Welbeck Health Care Limited

The London Welbeck Hospital

Quality Report

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

The London Welbeck Hospital is a 14 bedded private hospital. The hospital employs the majority of staff on a bank, zero hours contract basis and has 14 substantive staff'. It provides a range of cosmetic surgery procedures such as abdominoplasty, breast augmentation and rhinoplasty and outpatient services. These are two which two of the eight core services that are always inspected by the Care Quality Commission (CQC) as part of its new approach to hospital inspection. The other six core services that are not provided by this hospital are critical care, medical care, children and young people services, urgent and emergency care, maternity and family planning, and end of life care.

The London Welbeck Hospital is based in Marylebone, London. The hospital has three operating theatres, 14 en-suite bedrooms and a very small outpatient department with two consultation rooms. The hospital provides surgery to both male and female patients aged 18 to 65 years, however, at the surgeon's discretion surgery may be offered to patients over the age of 65 years.

The hospital was selected for inspection as an sample of a small specialist private hospital trust in our wave 1 pilot of independent healthcare. The team of five included CQC inspectors, an anaesthetist, nurse and a senior manager from another private hospital. The inspection took place on 22 October 2014 with an unannounced visit on the 31 October 2014.

Our key findings were as follows:

Safe:

- There was a paper based incident reporting system that staff were aware of and all incidents were investigated and findings feedback to staff to ensure learning.
- Medicines were stored securely to ensure that unauthorised personal did not have access to them. However, we found one out of date oxygen cylinder,
- The principles of the 'Five steps to safer surgery' checklist were embedded into practice and surgical safety checklist paperwork was completed..
- There was no current and up to date theatre instrument and equipment list to identify when individual items were purchased.

Effective:

- The outcomes for patients who had undergone elective surgery were not monitored by the hospital.
- Procedures and treatments were not reviewed against national clinical guidelines, and while patients received information about their procedures, there was no evidence this was referenced to best practice.
- Staff were encouraged and supported with their continual professional development and there was a range of opportunities for staff to develop their skills, including completing degree and master's level studies.

Caring:

- Staff were caring and treated patients and their relatives with dignity and respect.
- Patients commented positively about their care and treatment. The majority of responses to the provider's patient satisfaction survey were positive .

Responsive:

- Patient admissions were arranged in a timely manner with minimal delays for patients.
- Complaints were responded to within the timescales identified in the hospital's policy.

Well-led:

Summary of findings

- The provider did not have a documented vision and clinical strategy to support innovation and growth of the service that had been shared with all staff.
- There was identified leadership in both theatre and on the wards and staff feedback positively about the support they received. There was no designated medical director, medical leadership was provided by the chair of the MAC and the responsible officer.
- There were some governance arrangements in place and evidence of actions taking place following MAC and governance meetings.

We saw outstanding practice including:

The quality of hospital's response to patient complaints was noted to be of a high standard. This included responses prepared that artfully made a direct connection between the issue raised and the action taken.

Importantly, the hospital must:

- The hospital must ensure there are arrangements in place for the care of level 1 patients and ensure all staff are aware of these arrangements.
- The hospital must consider the risks of anaesthetic assistants drawing up anaesthetic drugs before the theatre list commenced taking into account NRLS 'Signal Injectable medicines in theatres'

In addition the hospital should:

- The hospital should explore how it utilises the longer term patient feedback collected by the individual surgeons to demonstrate the experience and outcomes for patients using the service.
- In line with best practice should review the consent forms used to ensure patients are provided with a copy of their consent document.
- The level of safeguarding children and adults training and the attended by staff should be reviewed to ensure it is appropriate for the individual staff member's role.
- Patient information should be reviewed to ensure it reflects current best practice
- The hospital should draw up an up to date theatre instrument and equipment list to identify when individual items were purchased and when they are due to be replaced.
- The competencies required for the role of scrub nurse and HCA working in theatres should be identified and the individuals undertaking these roles skills.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Surgery		There was identified leadership at local level but no documented vision or strategy for the development of the service. Incidents were reported and investigated and appropriate actions taken. The hospital had taken steps to ensure the 'Five steps to safer surgery' checklist was embedded in practice. There were systems in place to monitor infection prevention and control and audit practice. However, there was no evidence available to demonstrate the effectiveness of surgery. Patients were positive about the service they received and how their privacy and dignity was respected. There were arrangements in place for the management of medicines and emergencies. Policies and procedures were up to date and accessible to all staff. There were care pathways in place and patient information but there was no evidence or reference that these were based on best practice.
Outpatients and diagnostic imaging		Outpatient services at the London Welbeck Hospital were held when requested and were arranged to meet the needs of surgeons and their patients. The clinics were ad-hoc and surgeons or external referring providers arranged the patient appointments and liaised with the hospital about the arrangements. There had been no incidents in the service and we saw there were systems to manage infection prevention and control, maintenance of the environment and clinical risks for patients. Patient privacy and dignity was maintained. Records were always available and appropriately storage. There was an integrated system of governance in the hospital to review patient safety and experience data.

The London Welbeck Hospital

Detailed findings

Services we looked at
Surgery; Outpatients and diagnostic imaging

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Detailed findings

Background to The London Welbeck Hospital

The London Welbeck Hospital is in Marylebone, central London; it is a private hospital which provides a range of cosmetic surgery procedures and outpatient services. Patients were admitted to the hospital via direct admission, referral from another private clinic or referral from the individual surgeon's private practice.

The majority of staff were employed on a bank, zero hours contract basis. The hospital had 14 beds and in the last 12 months there were 1,644 inpatients of which 680 were day cases. In the last six months the hospital had seen 107 outpatients.

Our inspection team

Our inspection team was led by:

Inspection manager; Fiona Wray, Care Quality Commission

The team included CQC inspectors, an anaesthetist, nurse, and a senior manager from an independent provider.

How we carried out this inspection

To get to the heart of 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?

The inspection team inspected the following two core services at the London Welbeck Hospital:

- Surgery
- Outpatients.

We carried out an announced inspection visit on 22 October 2014. We spoke with a range of staff in the hospital, including nurses, consultants, the manager, owner of the service, administrative and clerical staff.

During our inspection we spoke with patients and staff within the hospital. We observed how people were being cared for and talked with patients and reviewed personal care or treatment records of patients.

Facts and data about The London Welbeck Hospital

Context

- The London Welbeck has been specialising in cosmetic surgery since the 1990s.
- The hospital has approximately 14 beds
- Employs 14 substantive whole time equivalent members of staff
- Provides surgery to male and female patients aged 18 to 65 years and to patients over 65 years at the surgeon's discretion.

Activity

- Around 107 outpatient attendances in the last six months
- Around, 1,644 inpatients were treated in the last 12 months of which 680 were day cases..
- Around 1,667 visits to theatre in the last 12 months.

Key Intelligence Indicators

Safety

- There were no never events reported in last 12 months reported
- No serious incident reported in the last 12 months
- Information returned by the provider during the preparation for the inspection highlighted that there had been one serious incident in May 2014, but there had been no corresponding notification to CQC

Detailed findings

Effective

- During the period October to December 2013 there were five unplanned readmissions to the hospital. Since January 2014 the provider has not reported any unplanned readmissions to the hospital within 29 days of admission.
- During the period July to September 2013 there was a rise in the rate of unplanned returns to the operating theatre, this has since fallen to 0.3 per 100 visits to theatre.

Caring

- As an independent hospital the provider is not required to undertake the Friends and Family survey to inform how the patents view their experience. The provider does complete its own patient satisfaction survey. From the information provided it was not possible to assess the response rate, however, the majority of responses were positive.

Well led

- The visibility of the leadership team was reported to have improved in the last three years since the appointment of the manager who had put systems and processes in place to improve standards and eliminate poor nursing and medical practice.
- We were told the registered manager held clinical responsibility for the service as all board members were non-clinical.
- As the majority of staff were employed on zero hours contracts it was not possible to accurately assess the hospital's sickness absence rates.
- Performance information was discussed at the board for example feedback on appraisal and revalidation rates. Appraisal rates for clinical staff were low 42% for nurse, 33% for care assistants and 53% for theatre staff.
- We were told that the service's board which met three times a year was an advisory not a management board and did not have terms of reference.

Inspection

The hospital has been inspected three times since registration in 2012 and found the service was meeting the majority of the 10 areas assessed. However, during these inspections we did identify areas for improvements in relation to the provision of safeguarding training for staff and the maintenance of records relating to staff training, supervision and appraisal to support professional development.

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	N/A	N/A	N/A	N/A	N/A	N/A
Outpatients and diagnostic imaging	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Urgent and emergency services and Outpatients & diagnostic imaging.

2. If you have not followed the ratings principles, please highlight this here using a footnote with a brief explanation of the rationale. This information should also be included in the main text of the core service report

Surgery

Information about the service

The London Welbeck Hospital provides elective cosmetic surgical procedures only to male and female patients aged 18 to 65 years, however, at the surgeon's discretion surgery may be offered to patients over the age of 65 years. There are three theatres as well as 14 inpatient rooms all with ensuite facilities. The hospital carries out cosmetic surgical procedures Monday to Friday and is able to provide in patient care seven days per week if necessary. Patients were admitted to the hospital via direct admission, referral from another private clinic or referral from the individual surgeon's private practice.

We observed care and treatment and looked at 16 care records and reviewed information submitted by the provider. We visited the wards and theatre and recovery areas. We spoke with two patients and a relative and nine members of the staff. These included managers, nursing and medical staff

Summary of findings

There was identified leadership at local level but no documented vision or strategy for the development of the service. Incidents were reported and investigated and appropriate actions taken. The hospital had taken steps to ensure the 'five steps to safer surgery' checklist was embedded in practice. There were systems in place to monitor infection prevention and control and audit practice. However, there was no evidence available to demonstrate the effectiveness of surgery.

Patients were positive about the service they received and how their privacy and dignity was respected. There were arrangements in place for the management of medicines and emergencies. Policies and procedures were up to date and accessible to all staff. There were care pathways in place and patient information but there was no evidence or reference that these were based on best practice.

Surgery

Are surgery services safe?

There was a paper incident reporting system in place. Staff reported adverse clinical incidents appropriately. Learning took place from the outcomes of any investigations. The theatres and patient rooms were visibly clean and staff adhered to trust infection control procedures.

We were told and staff rotas demonstrated that there were enough nursing staff to ensure appropriate care was provided. All staff including those bank staff who regularly worked at the hospital had access to mandatory training, including safeguarding, however, it was unclear what level of safeguarding training was provided and if it was appropriate for the individual staff member's role.. Medicines were stored securely. Patient feedback was positive and they were provided with information on discharge regarding their surgery.

Incidents

- The hospital had not reported any Never Events in the last period April 2013 to June 2014. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
- There had been one significant event in theatres in May 2014, this related to a patient becoming unwell following a surgical procedure. This had been investigated and changes to practice had been implemented, these included the introduction of a formal handover process to ensure patient safety.
- The hospital had a policy and process in place to guide staff on how to report any incidents. Staff told us that they reported incidents via a paper reporting system and the reporting forms were easily accessible.
- The hospital recorded seven clinical incidents and two near misses in 2013. Between January and August 2014 records showed there had been five clinical incidents and six health and safety incidents.
- All incidents were reviewed initially by the theatre or ward manager, before being escalated via senior management to the integrated governance committee. Staff reported they were given feedback on the actions taken by the management team promptly.
- We looked at two incident reports which showed the incidents were escalated, investigated and identified learning was documented and disseminated to all staff through notices and meetings. The investigating manager had documented that the patients involved in the incident had been informed of the incident and the actions taken.
- The manager told us that while incidents were investigated they felt that the current system did not give assurance that all issues were known and addressed as these were documented in several places. The hospital had recently joined the IHC advisory committee as they felt that this would assist in developing their systems.
- Staff provided us with examples of changes that had occurred following incidents. These included changing the procedure for checking needles during surgical procedures and the purchasing of new equipment to prevent possible injury to patients and staff. Other changes were stated to be a review of the arrangements for blood transfusions for certain operations, patients having these operations now have blood available to be used if required.

Safety Thermometer

- The provider unlike NHS trusts were not required to use the safety thermometer to monitor areas such as venous thromboembolism. However, the evidence provided demonstrated 100% compliance with monitoring and reporting venous thromboembolism (VTE) assessments.

Cleanliness, infection control and hygiene

- The provider had an infection prevention and control policy and an identified infection control link nurse based on the ward supported by an external infection prevention nurse.
- We were told by staff that all staff attended annual mandatory infection control training updates. While we saw evidence of staff being invited to this training and the staff records we looked at included evidence that the individual had attended this training.
- There was an annual programme of infection control audits, including biannual hand hygiene audits. Changes to practice as a result of infection control audits included replacing the dressing trolleys.
- The infection control link nurse met with the registered manager twice a month to discuss infection control but

was also able to raise issues in-between these meeting as necessary. Infection control information was sent to the board as necessary, for example if there was an infection issue.

- The ward and theatre areas were visibly clean and well maintained. There were cleaning schedules in place and cleaning standards were audited and monitored on a daily and weekly basis. The monitoring did not show any issues with the standard of cleaning being carried out within the theatre complex.
- We saw there were notices throughout the hospital highlighting the correct method for hand washing and hand gel dispensers were available. We observed staff regularly washed their hands and used hand gel between seeing patients and wore appropriate personal protective equipment in the theatre and ward areas.
- Hand hygiene audits were completed for both the ward and theatre areas on a regular basis. The hand hygiene audit provided for theatres showed 100% compliance with hand hygiene.
- All patients treated at the hospital were planned admissions and were screened for MRSA prior to admission and this was recorded in the patient's records we reviewed. The hospital reported that there had been two patients with positive MRSA swabs, one identified pre operatively and one post operatively in the last 12 months.
- Staff said they were not aware of any reported post-operative wound infections in the last 12 months.
- Patients told us that they felt the standard of cleanliness and hygiene was very good and their rooms were clean and well presented.
- We were told by the theatre manager that there was a service level agreement in place with an external NHS trust to provide sterile services. They stated that they did not have any concerns regarding the quality of the service provided and had not reported any concerns regarding the quality of the sterile instruments provided.

Environment and equipment

- Resuscitation equipment was in place and accessible in the ward and theatre areas for staff to use in the event of an emergency. There was also a trolley containing specialist equipment for difficult intubation available in the anaesthetic room.
- Staff told us that the resuscitation equipment was checked daily and the logs we saw confirmed this. However, in the recovery area immediately adjacent to the theatre we noted that the oxygen on the resuscitation trolley had expired in August 2014. The oxygen was not included on the resuscitation trolley check list. This was reported to the theatre manager at the time of our inspection and we were told that this would be rectified and that the oxygen would be replaced immediately. Staff told us there was access to piped oxygen in the recovery room which would be used in the event of an emergency.
- All sterile instruments for surgical procedures were stored in theatres and any additional instruments required during surgery were easily accessible to staff. Staff told us that each instrument set was checked prior to use to ensure that sets were safe and suitable for the surgical procedure that was planned. Checks included the date of sterilisation and that the packaging around the instrument sets was intact and therefore sterility had been maintained prior to use.
- Staff told us they did not have a current and up to date theatre instrument and equipment list to identify when individual items were purchased. We were told by the theatre manager that all new instruments purchased were now logged so that a system of replacement could be introduced. However, instruments purchased prior to this system being implemented could not be tracked and a replacement date identified.
- We were shown that some specialist theatre equipment such as diathermy machine leads were coded and marked at each use and disposed of after 40 uses, ensuring they were fit for purpose.
- Staff told us and we saw evidence that the provider responded promptly to requests for new equipment. For example following an injury to a member of staff whilst using diathermy forceps, as the age of this equipment could not be confirmed, replacements were ordered and replaced immediately.
- We noted that two drip stands on the first floor corridor were rusted around the base. The provider took action to remove the stands from use when this was highlighted to them. We saw the drip stands had been removed from use at the unannounced inspection and replacement stands were available.
- There was evidence that the laser machine owned and used by one surgeon had been maintained appropriately. There was a policy for its use and staff had received specialist training. A risk assessment, audit and guidance were in place and staff had access to a specialist advisor if required.

Surgery

- Staff told us that when the laser machine was in use safety goggles were worn by all staff and patients to protect their eyes. However, staff said that not all stainless steel equipment was removed or covered during laser treatments in line with the policy to prevent harm to the eyes of patients and staff.
- We were told that all surgeons had instrument preference lists, we saw that these were available in theatre. The preference list detailed the instruments used for each procedure carried out by particular surgeons to ensure that staff were aware and able to access all the necessary instruments when preparing and throughout all operations.

Medicines

- The accountable officer for the hospital was the registered manager.
- Staff we spoke with were aware of the medicine management policy and the checking procedure that should be followed when administering medication.
- Medications were stored correctly and appropriate checks were undertaken. For example all control drugs were checked at each shift change and we saw that they were in date.
- The hospital had a contract with a local pharmacy to provide medication, advice on pharmacy issues and undertake audits of medication usage.
- All resuscitation and anaphylaxis medication were noted to be in date.
- Staff told us that each anaesthetist had a preference medication list which identified the drugs and dose they used. These lists were available in theatre when the individual was on duty to ensure the correct drugs were available.
- Staff told us that anaesthetic drugs were drawn up and the syringes labelled by anaesthetic assistants, before the theatre list commenced and were then routinely given by the anaesthetist as needed. This practice had been agreed as standard practice by medical and pharmacy staff but some staff voiced concerns about this approach and did not think this practice was appropriate and could result in the wrong drugs being administered. While there were arrangements in place to mitigate the risk of these drugs being drawn up prior to the list commencing, this present a greater risk than the drug being drawn up and handed to the anaesthetist to give at the time.
- We observed that medication used by the surgeons during surgical procedures such as a local anaesthetic had been prescribed prior to the start of the operation. Staff said this approach was vital as each surgeon used different quantities and dilution during operations. We looked at two sets of theatre notes during our inspection and found that both contained prescriptions that were signed, timed and dated by the surgeon that was operating.
- The temperature of all medication refrigerators in the ward, theatres and minor operating areas were checked on a daily basis and the logs seen confirmed that the correct temperature between 2-8 degrees centigrade had been maintained .
- Medication to take home post operatively was stored in locked cupboards in labelled pre-packaged boxes. These drugs were dispensed by the Registered Medical Officer (RMO) against the patient prescription and explained to the patient by the nursing staff as part of the discharge procedure.
- The hospital had recently reapplied to the Home Office for their controlled drug's licence and the manager was aware that any incident involving controlled drugs must be discussed with the pharmacy advisor at CCG, however, they had never had to contact the Clinical Commissioning Group (CCG) as there had been no controlled drugs incidents in the last 12 months.
- There was a responsible person for medical gasses and they had the appropriate training. The theatre porter we spoke with had recently completed BOC training for the management of medical gases.

Records

- The provider carried out regular monthly audits of patient records to assess compliance with the completion of patient information and medical records by staff. The record audits looked at individual staff groups such as consultants and evidence submitted by the provider showed that the majority had scored between 93% and 100% for the completion of medical records at each stage of the patient episode.
- All 16 patient records we looked at were legible, signed and dated. They included details such as pre-operative assessments, including VTE assessments and specific surgical care pathways such as breast augmentation and rhinoplasty.We saw that patients had signed a consent form .

Surgery

- The care plans we looked at were completed and included pre-operative, immediate post and discharge care. The level of observations carried out matched the modified early escalation warning system (MEWS) risk assessment that had been documented throughout the patients' admission.
- We saw that all the admission and discharge paperwork had been completed in the patient's records we checked. The 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 RMO confirmed patient records were available three days prior to the date of admission. The RMO was responsible for checking the record to ensure all pre-operative procedures and diagnostic tests had been completed and reported on. Where there were omissions the RMO made arrangements to have the diagnostic tests repeated prior to surgery.
- The hospital managed its own in patient records, however, records of the consultation were managed by the individual consultant or referring provider.

Safeguarding

- Staff we spoke with were aware of the provider's safeguarding procedures and protocols. They were able to identify when they would need to report any concerns. The majority of staff told us they would report any concerns to their immediate manager but were also able to identify how to raise a safeguarding issue externally via the local authority safeguarding team.
- The theatre and ward areas had information posters on notice boards that included contact numbers and details for the safeguarding teams.
- Staff told us that they had attended annual safeguarding children and adults training but it was unclear what level this was at and if it was appropriate for the individual staff member's role. We were not provided with evidence to confirm how many staff had attended this training.
- Staff told us they did not receive specific Mental Capacity Act (2005) training, although we were told it was briefly covered in their adult safeguarding training; the course content was not provided therefore we could not confirm it covered all the necessary aspects.

Mandatory training

- There was a list of the mandatory training included in the hospital's training policy that all staff including bank staff who worked at the hospital regularly were expected to complete, this included moving and handling, infection prevention and control, basic life support and health and safety.
- The training records for the permanent staff showed that they had attended annual mandatory training such as clinical updates in infection control and resuscitation and health and safety updates for fire, moving and handling.
- The six bank staff records we looked at all included records of an induction programme being completed when they commenced work with at the hospital and evidence of the mandatory training they had attended at the hospital or at another hospital they regularly worked at.
- Staff told us they were notified by their manager when training was taking place, training usually took place at the weekend so that all staff could attend. This training was usually provided on a face to face basis and they were given adequate notice of the date of training.

Assessing and responding to patient risk

- Theatre staff told us they used a surgical safety checklist, based on the World Health Organisation (WHO) checklist. We observed that there was a checking process in place when patients arrived in theatre. The four patient records we looked at all included a completed surgical safety checklists.
- The service used MEWS which assisted in the identification of deteriorating patients. There was guidance detailing the actions staff should take when a patient's scores increased. Members of staff we spoke with were aware of this guidance and we saw staff using the MEWS tool during the recovery phase of two surgical procedures.
- There was an RMO on site Monday to Friday and if necessary at the weekends to support patients if they needed medical care and who responded to any concerns raised by nursing staff.
- Staff said that the surgeon and anaesthetist could be called back to the hospital if the patient deteriorated and needed to return to theatre. They provided examples of when patients needed to return to theatres out of hours and that action had been taken in a timely manner.

Surgery

- There was a policy which stated the hospital would not provide level 1, 2 or 3 care, this is high dependency or intensive care. There was a formal agreement in place with a nearby NHS trust for patients who may need a higher level of care. However, the policy and senior staff we spoke with were unaware of what arrangements were in place if a patient required level 1 care as the policy only referred to level 2 and 3 patients.
- There was an agreement in place for patients to be stabilised and if necessary transferred to a local NHS hospital if intensive care was required. Staff told us that if necessary they would call the London ambulance service for emergency assistance for the patient to be transferred.
- Staff shared with us how they could access blood if a patient needed a transfusion. However, there was some confusion among staff of how and where to obtain blood in an emergency situation. This was discussed with the provider who provided the inspection team with clarification of the process and stated they would take immediate action to ensure staff were aware of the procedure. At our unannounced inspection we saw that posters were displayed highlighting the process and contact details of the hospital that would provide the blood if required.
- Staff told us and we observed two patients had flowtron pumps, applied to their lower limbs during surgery as well as anti-embolism stockings to reduce the risk of patients developing a thrombosis during or post operatively.
- Nursing handovers occurred at the beginning of each shift and between theatre staff when patients were taken and returned from theatre. The handovers outlined the current patients and their care plans as well as any new patients who were due to arrive during the shift for treatment.
- There was an annual audit programme that stated the monthly and quarterly audits that were planned to be undertaken. These included clinical adherence to policies, patient feedback, infection prevention and control, cleanliness and record keeping. All the audits on the programme scheduled to take place prior to our inspection had been completed.

Nursing staffing

- The hospital safe staffing policy stated that a ratio of one registered nurse (RN) to four patients was the minimum safe staffing requirement. During our inspection we noted that these levels were achieved as permanent nursing staff were supported by bank nurses
- The senior ward nurse was responsible for developing monthly rotas and bank staff were allocated a four week rota but knew they could be cancelled at short notice. The numbers of staff were reviewed and adjusted daily to ensure there were appropriate staffing levels to meet the needs of the patients. Staff said that they always had adequate nursing and operating department practitioner staffing levels to cover theatres.
- The majority of the staff were on zero hours contracts, but many had been working in the hospital for several years, some working exclusively at the hospital. Many of the bank staff in theatres said they worked with particular consultants on a regular basis and were aware of how they practiced including the preferred drugs they used.
- Bank staff on the wards we spoke with said they worked regular hours on a continuous basis with the provider. One member of staff told us they had worked for the provider for approximately 17 years.
- The manager shared with us how the hospital was committed to building a loyal team of staff by developing staff, providing and funding training for all staff not just those on substantive contracts.
- The manager told us that the use of bank staff was challenging as they could cancel at short notice, but the benefits were that only staff that were needed were employed making the service effective and cost efficient.
- It was stated that there had never been a situation when the hospital could not get the staff they required to deliver care but at times it was a challenge to test their competency as the hospital used a high number of bank staff.
- Out of hours there was an emergency theatre team which included the surgeon, anaesthetist, nurses and ODPs which could be available within 45 minutes to cover unforeseen emergencies where a patient may have to return to theatre.

Surgical staffing

- Senior staff told us surgeons and anaesthetists were granted practicing privileges if they met the hospital's criteria and were recommended by the Medical Advisory Committee (MAC). Qualifying criteria included being on

the specialist register and evidence of recently working in an NHS trust. There were 12 surgeons that had practising privileges and worked regularly in the hospital as well and in a NHS hospital.

- There was Resident Medical Officer (RMO) providing cover for 24 hours in the hospital, to provide clinical support to the surgeons, staff and patients. This included an RMO who worked Monday to Friday and another who worked Friday night and at the weekends if needed and covered for annual leave.
- The RMO's responsibilities included reviewing patients post operatively and prescribing any additional medication that may be required as well as ensuring patients were well enough to be discharged. We were told that there was a verbal handover between the anaesthetist, surgeons and RMO pre and post operatively, however, we did not observe this handover and were therefore unable to confirm what information was shared.
- The patient's surgeon was contactable for advice 24 hours a day. The surgeons told us that patients were also provided with their mobile phone numbers and were able to contact them directly post discharge at any time if required.

Major incident awareness and training

- There was a service continuity plan that informed staff of the actions they should take in the event of emergencies such as fire or power failure.

Are surgery services effective?

The outcomes for patients who had undergone elective surgery were not monitored by the hospital. The hospital did not take part in national or local clinical audits to demonstrate care pathways were effective. Pain relief was well-managed. The nutritional needs of patients were catered for.

Approximately 50% of theatre and ward staff had participated in an appraisal and some staff had received additional training from external organisations. Procedures and treatments were not reviewed against national clinical guidelines, and while patients received information about their procedures, there was no evidence this was referenced to best practice.

Evidence-based care and treatment

- The hospital could not demonstrate that care was provided in accordance with evidence-based national guidelines, such as National Institute for Health and Care Excellence (NICE) guidelines. The care pathways we looked at for example breast augmentation and abdominoplasty did not include references to NICE or Royal College of Surgeon guidelines.
- Staff told us that all care pathways were approved and validated by the MAC. Minutes of the MAC included evidence that policies and procedures were validated by the committee after recommendation by the chairman.

Pain relief

- Pain pain was assessed post operatively as part of the patient's baseline observations undertaken whilst in the recovery room. We observed that staff asked patients in the immediate post-operative recovery phase if they had any pain and whether they were comfortable.
- Analgesia was prescribed and administered regularly and all patients' charts showed that they had had a pain score recorded to indicate the effectiveness of pain relief. The 10 patient's medical records we looked at all contained regular monitoring of the patient's pain scores which were all reassessed after analgesia was administered.
- The patients we spoke with all felt their pain had been well controlled. Although one patient reported that they had requested to stay an additional day due to the level of discomfort experienced post operatively. The patient told us that the request was discussed and had been agreed with the external company who had referred the patient and the hospital.

Nutrition and hydration

- Patients reported that there was a food menu available which provided a choice of meals. One patient told us that although she had not eaten much food following her operation she had expected to have to ask a family member to bring food into the hospital but had been pleasantly surprised by the quality of the food.
- We saw patients were provided with fresh water regularly throughout the day and hot drinks were made available.

Patient outcomes

- The hospital did not collect any outcome data and therefore could not demonstrated the effectiveness of treatments provided.

- There were no national audits that related to cosmetic surgery.
- Individual surgeons collected feedback on the patient's outcome at follow up consultations but this information was not shared with the provider unless there was a complaint about an aspect of the stay in hospital.

Competent staff

- All 20 staff records we looked at included a range of information such as. CV, interview records, proof of identity, disclosure and barring service (DBS), references from previous employers, professional qualifications to demonstrate they were competent for the role they were employed for. There was also a record of annual professional revalidation
- Medical staff were granted practicing privileges on the recommendation of the MAC. These practicing privileges were only granted to individuals who could demonstrate they held the appropriate professional qualifications, registration, inclusion on the specialist register, evidence of clinical outcomes and lived within a 45 minute journey time between their home and the hospital.
- We saw evidence that the MAC had taken action to address poor performance in the last six months including suspending/ removing practicing privileges and referral to the GMC.
- Medical staff with practicing privileges were required to submit evidence of their annual registration with the GMC, indemnity insurance and appraisal/revalidation if this had been carried out by another NHS hospital or provider.
- Annual appraisals were undertaken for staff, at the time of our inspection 53% of theatre and 42 % of nursing staff and 69% of staff described as 'other staff' were reported by the provider as having had received an annual appraisal.
- The RMO, who worked Monday to Friday we spoke with had completed training in advanced life support (ALS) to ensure they had the skills to respond to emergency situations appropriately. There was also a second RMO who worked Friday night and at the weekends if needed and covered annual leave had completed ALS.
- We were told that the theatre manager had requested clinical supervision but this was not currently being provided but had been planned for 2015.
- There was a list of competencies for the majority of roles however, these had not been identified for the scrub nurse and healthcare assistant (HCA) working in theatres.
- There was a revalidation officer (RO) appointed to oversee the revalidation of medical staff that had named the hospital as their 'designated body'. The RO had completed and submitted a Designated Body Statement of Compliance as required by NHS England Medical Revalidation Programme.

Multidisciplinary working

- Staff in theatres told us that there was good working relationship between all staff groups, including medical, nursing operating department practitioners, maintenance and portering staff. One member of staff said "we are like a small family". We observed that staff in theatres and the wards worked cohesively throughout our inspection.
- The theatre manager and the deputy told us there were links with external services such as the NHS trust that provided the sterile instruments and a local private hospital who provided blood in an emergency.
- The patient advisor/co-ordinator liaised with other external cosmetic providers who used their facilities to carry out surgical operations.

Seven-day services

- Services at the hospital were usually provided Monday to Friday with arrangements in place if patients required to stay overnight at the weekend.
- There was 24 hour RMO cover in the hospital, to provide clinical support.
- The patient's surgeon were on call 24 hours a day and could be contacted out of hours if required.
- An out of hours pharmacy service was available to provide advice to staff.

Access to information

- Patients were provided with written information relating to their surgical procedure, however, this was undated and it was not clear if it was based on best practice. This had been raised at the MAC, but it was not clear from the evidence provided what action was being taken to resolve this issue.
- Patients who had implants breast augmentation were given the manufacturers booklet which identified the

serial number of the implant and an explanation from the manufacturer about the type and size of the implant used. A record of the serial number of the implant was also recorded in the patient's records.
- Patients said that they were given clear instructions about managing their surgical wounds and any follow up appointments that were required.
- 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.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- There was a hospital consent policy that had been reviewed within the last two years. This included obtaining a second consent from the patient prior to surgery taking place. The first consent was obtained by the referring provider or admitting consultant prior to admission. Staff we spoke with confirmed patients were given a copy of this consent form as it listed the risks and benefits of the procedure and the pre and post-operative instructions the patient had to follow.
- A second written consent was obtained by the consultant and anaesthetist prior to all surgical procedures; the form included consent for the general anaesthetic and surgery. We were told by theatre and ward staff that the consent form was generally signed on the day of admission nut patients were not given a copy. Patients we spoke with confirmed this to be the case.
- The consent forms used by the hospital were single copies and filed in the patient records, all those we looked at were fully completed.
- A patient told us that the risks of surgery had been discussed with them, however, in line with best practice patients were not been given a copy of the consent form.

Are surgery services caring?

Staff were caring and respected individual's privacy and dignity. We found patient feedback from our comment cards and the hospital's patient survey to be positive. Staff interacted well and did their best to make patients comfortable.

Compassionate care

- We observed staff being professional and treating patients with respect. Care was delivered with compassion, dignity and respect. Staff were aware of the importance of maintaining people's dignity.
- Patients we spoke with described staff as "excellent and outstanding". One patient told us that staff had provided support and had explained the procedure and checks that would be carried out prior to the surgery being undertaken. We were told that staff had anticipated when support was required and provided it without any hesitation.
- A summary of patient feedback for the period July to October 2014 from 204 patients reported that all those who responded rated the service as good or excellent.
- We received 27 comment cards from patients using the service, all were positive and included "the quality and professionalism was excellent from all of the people who looked after me" and "very good, very happy. Staff were very clear and helpful".

Understanding and involvement of patients and those close to them

- Patients and relatives we spoke with told us that they felt involved in decisions about the surgical procedures that they had been carried out. Patients said that their relatives were included in the planning of discharge arrangements.
- One surgeon told us that prior to the day of the operation patients were supported and the type of cosmetic surgery was agreed. For example for patients having a breast augmentation procedure were provided with information on the type of implant to be used.
- We observed positive interactions between staff, patients and their relatives when seeking verbal consent. The patients we spoke with confirmed their consent had been sought prior to care and treatment being delivered.

Emotional support

- Staff understood the importance of providing patients with emotional support. We observed positive interactions between staff and patients.

Are surgery services responsive?

Patient admissions were arranged in a timely manner with minimal delays for patients. The length of time in

surgery was planned considering both the procedure and the individual surgeon. Staff told us overruns occurred occasionally but these did not result in other operations being cancelled.

Service planning and delivery to meet the needs of local people

- Staff told us that surgical cases were booked through either direct referrals from surgeons or other cosmetic service providers. The hospital's patient advisor allocated patient's with a bed and theatre time ensuring it met the individual's needs.
- Two patients' told us the hospital had responded promptly to their request to have their operation in London rather than their home town.
- There was 24-hour cover for emergency operations and to ensure that surgeons were readily available, practicing privileges were only granted to doctors who could prove they worked locally and were available to provide on-going care.
- There were some negative patient comments about the premises and facilities which the hospital had taken action to resolve, including undertaking a refurbishment programme of patient rooms and undertaking maintenance such as upgrading boilers and ventilation equipment.

Access and flow

- Patients we spoke with told us that they had not experienced any delays and were given their operation date within approximately two weeks of seeing the consultant as an outpatient.
- Staff confirmed that dates for surgical procedures were usually given within two weeks depending on the surgeon's availability.
- Ward staff told us that they tried to keep patients informed with approximate times that they would be going to theatre for their operation but occasionally delays did occur.
- The provider monitored theatre over runs as well as patients that had unplanned returns to theatre. Staff told us overruns occurred occasionally but these did not result in other operations being cancelled. Information provided showed that 13 patients had unplanned returns to theatre between April 2013 and June 2014.
- The majority of patients were either day cases or stayed one night following their surgical procedure and as the majority of the time the hospital was not full, delayed discharges did not result in other patients being cancelled. .
- Staff told us that patients arrived at 07.30 am and were taken to their room and admitted; before being seen by the anaesthetist and the surgeon, who obtained written consent prior to going to theatre.

Meeting people's individual needs

- Patients told us that staff provided support pre-operatively and post operatively and met their individual needs. One patient said "nothing was too much trouble, I have been so impressed by the staff at every stage, I was very nervous about having my dressings removed but staff held my hand and reassured me "
- There were bedrooms on the ground floor that could be allocated to patients with specific mobility needs.
- The hospital had portable ramps available to enable people with mobility problems or using a wheelchair access to all areas of the hospital.

Learning from complaints and concerns

- There was a complaints policy and procedure in place which was provided to all patients as part of the inpatient information pack.
- The quality of hospital's response to patient complaints was noted to be of a high standard, including responses prepared that artfully made a direct connection between the issue raised and the action taken.
- The provider kept a log of all complaints and had received 14 complaints between January and October 2014. All complaints had been responded to within the agreed 20 working days as indicated within the provider's complaints policy.
- We saw that the majority of complaints were not substantiated, however one complaint referred to noise during a delivery and we saw that new delivery instructions had been issued to eliminate the noise and disturbance to patients.

Are surgery services well-led?

There was identified leadership in both theatre and on the wards and staff fed back positively about the support they

received. There was no written vision and strategy to develop the service. There were some governance arrangements in place and evidence of actions taking place following MAC and governance meetings.

Vision and strategy for this service

- There was no written vision or strategy for surgical services or for the service as a whole.
- Senior staff we spoke with all gave different views of what the service's vision was, however recognised and confirmed that this was not written down. Responses included to “gain a good reputation, be as good as they could be, compete with other providers and implement the Keogh recommendations for cosmetic surgery”.
- Staff working in the hospital were not aware of the management team's vision or strategy.

Governance, risk management and quality measurement

- The theatre services had a risk register which was regularly reviewed by the theatre manager. Risks on this register included refurbishment of the hospital and the increase risk of infection due to dust. All risks had mitigating actions documented.
- There were biannual integrated governance committee (IGC) to review a range of areas including health and safety, infection prevention and control, incidents and accidents, patient experience and clinical risk management. The terms of reference for the group stated that a representative from each department should attend. Minutes of the meetings were circulated and staff were updated on the outcomes by their manager at department meetings.
- There were quarterly MAC meetings that discussed a range of issues including clinical governance issues, complaints, practicing privileges patient safety and patient experience. Final sign off of policies and procedures were one of the responsibilities of this group.
- The chair of the MAC attended the advisory board meeting to provide clinical input into management decisions as appropriate..

Leadership of service

- There is no designated medical director, medical leadership was provided by the chair of MAC and the responsible officer.
- There were permanently employed theatre and ward managers who provided leadership for the clinical staff in theatres and on the wards. They also managed a team of bank nurses and ODP’s and ensured there were sufficient staff to cover the surgical cases that were arranged.
- Staff across the hospital reported a visible management team who were approachable and supportive. We spoke with the majority of staff working in the hospital at both the announced and unannounced visits and everyone told us they could and would speak to any of the management team if they had concerns.
- The theatre and ward staff told us that senior management were visible and easily accessible on a daily basis to enable them to raise issues if necessary.

Culture within the service

- Medical staff reported good working relationships with managers in the hospital. They told us managers ‘walked the floor’, knew everyone by name and were interested not just in their working life but in their family.
- Staff told us there was an open culture that meant when things went wrong, these were discussed, reported and action taken.
- Six staff provided written feedback to us commenting on the excellent management team, an increased focus on safety, staff feeling listened to and provided with opportunities to develop.

Public and staff engagement

- The provider carried out patient satisfaction surveys to gain information about their patient’s experience.
- Staff said that there was daily engagement and that the management team were accessible and visible in the hospital. Staff reported the hospital as 'friendly and supportive'.

Outpatients and diagnostic imaging

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The London Welbeck Hospital has two consulting rooms available for medical practitioners with practicing privileges to see patients by appointment. In the last six months 107 patients have been seen in this area. There are no routine, regular outpatient clinics held in the hospital.

There are were no imaging facilities on site and the hospital referred patients to other providers if x-rays or diagnostic screening was required.

We looked at the two consulting room facilities; spoke with four members of staff including those in administrative, reception and medical roles. We looked at 16 patient medical records, 14 employed staff and six bank staff records and observed the medical record storage facilities.

Summary of findings

Outpatient services at the London Welbeck Hospital were held when requested and were arranged to meet the needs of surgeons and their patients. The clinics were ad-hoc and surgeons or external referring providers arranged the patient appointments and liaised with the hospital about the arrangements.

There had been no incidents in the service and we saw there were systems to manage infection prevention and control, maintenance of the environment and clinical risks for patients. Patients privacy and dignity was maintained. Records were always available and appropriately storage. There was an integrated system of governance in the hospital to review patient safety and experience data.

Outpatients and diagnostic imaging

Are outpatients and diagnostic imaging services safe?

Incidents were reported in accordance with hospital processes and were investigated by managers. Staff received feedback and learning from investigations was disseminated to all departments.

Infection control and the cleanliness of the rooms were monitored and hand wash basins and antibacterial hand gel were available in the rooms and corridors. Pre admission screening for MRSA was standard practice. Arrangements were in place to deal with emergencies and staff were trained to respond. There was a transfer agreement with a local NHS hospital to transfer patients who became unwell.

Records were kept on site and were reported as always being available. Patient records showed copies of pre admission consultations carried out by other providers were included in the record.

Incidents

- There were no incidence of Never Events in the period April 2013 to June 2014 in the out patient department reported.
- There was a paper based incident reporting system in place.There were no incidents reported as occurring in the outpatient service.

Cleanliness, infection control and hygiene

- Patients were screened for Methicillin Resistant Staphylococcus Aureus (MRSA) prior to admission. The hospital reported there had been two patients with positive MRSA swabs, one pre operatively and one post operatively in the last 12 months.
- There were hospital infection control policies available. Cleaning schedules for the consulting room were seen and there was regular environmental monitoring undertaken.
- The two consulting rooms were visibly clean and free from odours. Hand wash basins, soap, paper towels and antibacterial hand sanitiser was available in both rooms. Antibacterial hand gel dispensers were wall mounted at several points along the corridor to the consulting rooms.
- Sharps bins were correctly assembled and were signed and dated.
- Disposable privacy curtains to screen the couches were dated as being changed within the last six months.
- Personal Protective Equipment (PPE) such as disposable gloves were available.
- Clinical waste was managed in accordance with guidance; waste bags were removed when full and stored in locked clinical waste bins until collection.

Environment and equipment

- The consulting room environment was pleasant. Rooms were labelled when occupied and curtains could be drawn around the couch to maintain patient privacy during an examination.
- Consultations were carried out in private. Patients were accompanied by their relatives if they wished. We were also told patients were informed that they could request a chaperone to be present. Staff told us that when medical staff from other providers saw patients at the London Welbeck Hospital they brought patient advisors with them who fulfilled the role of chaperone.

Medicines

- No medication was stored in the consultation rooms. Medical staff wrote prescriptions for patients to have dispensed at a local pharmacy.

Records

- Medical practitioners documented their consultation findings and if the patient was then scheduled for admission to the hospital for surgery these notes were copied and included in the patient's inpatient records.
- Monthly record audits were conducted of patient records to ensure full compliance with professional standards including being accurate, complete, legible and up to date. The monthly data was collated into an annual level of compliance which ranged between 93.1% and 100% for 16 surgeons although it was noted that the number of records reviewed ranged from one to 21 per surgeon. We were told this reflected the consultant activity during the audit period.
- There was on site medical record storage. Patient's records for the last two years were readily available in numbered A4 files stored in a locked, restricted access room. Older records were archived in waterproof boxes and stored in the 'vaults' (underground storage areas) which were locked and only accessed by staff with responsibility for medical records.

Outpatients and diagnostic imaging

- Staff told us the hospital had started to scan patient records into the IT system to improve access to the record and reduce the storage of paper documentation.
- Staff reported patient's records were always available.

Safeguarding

- There was a chaperone policy in place which was due for review in 2015. The Medical Advisory Committee ratified the policy in 2012. There were no nursing staff routinely allocated to the consulting rooms when patients were being seen. However the hospital patient advisor was available to act as a chaperone. We were told by both hospital and medical staff that they usually were accompanied by staff from the referring clinic who acted as the chaperone.
- Staff told us that they had attended annual safeguarding children and adults training but it was unclear what level this was at and if it was appropriate for the individual staff member's role. We were not provided with evidence to confirm how many staff had attended this training.
- Procedures to refer potential safeguarding matters were available and in date. There was a flow chart and contact telephone numbers of whom to contact displayed on the ward and on staff notice boards.
- Staff could describe types of abuse and how and to whom to refer potential safeguarding matters.

Mandatory training

- There were no specific staff allocated to the consulting rooms however the majority of staff employed or working regular 'bank' shifts in the hospital had received annual mandatory training such as clinical updates in infection control and resuscitation and health and safety updates for fire, moving and handling for example.

Assessing and responding to patient risk

- Patients attending the London Welbeck Hospital were usually assessed to be low risk and were described by staff as 'fit and healthy'. In the event of an emergency each of the consulting rooms was equipped with an emergency call system and staff from around the hospital would respond to the emergency.
- Resuscitation equipment was available on the ward and in the operating theatres. Staff told us the trolley would be brought to the consulting rooms if needed. We noted there was a step down into the corridor to the rooms and were shown the portable ramp that would be used to move the trolley safely.
- The on call RMO had completed training in advanced life support (ALS) and would attend in the event of an emergency in the consulting rooms.
- Arrangements were in place for patients to be transferred to an acute hospital if needed. Nursing staff were trained in basic life support and knew what to do in an emergency. There was an escalation flow chart displayed on the department's notice board with the contact numbers clearly displayed.

Medical staffing

- By prior arrangement some consultants carried out consultations for direct referral patients and post-operative follow up appointments to meet individual patient's requirements.

Are outpatients and diagnostic imaging services effective?

The hospital did not collect data on patient outcomes only on satisfaction of the service. Patient feedback was universally good about clinical standards of care and staff working in the service. Negative comments about the premises had been addressed by a refurbishment programme

There were recruitment policies and processes to ensure staff had the knowledge and skills to undertake their role. On-going appraisal and training was available for staff to develop new skills.

Evidence-based care and treatment

- We looked at the nine clinical pathways of care in use in the hospital. There were no references to NICE or Royal College guidelines within the documents. Staff told us the pathways had been approved and validated by the Medical Advisory Committee. We saw several sets of minutes from the MAC which noted the policies and procedures of the hospital were validated by the committee after recommendation by the chairman.
- We looked at 25 general, clinical and operational policies and procedures some of which contained

generic references to bodies such as NICE and other guidance but did not always refer to specific guidance documents. The majority of the policies which were all ratified in 2012, contained references to a previous regulatory framework and legislation.

Patient outcomes

- There were no national audits that related to cosmetic surgery.
- Patient feedback collected by the individual surgeons six months post surgery when they saw the patient for a follow up out patient appointment was not routinely shared with the provider unless there was a complaint about an aspect of the stay in hospital.

Competent staff

- Medical staff were granted practicing privileges on the recommendation of the Medical Advisory Committee (MAC) after submitting an application including details of their professional qualifications, professional registration and inclusion on the specialist register and evidence of their practice and patient outcomes.
- Medical staff granted practicing privileges were required to submit evidence of their annual registration with the GMC, indemnity insurance and appraisal/revalidation if carried out in another hospital.

Multidisciplinary working

- There was evidence of external collaborative working between providers such as health insurance companies and the medical practitioners with practicing privileges to ensure patient information and on-going care was planned and coordinated prior to admission and on discharge from hospital.

Seven-day services

- The hospital flexed the opening hours to meet the needs of patients. It was generally open five or six days a week with surgery taking place Monday to Friday and closing on Saturdays after the discharge of post-operative patients.
- Out of hours and when the hospital was closed patients could contact staff via a telephone number provided when they were discharged.

Access to information

- Patients attending for a consultation completed a preliminary health screening form which was reviewed by the consulting surgeon.
- Patient information was available three days prior to the date of admission to enable the RMO to check that all pre-operative screening results and information was available and there were no adverse results which needed further investigation.
- The hospital had identified that the patient information that was available needed to be reviewed and updated to ensure it was standardised and based on best practice.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- There was a hospital consent policy that had been reviewed within the last two years. Written consent was required for all surgical procedures carried out in the hospital. The consent form was printed on yellow paper and easily seen in the patient record; however the patient did not receive a copy in accordance with best practice.
- We were informed that patients had usually signed the referring provider or admitting consultant detailed consent form prior to admission. Medical staff we spoke with confirmed patients were given a copy of the consent form as it listed the risks and benefits of the procedure and the pre and post-operative instructions the patient had to follow.
- Staff told us managing patient expectations was important in cosmetic/anaesthetic procedures. Patients that came directly to the hospital for cosmetic procedures were provided with detailed information and there was a 'cooling off'' period to allow them to reflect on their decision and carry out further research if wished. The hospital had seen 21 direct referral patients from January – August 2014.
- The minutes of the MAC held on 30 June 2014 documented discussions around when patients should be consented after concerns were raised by a visiting doctor about consenting twice for the same procedure. It was noted that a second consent should continue to be taken on the day of surgery however the surgeon completing the documentation should be vigilant in ensuring the patient fully understood the procedure they were consenting to was the same as previously signed for.

Outpatients and diagnostic imaging

- Patients told us they had been fully informed about the risks and benefits of the procedures they were consenting too before their admission to hospital. They said they were able to ask further questions on their admission when the hospital consent form was signed by the consultant and themselves.

Are outpatients and diagnostic imaging services caring?

Patient privacy and dignity was paramount in the service. Staff were polite, helpful and professional when speaking to patients and visitors to the hospital. Patients were provided with information about their stay at the hospital and the procedure they were to have.

Compassionate care

- Patients were greeted by reception staff that were polite and professional.
- We witnessed interactions between staff and patients and between all members of the hospital team that were appropriate and respectful.
- Patient's privacy and dignity was maintained. All patients were seen in single consulting rooms and staff were seen to knock before entering and there was a sign to indicate when the room was in use.
- Local patient feedback on services was collected prior to discharge from the hospital. The feedback covered six areas, preadmission, consultation prior to procedure, before and after the procedure, nursing care, premises and meals. The summary of responses for July to September 2014 of the 175 patients who had responded had rated the service as good or excellent. Comments seen included "The nursing staff were friendly, attentive, approachable and willing to help" and "All nurses have been excellent". There were some comments about the premises and facilities but this did not impact negatively on the overall experience patients reported.
- We looked at 29 patient responses collected for the month of October 2014 which had not been analysed. All of them rated the service as good or excellent and there were no negative comments.
- We received 27 comment cards from patients and the trends noted from these echoed the provider's survey responses and were all positive.

Understanding and involvement of patients and those close to them

- Patients told us they were fully involved in all aspects of their care and treatment. Staff promoted the need for patients to carry out research about the procedures they were interested in and the surgeons available to do the surgery.
- Patients told us staff were supportive, helpful and always available.
- Patient information was available and surgeons told us they provided their own literature to aid patient's understanding at the consultation.

Are outpatients and diagnostic imaging services responsive?

The outpatient service was organised around the needs of medical practitioners with practicing privileges and the needs of patients. Consultations and appointments were arranged when there were identified patients to seen.

Service planning and delivery to meet the needs of local people

- The outpatient service was organised around the needs of medical practitioners with practicing privileges and the needs of patients. Consultations were arranged when there was an identified patient to seen on a day and at a time convenient for both the consultant and patient.
- Medical staff wishing to use the facilities liaised with managers to arrange the use of the consulting rooms. The external providers organised the patient's appointments and provided details of the venue. The hospital were provided with a list of the patients attending and this was used by reception staff to greet and direct the patients to their appointment.

Access and flow

- The majority of patients were seen by other providers for their consultations and pre-operative information and care. They attended the London Welbeck Hospital only for surgery and post operatively returned to the original provider.
- Staff told us patients could be seen at short notice dependant on the surgeon's availability but usually within one week.

Outpatients and diagnostic imaging

- Patients reported they had not experienced any delays to be seen as an outpatient for post-operative follow up.
- There was no evidence that patients were kept waiting beyond their appointment time to see the surgeon.
- We were told by patients that they were encouraged to bring a relative or friend with them as they could not be discharged without an escort.

Meeting people's individual needs

- Patients told us that staff were vigilant in ensuring their individual needs were met. They told us "nothing was too much trouble"
- The hospital had a portable ramp available to enable people with limited mobility or using a wheelchair access to all areas of the hospital.
- The provider had taken action to address patient feedback about the premises and facilities and was carrying out a refurbishment programme of patient rooms and replacing essential plant such as boilers and ventilation equipment.
- There was screening around the examination couches to provide privacy for patients to undress.

Learning from complaints and concerns

- There was a complaint's policy and procedure in place which was available to anyone using the service. Patients were provided with the details as part of the patient information pack.
- Staff told us they were involved in the investigation of complaints if required. We saw notices and minutes of meetings which detailed examples of changes made as the results of patient comments. For example the hospital had bought portable heaters to provide additional heat when patients had complained the room was cold. In the longer term new boilers were being installed to improve the heating overall.

Are outpatients and diagnostic imaging services well-led?

There was no separate management for the outpatient service or a separate vision and strategy to develop and increase the number of sessions held.

The patient advisor/deputy director co-ordinated the use of the consulting rooms and liaised with clinicians and providers to ensure the facilities were ready for use at the requested times and to confirm the numbers and names of patients expected to attend.

Vision and strategy for this service

- There was no written vision or strategy for the out patient service.

Governance, risk management and quality measurement

- There was a framework to manage risk and governance. The registered manager, chair of the MAC and the revalidation officer provided clinical oversight and leadership for the hospital.
- The hospital held Integrated Governance/Risk management (IGC) meetings twice a year to review health and safety, infection prevention and control, incidents and accidents, patient experience and clinical risk management and patient safety matters. The terms of reference for the group showed that there was a representative from every department invited to these meetings . Minutes were circulated after the meetings and staff were updated by their team leader at ward /department meetings.
- The MAC was held quarterly and clinical governance issues including patient safety and experience information were discussed as part of the meeting. Final sign off for policies and procedures was through this forum.
- Senior staff attending the IGC and MAC also attended the advisory board meeting.

Leadership of service

- One of the deputy directors was responsible for arranging patient admissions and liaising with external providers wishing to use the outpatient consulting rooms. No staff were directly employed to provide the outpatient service.

Culture within the service

- Staff across the hospital reported a visible management team who were approachable and supportive. We spoke with the majority of staff working in the hospital at both the announced and unannounced visits and everyone told us they could and would speak to any of the management team if they had concerns.

Outpatients and diagnostic imaging

- Medical staff reported good working relationships with managers in the hospital. They told us managers 'walked the floor', knew everyone by name and were interested not just in their working life but in their family.
- Staff told us there was an open culture that meant when things went wrong, these were discussed, reported and action taken.
- There were no systems to engage with the public to improve services other than through the patient experience survey.
- The hospital website provided patients with information about the services and facilities in the hospital.
- The provider had regular business meetings with referring providers to discuss performance and contractual arrangements.

Public and staff engagement

Outstanding practice and areas for improvement

Outstanding practice

The quality of hospital's response to patient complaints was noted to be of a high standard. This included responses prepared that artfully made a direct connection between the issue raised and the action taken.

Areas for improvement

Action the hospital MUST take to improve

- The hospital must ensure there are arrangements in place for the care of level 1 patients and ensure all staff are aware of these arrangements.
- The hospital must consider the risks of anaesthetic assistants drawing up anaesthetic drugs before the theatre list commenced taking into account NRLS 'Signal Injectable medicines in theatres'

Action the hospital SHOULD take to improve

- The hospital should explore how it utilises the longer term patient feedback collected by the individual surgeons to demonstrate the experience and outcomes for patients using the service.
- In line with best practice should review the consents forms used to ensure patients are provided with a copy of their consent document.
- The level of safeguarding children and adults training and the attended by staff should be reviewed to ensure it is appropriate for the individual staff member's role.
- Patient information should be reviewed to ensure it reflects current best practice
- The hospital should draw up an up to date theatre instrument and equipment list to identify when individual items were purchased and when they are due to be replaced.
- The competencies required for the role of scrub nurse and HCA working in theatres should be identified and the individuals undertaking these roles skills.