff were supportive and reassuring. Staff supported patients to ease their anxiety before and after their procedure.

- Patients were able to contact the service following their surgery. Staff were available to provide advice and reassurance when patient called, however this service was not available 24/7.

Understanding and involvement of patients and those close to them

Staff supported and involved patients and their families to understand their procedures and to make decisions about their treatment and care.

- In all interactions we observed, staff were being caring and respectful to patients and their families. Procedures were explained in a way the patients could understand and patients were kept informed about their care.
- Patients told us they felt well supported and were given appropriate and timely information to participate in their care right from their first meeting with the consultant.
- The costs of procedures and treatments were discussed fully with patients. This included what was covered within the cost including follow up visits should they be required.
- There were signs in the reception area that indicated to patients that a chaperone could be provided if required. Patients could also be accompanied by a friend or relative should they wish.
- All patients were called by staff to complete a telephone base satisfaction questionnaire following their procedure. The questionnaires we viewed detailed that the majority of patients were satisfied with the service they received.

Are surgery services responsive?

Good 

Our rating of responsive stayed the same. We rated it as **good**.

Service delivery to meet the needs of local people

Surgery

The service planned and provided care in a way that met the needs of patients they served.

- Patients were able to self-refer into the service, through their GP or through an approved insurance provider. All surgical procedures were elective in nature, pre-planned and arranged between third party consultants in accordance with their practising privileges.
- No NHS work was provided at this location and clinical commissioning groups were not involved in planning, financing or agreeing services.
- Operating theatre lists for surgery were scheduled in advance and patients could select times and dates to suit their family and work commitments. The hospital conducted surgery lists on average three to five days per week, depending on availability of surgeons.
- The service pre-planned all admissions to allow patients' needs to be assessed prior to surgery. The service accepted patients for procedures with low risks of complication, and who's post-operative needs were met through recovery-based nursing.
- We saw the facilities in theatre were appropriate for the services provided. For example, there were enough equipment and recovery space for the number and type of surgeries undertaken.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences.

- The service had arrangements in place to access interpreting services for patients. Staff we spoke with could tell us how they would access this service when required.
- All the patients we spoke with felt staff had given them enough information about their procedure and were had time to discuss their procedure fully with their consultant and the nursing staff. Patients were given information about their procedure at pre-assessment. This included procedure specific information leaflets and information about their stay. Staff discussed patient's care in detail and explained what to expect post-operatively and involved patients in their plans for discharge.
- The service was able to make adjustments for people with disability to access the service.

- Staff gave patients clear instructions about managing their surgical wounds and any follow up appointments that were required.
- To enable all patients to be able to provide feedback the service had hearing loops and could provide literature in different fonts, larger fonts or different languages.
- The service ensured people undergoing any type of surgical procedure has access to a good level of information to help make their choices and decisions as informed as possible.

Access and flow

Patients could access the service when they needed it and received the right care in a timely way.

- On arrival at the service, staff greeted patients and took them to a room. Patients changed and prepared for surgery in the room. The consultant and a nurse visited the patient in the room to reconfirm consent and answer any questions the patient may have. Staff then escorted patients to the theatre for their operation.
- Immediately following surgery, staff cared for patients in the recovery room. Once patients were stable, pain-free and had eaten, the vast majority of patients were discharged. If a prior arrangement had been made a very small number of patients stayed in the service over night.
- Patients designated a responsible adult to collect and escort them home from the service on discharge. The vast majority of the cases undertaken by the service were day cases.
- Surgery was planned at a time and date convenient to the patient.

Learning from complaints and concerns

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

- The hospital told us they had received 10 complaints during the period June 2018 to May 2019.
- The service had a 'complaints' leaflet which was available to patients and relatives. It explained the process of making a complaint. Complaints could be

Surgery

made in person, by letter, email or telephone. Complaints could be made informally or formally following the process described in the complaints leaflet.

- Verbal complaints were dealt with promptly and a written record of the complaint logged and stored on a complaint register overseen by the admin team.
- All serious complaints were referred to the general manager or the medical director.
- We reviewed two complaints and the responses to these. There were positive outcomes for both complainants with correspondence documented on file.
- Staff told us that any learning from a complaint was sent to them via email or through department meetings. Complaints were openly discussed, and we saw minutes from meetings which demonstrated this.

Are surgery services well-led?

Good 

Our rating of well-led improved. We rated it as **good**.

Leadership

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

- The theatre manager was experienced and capable and had the respect of the staff. Staff spoke positively of their interactions with the theatre manager.
- Other staff we spoke with were positive about the service and enjoyed their roles. During our previous inspection, staff told us there could be improvements relating to communication, staff told us there was still work to do in this area but improvements had been made.

Vision and strategy

The service had a vision for what it wanted to achieve in the future of the service and a strategy to turn it into action, however, staff were not aware of this and had not been involved in its development.

- The vision and strategy for the service was focused around future business proposals and did not relate to the working practices of the service. Staff had little or no understanding of a vision for the service.
- The registered manager told us there were plans to grow the surgical area and increase capacity. The plan was to separate surgical activity between 2 theatres. However, staff we spoke with were unable to tell us about these plans and had no had opportunity to input their thoughts and suggestions.
- Minutes from the MAC meeting showed vision and strategy was discussed and this was primarily focused around business opportunities relating to how the service could form different business factions. It did not show discussion had taken place with staff and no views of staff had been taken into consideration.

Culture

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

- Staff we spoke with were positive about working for the service. They felt supported by their colleagues and their managers.
- Staff communicated effectively between the different departments to ensure continuity of care and treatment for patients. We saw evidence of positive interactions between the pharmacist and theatre staff.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The medical director was a member of the MAC and reported to the committee. They had responsibility for

Surgery

ensuring clinical governance systems were in place and that these ensured patient safety and quality improvement. They were also responsible for ensuring risk assessment was conducted prior to all activities being undertaken.

- We saw evidence that patient feedback, patient and performance outcomes were shared and discussed with the MAC.
- There was an effective governance framework which supported delivery of high quality care. We reviewed minutes from clinical governance meetings which showed these took place regularly with good attendance.
- Prior to inspection, the service provided us with their annual governance plan for 2019. This detailed a number of objectives the service wanted to achieve through the year in relation to governance. Development of services, review of policies and procedures and maintenance of staffing levels were some of the objectives listed.

Managing risks, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

- The service had effective systems in place to identify risks, plans to eliminate or reduce them and the ability to cope with the expected and unexpected.
- The service had a risk register in place which was linked to the electronic reporting system. The risk register identified financial, regulatory and operational risks and proposed risk treatments and severity levels.
- We saw evidence that risks were identified, reported and recorded correctly and in line with policy. We saw a risk around temperature control of medications and the mitigations for these. We also noted a review date and who the responsible owner of the risk was.
- Staff were able to access the risk register which related to the department they were working in. Staff were aware of the department performance and where areas of improvement were required.

Managing information

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

- Information was gathered from a number of sources which covered quality, operations and finance. The information gathered was used to measure and improve assurance.
- Quality and sustainability were covered in MAC meetings as seen in the minutes for these. We saw evidence of good discussion around future ability to offer different types surgical services to patients and the potential impact of this on the service.
- Staff had access to meeting minutes if they were unable to attend a meeting or had a particular interest in a meeting which had taken place. This was available electronically.
- There were robust arrangements in place to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. Staff were aware of the changes which were now in place following General Data Protection Regulation (GDPR) coming into force. Staff understood their responsibilities towards data protection and checks were in place to ensure correct patient information was sent via email or post.

Engagement

Leaders actively and openly engaged with patients and staff.

- Patients were given the opportunity to provide feedback on their experience through a 30 day follow up questionnaire. This was for any patient which had undergone a surgical procedure at the service.
- Information from the 30 day follow up questionnaire were gathered and acted on to shape and improve the service. We saw positive feedback from patients but also noted a trend of patient on the day waiting times being an issue identified through the feedback forms. This was also an issue during the last inspection.

Surgery

- Staff were encouraged to share their views of the service to help shape and improve quality of services. Staff were able to share their views via email, to their line manager or department lead or through team meetings.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

- Staff we spoke with said they strived for continuous improvement and learning. The registered manager told us the service now employs infection control consultants to improve the quality of patient care and to reduce the risk of infection for post-operative patients.
- The 30 day follow up with patients were used as an opportunity to understand post-operative complications. Information was collected in relation to thrombosis, so the service could identify if any improvements were required in this area.
- The service submitted data for the private healthcare information network (PHIN) and was able to benchmark their performance nationally. Outcome data was available to staff so improvements in the service could be identified.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should mandatory training is completed by staff including adding training regarding female genital mutilation (FGM), domestic violence or PREVENT to its safeguarding training.
- The provider should ensure there is a clear strategy and vision in place and ensure staff have opportunity to contribute towards this.