

152 Harley Street Limited

Quality Report

152 Harley Street

London

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

Overall summary

152 Harley Street is operated by 152 Harley Street Limited. Facilities include three operating theatres, a two-bedded level two care unit, a laser treatment room, X-ray, outpatient and diagnostic facilities. There were no inpatient beds.

The service provides surgical, outpatients and diagnostic services for private patients. We inspected areas within surgery and services for children and young people, where concerns had been raised to us.

We carried out an unannounced visit on 26 April 2018. During the visit, we focused on areas of concern identified through information sent to us. We reviewed care records of people who had used the service. We reviewed the service's records such as procedures and audits. We spoke with staff, including administration staff, nurses and a number of consultants.

Throughout the inspection, we took account of what people told us.

For the majority of the issues raised to us, we did not find any evidence to support the concerns. However, we did find that two consent forms out of the 14 that we had reviewed were not signed by the consultant. Patients were changing from outside clothes in the minor procedures operating theatre, which was not in line with infection prevention and control guidance and the storage of procedure log books within theatres was not in line with information governance best practice guidance.

Amanda Stanford

Deputy Chief Inspector of Hospitals London

Summary of findings

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Summary of this inspection

Background to 152 Harley Street Limited

152 Harley Street is operated by 152 Harley Street Limited. The hospital opened in 2010 and is a private hospital within the area of central London known as the 'Harley Street enclave', which has a large number of independent hospitals and clinics within it. The hospital provided services to local and international clients.

Niamh Curley, the registered manager at the time of our inspection had been in post since June 2016.

The hospital occupies the third and fourth floor of its building and was accessed by means of a lift or stairs.

The hospital provided day care and outpatient services; to both children of any age (excluding neonates) and adult patients. The range of services offered included dermatology, cosmetic, oral & maxillofacial surgery, and complex dental reconstruction.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in theatre nursing. The inspection team was overseen by Helen Rawlings, Head of Hospital Inspection.

Why we carried out this inspection

We carried out this focussed inspection in direct response to concerns that had been received by the commission. These concerns related to the following matters: infection control; consent, patient records, environment and equipment, the competency of staff, managing risk and evidence based care and treatment.

During the inspection we did not find evidence to corroborate the concerns that had been raised to the commission with the exception of consent forms not being signed by a consultant and the storage of the procedure book in theatre which was not locked away when the theatre was not in use.

How we carried out this inspection

We carried out an unannounced visit on 26 April 2018. During the visit, we focused on areas of concern identified through information sent to us. We observed how theatres were being used and reviewed care records of people who had used the service. We reviewed the

service's records such as the incident log, policies, procedures, audits, and staff training records. We spoke with six members of staff in the hospital including consultants, nurses, reception staff and the operations manager.

Information about 152 Harley Street Limited

The hospital is registered to provide the regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury

- Diagnostic and screening procedure

The registered manager has been registered with the commission since June 2016, and also acted as the accountable officer for controlled drugs.

Summary of this inspection

The hospital employed a registered manager, four nurses and four administrative reception staff. The hospital used regular bank and specialist agency staff.

152 Harley Street is a facility providing the following services:

- Five Consulting Rooms with a reception area
- Three Operating Theatres
- One laser treatment room and micrographic surgery base.
- A recovery area in which patients can rest and be closely observed in privacy and comfort following a surgical procedure.

- A dedicated cone-beam computed tomography (CBCT) room.

The imaging services were provided in the dedicated CBCT imaging room on the fourth floor. It provided dental/oral x ray and low radiation cone beam scanning of head and neck. This service was overseen by a consultant radiologist from an NHS hospital and was also subject to inspection by a Radiation Protection Advisor.

The hospital was used by consultants who have been granted practice privileges by the Medical Advisory Committee (MAC) to consult and, if necessary, treat patients.

During the inspection, we visited the theatres, the recovery area, consultation room and reception areas.

Surgery

Safe

Effective

Caring

Responsive

Well-led

Are surgery services safe?

Incidents

- Information was provided to us regarding incidents. We reviewed the incidents log and the minutes from the last years medical advisory committee (MAC) meeting where incidents were discussed and learning was disseminated. We were assured from the information we viewed that incidents were being identified and reported appropriately, and learning was being shared with staff.

Cleanliness, infection control and hygiene

- Concerns were highlighted to us regarding the cleanliness of the theatre environment. During our inspection we saw no visible evidence to indicate the theatres were unclean. Cleaning schedules were seen in a folder in each of the operating theatres and a checklist completed each time cleaning had taken place. The schedule showed that daily cleaning checks were completed and we observed staff cleaning the theatre thoroughly after each patient and before the next procedure. We were assured with regards to cleaning from our observations.
- Concerns were highlighted to us regarding consultants wearing their outside clothing whilst operating. During our inspection and observations in the theatre we saw no evidence of this. Staff adhered to the "bare below the elbow" guidance for infection prevention and control and appeared to be suitably dressed for a surgical environment, which included wearing surgical scrubs, a hairnet-like hat and appropriate medical footwear.

Environment and equipment

- An issue regarding soiled and used instruments and needles being left on surfaces or on the floor within

theatres was raised with us. We did not see any evidence of this practice during our inspection. During our inspection we observed staff disposing of used instruments in a safe manner that conformed to their own guidelines on safe disposal of sharps.

- We checked sharps boxes and found them to be correctly assembled with the date of opening clearly shown on the side. Dirty instruments were placed in a box labelled 'used items' and placed in a separate location to clean equipment.

Records

- We were informed that nursing staff did not receive sufficient information regarding the procedure a patient was to have carried out and therefore had to ask the patient what procedure they were having done. We reviewed patient pre-operative assessments and booking forms which both detailed which procedure a patient was scheduled to have. The information regarding the procedure was then copied from the booking form on to the operating list for the day, which all nursing staff had access to. The nurses we spoke with clearly identified the procedures patients were having performed on the day of inspection and told us they were always aware of a patient's procedure before it took place. We observed theatre staff asking patients what procedure they were having done to check that this corresponded to that day's surgical list. We were assured that nurses did receive sufficient information regarding the treatment or procedure a patient was having done.
- However; we did find a procedure log book was kept in each operating theatre detailing patient identifiable information. Although the doors were kept locked when not in use, the nursing staff told us cleaning and maintenance staff had access to the rooms, and the log book was left freely in the room and not stored in a safe

Surgery

or other lockable cupboard. This was not in line with information governance best practice guidelines. We highlighted this to the operations manager during the inspection and the book was locked away.

- Concerns were raised to us regarding the process for shredding confidential documents. We reviewed the guidance and process and reviewed the number of shredders available and found them to be sufficient.

Mandatory training

- A concern regarding manual handling and laser training was highlighted to us. We reviewed the training records for clinical and administrative staff and found that manual handling and laser training had been completed for appropriate staff and was up to date. There was a laser protection supervision whose role was clearly defined within the organisations policy. There was appropriate safety guidance regarding the use of laser equipment available to staff.
- Staff told us they felt suitably trained to operate the surgical appliances within their scope of practice.

Are surgery services effective?

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We received a concern that consent forms were not being signed by patients prior to their procedure. We reviewed 14 consent forms for patients receiving treatment at the hospital over the preceding month. Two out of the 14 consent forms had not been signed by the consultant. Both consent forms were for the same consultant. All of the rest of the information regarding type of surgery, risks and benefits and the patient name and signature had been completed fully. We reviewed the last three consent form audits which showed 100% compliance.

Are surgery services caring?

Caring did not form part of this focused inspection. For caring refer to report from March 2017

Are surgery services responsive?

Responsive did not form part of this focused inspection. For responsive refer to the report from March 2017

Are surgery services well-led?

Well led did not form part of this focused inspection. For well led refer to the report from March 2017.