

Harley Health Village

Quality Report

64 Harley Street

London

W1G 7HB

Tel: 020 7631 4779

Website: www.harleyhealthvillage.com

Date of inspection visit: 17 January 2017

Date of publication: 17/11/2017

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Harley Health Village is operated by Linia Ltd. The hospital spread over the lower ground and ground floor of this multi-storey building has four recovery/overnight beds. Facilities include two operating theatres, consulting rooms, outpatient rooms and a reception area. There is in addition a training/meeting room on the second floor.

The hospital provides cosmetic surgery for adult private patients. We inspected cosmetic surgery services.

We inspected this service using our comprehensive inspection methodology, and carried out the inspection on 17 January 2017.

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

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

Services we do not rate

We regulate cosmetic surgery service but we do not currently have a legal duty to rate them when they are provided as a single specialty service. We highlight good practice and issues that service providers need to improve, and take regulatory action as necessary.

Our key findings were as follows:

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

However, we also found the following issue that the service provider needs to improve:

- We observed a member of the theatre staff undertake a procedure without wearing the required protective goggles. This was contrary to the hospital's infection, prevention and control policy and national guidance.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached. Details are at the end of the report.

Professor Edward Baker
Chief Inspector of Hospitals

Summary of findings

Contents

Summary of this inspection	Page
Background to Harley Health Village	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
Information about Harley Health Village	5
The five questions we ask about services and what we found	7

Harley health Village

Services we looked at

Surgery

Summary of this inspection

Background to Harley Health Village

Harley Health Village is operated by Linia Ltd. The hospital opened in July 2015. It is a private hospital in Harley Street, London and primarily serves the communities of central London. It also accepts patient referrals from outside this area.

The hospital has had a registered manager in post since 1 July 2015.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, another CQC inspector, and a specialist advisor with expertise in surgical theatres. The inspection team was overseen by Nick Mulholland, Head of Hospital Inspection (London South).

Why we carried out this inspection

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was the hospital's first inspection since registration with CQC. It was inspected as part of our independent hospital programme.

How we carried out this inspection

During the inspection, we visited the reception area, the operating theatres, consulting rooms, recovery rooms and other related areas. We spoke with nine staff including; registered nurses, health care assistants, reception staff, medical staff, operating department

practitioners, and senior managers. We spoke with two patients. We also received eight CQC 'tell us about your care' comment cards, which patients had completed prior to our inspection. As part of our inspection, we reviewed 13 sets of patient records.

Information about Harley Health Village

The hospital is registered to provide the following regulated activities:

- Surgical procedures (6 July 2015)
- Treatment of disease, disorder or injury (6 July 2015).

Activity (October 2015 to September 2016)

- In the reporting period October 2015 to September 2016 there were 1,016 inpatient and day case episodes of care recorded at the hospital, all of which were privately funded.
- 11% of patients stayed overnight at the hospital during the same reporting period.
- There were 430 outpatient total attendances in the reporting period; all privately funded.

Summary of this inspection

- 52 medical practitioners including surgeons and anaesthetists worked at the hospital under practising privileges. A small number of regular resident medical officers (RMO) worked overnight when required. The hospital staff consisted of three registered nurses, four ODP and Health care assistants and seven other staff including administrative and receptionists. The hospital used regular bank staff as required. The accountable officer for controlled drugs (CDs) was the medical director.

Track record on safety

- No never events
- Seven reported clinical incidents which caused no harm but were outside of regulated activity.
- No serious injuries
- No incidences of hospital acquired meticillin-resistant Staphylococcus Aureus (MRSA),
- No incidences of hospital acquired meticillin-sensitive Staphylococcus Aureus (MSSA)
- No incidences of hospital acquired Clostridium Difficile (C.diff)
- No incidences of hospital acquired Escherichia coli (E.coli)
- Four complaints

Services accredited by a national body:

- None

Services provided at the hospital under service level agreement or other contract:

- Air and water sampling

- Anaesthesia machine servicing
- Clinical waste
- Emergency ITU
- Fire alarms
- Health and safety
- Human Resources and employment
- Infection control
- Medical equipment maintenance
- Medical gases
- Occupational health
- Pathology
- Patient beds maintenance
- Southern eastern air
- Sterilisation surgical instruments
- Theatre air ventilation
- Theatre isolated power supply (IPS)
- Theatre uninterruptable power supply (UPS) maintenance
- Theatre operating table maintenance
- Washroom maintenance

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

- We saw evidence of good incident reporting and follow up investigations from which changes were implemented and learning was disseminated.
- The hospital environment was visibly clean and equipment was well maintained.
- Controlled drugs and other medications were safely stored and managed.
- The hospital had a good mandatory training programme which was properly managed.
- There was a robust procedure for granting practising privileges.

However,

- We witnessed a nurse perform a procedure in the theatre without wearing suitable personal protection equipment.

Are services effective?

- Care was planned and delivered in accordance with current guidance, best practice and legislation by suitably skilled and competent staff.
- There was a programme of audit, which was used to assess the effectiveness of services and to maintain standards.
- The hospital had policies and procedures in place to ensure staff were competent in their roles.
- Mental capacity act and deprivation of liberty safeguards was part of the mandatory training programme and staff we spoke with understood their responsibilities.

Are services caring?

- We observed consultants and other staff treat patients in a caring manner.
- Patients we spoke with told us their care was good.
- The completed CQC feedback comment cards and comments shown to us by the hospital praised the staff and the care received.

Are services responsive?

- Services were planned to meet the needs and choices of patients, and the arrangements for treatment were prompt.
- There were arrangements to ensure the individual needs of patients were fully considered, assessed and met.

Summary of this inspection

- Complaints were appropriately acknowledged, investigated and responded to in a timely way. Learning from complaints was fed back to staff.

Are services well-led?

- The hospital had a well-established senior management team, who had a good working relationship with their staff.
- Staff understood what the values and purpose of the service were, and what was expected of them. They were committed to meet the requirements of their patients.
- Patients and staff were encouraged to feedback on the quality of services.
- The governance arrangements provided assurance of systematic monitoring of the quality of services.
- The hospital managed risk comprehensively by means of a risk register and daily health and safety checks.