

Wood Surgery Limited

# Wood Medispa

## Inspection report

Wood  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

We rated this service as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff records were not consistently stored in one place. There were electronic copies of some records and paper copies of others. Paper copies were not stored in a central location. This meant it was not always easy for the service to have oversight of staff appraisals, competencies, disclosure and barring service (DBS) records and completed induction paperwork.
- The service did not complete their Private Information Healthcare Network membership and comply with data submission as per the Private Healthcare Market Investigation Order 2014.
- The service did not participate in all relevant national clinical audits, The service did not report to the private healthcare information network (PHIN).
- The service did not report procedure specific patient reported outcome measures (Q-PROMS) as recommended by the Royal College of Surgeons of England.
- The service did not have a formal arrangement for accessing confidential translation.
- The service did not have a hearing loop installed.

We rated this service as good because it was safe, effective, caring, responsive and well led.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	

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# Summary of findings

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# Summary of this inspection

## Background to Wood Medispa

Wood MediSpa is a surgeon owned private hospital near Exeter, primarily providing cosmetic surgery. The service refer to this locally as aesthetic and reconstructive plastic surgery. We have described the service as cosmetic surgery throughout the report. The hospital is located within a Grade 1 listed grounds and Grade 2\* listed manor house. The estate had taken 12 years to redevelop and install a theatre, 6 bed in-patient ward, consultation room, hyperbaric chamber, administration offices and a dental centre. The hospital opened in 2020 and offers procedures under local and general anaesthetic. Between May 2022 and May 2023 the service had provided 2,250 private surgical procedures and 3,396 private outpatient appointments. The top 3 private surgical procedures included breast augmentation, abdominoplasty and liposuction and breast implant exchange. The service also provided hernia operations for NHS patients. There had been 161 NHS surgical procedures and 153 NHS outpatient appointments between May 2022 and May 2023. The service did not treat children.

The service had a registered manager in post and is registered to provide the following regulated activities:

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

The service had not previously been inspected.

## How we carried out this inspection

The inspection team included 2 inspectors and a specialist advisor who carried out a site visit on 17 May 2023. We inspected the theatre and ward areas.

During the site visit, we met and spoke with members of staff including the:

- operations manager
- surgeons
- anaesthetist
- operating department practitioner
- theatre lead nurse
- ward lead nurse
- nurses
- healthcare assistant
- and administrators.

We also met and spoke with 10 patients.

A further interview with the safeguarding lead, was held remotely on 30 May 2023.

The inspection was overseen by Deputy Director of Operations, Catherine Campbell.

We looked at documentation and patient outcome data during and following the inspection.

# Summary of this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Outstanding practice

We found the following outstanding practice:

- Patient feedback was continually and overwhelmingly positive. Patients felt truly valued and included, and said staff went the extra mile to provide a consistently high standard of care. All patients had received a high standard of care from initial assessment to post-operative review. The aftercare included patients contacting the service anytime for further advice and care following procedures.
- Leaders and staff aspired to continuous learning, improvement and innovation. This included participation in appropriate research projects and recognised accreditation schemes. The service was accredited by the American Association for the Accreditation of Ambulatory Plastic Surgery Facilities (Quad A). A clinical fellowship agreement meant the service could benefit from the knowledge of surgeons at the forefront of current training. A recent research study conducted by the service was focused on patient experience.
- All staff felt supported, respected, valued and were positive and proud to work in the organisation. There was an emphasis on staff well-being and there were cooperative, supportive and appreciative relationships among staff. There was a close-knit team who provided support to each other and communicated well. It was clear their work was important to them and they felt passionate about their contribution to care and were committed to improving the service.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.



### Action the service **SHOULD** take to improve:

- The service should ensure storage of staff files is organised to enable staff to find documents easily and improve oversight.
- The service should ensure they complete their Private Information Healthcare Network membership and comply with data submission as per the Private Healthcare Market Investigation Order 2014.
- The service should ensure they report procedure specific patient reported outcome measures (Q-PROMS) as recommended by the Royal College of Surgeons of England.
- The service should ensure access to confidential translation services is arranged.
- The service should ensure a hearing loop is installed.






# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Surgery

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

## Is the service safe?

Good 

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

Staff received and kept up-to-date with their mandatory training. Most staff were up to date with their training or had dates booked to attend training in the near future and were up to date with their skills and knowledge to enable them to care for patients appropriately.

The mandatory training was comprehensive and met the needs of patients and staff. The training programme covered a range of topics including:

- infection prevention and control
- learning disabilities awareness
- conflict resolution
- equality, diversity and human rights
- health and safety
- moving and handling
- information governance
- autism and dementia
- consent
- and resuscitation.

Staff told us mandatory training updates were delivered to meet their needs and they were able to access training as they needed it. Mandatory training was available using a range of methods to maximise accessibility, including face-to-face sessions and e-learning.

All staff were compliant with basic life support (BLS). The anaesthetist, who was advanced life support trained, was the inhouse BLS trainer.



# Surgery

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers saw which members of their team were in date and were able to plan when team members needed to complete refresher training.

Bank staff who worked for the local NHS trust, were able to use their NHS training portfolio as evidence of their compliance of mandatory training. Bank staff were required to provide certificates of completion.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific for their role on how to recognise and report abuse.

The service had a named safeguarding lead who was trained to level 4 safeguarding adults and children. All staff we spoke with knew who the safeguarding lead was and how to contact them.

The ward lead nurse had completed safeguarding adults level 3. Clinical staff completed safeguarding adults level 1 and 2. Administrative staff completed safeguarding adults level 1.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

The service used the latest legislation in policies and procedures.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were knowledgeable about the safeguarding policy and processes and were clear about their responsibilities. They described what actions they would take should they have safeguarding concerns about a patient. All staff were confident to challenge to ensure the safety of patients.

We heard of a recent example when staff had recognised a potential safeguarding concern and had escalated appropriately. Conversations with the patient and between staff were fully documented as were the reasons for making the decision about the actions taken.

Staff followed safe procedures for children visiting the hospital. Information for staff was contained within safeguarding policies and procedures. This included the action to take when staff had concerns regarding child protection and domestic abuse.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. In all areas we visited, the floors, walls, trolleys and areas in general were visibly clean.

# Surgery

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. There was a dedicated team of 3 housekeeping staff, who ensured the areas were clean and tidy and they were fully integrated with the clinical teams. There were daily schedules and weekly tasks, alongside deep cleaning as and when required.

The service had their own housekeeping staff. All clinical areas were cleaned by the clinical staff, before and after any treatments.

Staff used records to identify how well the service prevented infections. Hand hygiene audits were completed. We reviewed the February 2023 audit and they were 100% compliant.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore PPE in line with national guidance, such as, gloves and aprons to protect and prevent healthcare-associated infection. These were readily available to staff. The service requested patients completed a COVID-19 declaration before arrival.

Staff cleaned equipment after patient contact. Bespoke instrument sets were designed by the theatre lead to increase efficiency. A third party collected used instruments and delivered clean instruments daily.

Staff worked effectively to prevent, identify and treat surgical site infections. Patients were provided with written information about pre-operative skin preparation before their treatment as well as post treatment care requirements to promote healing. Patients were followed up to review their treatment and assessed for any signs of infection. The service reported 7 surgical site infections in the last 12 months.

Staff, patients and visitors to the department had access to antibacterial gel and handwashing facilities. We saw these used regularly throughout our inspection. Nursing and medical staff washed their hands and applied antibacterial hand gel between each patient contact. We also saw non-clinical staff, including reception staff using hand gel. The antibacterial hand gel was located at the entrance to the hospital and inside and outside of patient rooms on the ward.

## Environment and equipment

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

The design of the environment followed national guidance. The operating theatre and ward followed were well maintained.

The service had enough suitable equipment to help them to safely care for patients. There was a fully equipped emergency trolley which was clean, tamper evident and ready to use. Staff carried out daily and weekly checks of the equipment and medicines to ensure they were ready to use and in date. From the records we reviewed during a three-month period there were no gaps in the log. The ward lead nurse told us there had been an occasion when the log had shown a gap in completion. A refresher training session had been arranged to remind staff of the importance of checking the emergency equipment and the impact if this was missed. As a result, completion had remained at 100%. We saw annual safety checks of equipment had been completed.

There was an emergency bell in each room on the ward and this rang in the theatre to alert all staff. There was an RMO room on the ward. There was an emergency transfer policy and a transfer form.

Theatre air handling and ventilation systems had recently been upgraded to increase efficiency and temperature control in extreme temperatures.

# Surgery

Staff disposed of clinical waste safely. Specialist waste bags were used to improve carbon footprint. Sharps bins were labelled and stored safely. Nursing staff said these were emptied regularly and none of the bins we saw were unacceptably full.

The service had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The theatre team were on standby following surgery and were available if required to come back to theatre.

Staff said they had access to the equipment they needed for the care and treatment of patients.

There was a ward evacuation chair for patients who required support in the event of a fire. Staff completed regular practice evacuations with another member of staff in the chair. The fastest evacuation time had been 9 minutes.

A high-definition imaging laser enabled instant diagnosis during dermatology procedure negating the need to return for another appointment.

A laboratory clinic with a technician was available once per week.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The service made sure patients knew who to contact to discuss complications or concerns.**

Staff responded promptly to any sudden deterioration in a patient's health.

Staff completed risk assessments for each patient on arrival, using a recognised tool. Risk assessments included the patients suitability for the procedure, including medical history, existing health conditions and their smoking status. Patients were advised to stop the contraceptive pill and hormone replacement therapy (HRT) prior to surgery. This was due to the oestrogen and risk factor for venous thromboembolism (VTE). We reviewed 5 patient records and saw that risk assessments were completed. Psychologically vulnerable patients were identified and referred for appropriate psychological assessment in line with the Royal College of Surgeons Professional Standards for Cosmetic Surgery (2016).

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. For example, the National Early Warning Score system (NEWS) was used to monitor patients' clinical observations during treatments. This involved monitoring of clinical observations including heart rate, respiratory rate, blood pressure, oxygen saturations and temperature. Any concerns identified were immediately escalated to the surgeon for review. Staff completed clinical observations on patients during and following surgery.

In the event of an emergency, staff would call emergency ambulance services to transfer the patient to the local NHS hospital. A consultant anaesthetist with advanced life support training was always present when sedation was being used. All nursing staff were trained in immediate life support (ILS). We were told of an example where a patient collapsed prior to surgery. Tests completed at the service indicated they may require a blood transfusion. An emergency transfer was arranged to the local NHS hospital. The patient did not require a transfusion and requested to return back to the service in order to have the full experience, without the surgery. This was arranged.

# Surgery

Staff knew about and dealt with any specific risk issues. Managers told us patients who attended the clinic were generally very low risk, and they were careful about their selection of patients for surgical procedures. Inclusion and exclusion criteria were based on the American Society of Anaesthesiologists' (ASA) classification of physical health. Only those classified ASA 1 (completely healthy) or ASA 2 (with a history of mild disease) were accepted for surgery.

Staff completed the World Health Organisation (WHO) five steps to safer surgery checklist for all patients undergoing invasive clinical procedures. This process ensured that all staff were aware of the patients planned procedure. Staff safety briefs and debriefs were held regularly before and after each surgical procedure. Surgical clinical meetings were held regularly to discuss upcoming and previous surgeries, processes and improvements. The service completed a WHO checklist audit monthly. We reviewed the audit for May 2023 and they were 100% compliant.

Staff shared key information to keep patients safe when handing over their care to others. NHS patients discharge summaries were sent to their general practitioner (GP) and private patients could choose whether their GP received a discharge summary.

Shift changes and handovers included all necessary key information to keep patients safe.

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank staff a full induction.**

The service had enough medical, nursing and support staff to keep patients safe. There were 14 consultants, 13 permanent and 4 bank staff in theatre, 11 permanent ward staff and 6 administration staff. The number of nurses and healthcare assistants matched the planned numbers.

The theatre team remained the same: surgeon, anaesthetist, ODP, scrub nurse, scrub HCA and recovery nurse.

Managers limited their use of bank and agency staff and requested staff familiar with the service. A team of bank staff were available to support the theatre and ward teams. Shifts to be covered were added to the group messaging app.

The service had low vacancy rates. The service had low turnover rates.

The service always had a consultant on call during evenings and Saturdays.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. Staff recorded all cosmetic implants on the Breast and Cosmetic Implant Registry (BCIR).**

Patient notes were comprehensive and all staff could access them easily. The service used paper patient records. They were in the process of sourcing an external company to scan the archived records to a digital system with the aim to be paperless in the future.

Patient information was complete and concise and care plans were up to date. The records were comprehensive and reflected the needs of patients. Completion of records was regularly audited and actions were taken to address any shortfalls.

# Surgery

An electronic system was being introduced and templates were being devised.

Staff records were not consistently stored in one place. There were electronic copies of some records and paper copies of others. Paper copies were not stored in a central location. This meant it was not always easy for the service to have oversight of staff appraisals, competencies, disclosure and barring service (DBS) records and completed induction paperwork.

All records were stored securely.

## Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely.

Staff completed medicines records accurately and kept them up-to-date. We reviewed 5 patients' records which detailed the dose of medicines, route and time of administration.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored in the operating theatre and on the ward in locked cupboards in line with national guidance. Medicines which were temperature sensitive were kept in medicine fridges. Staff checked the ambient and fridge temperatures daily to ensure medicines were stored in line with guidance.

The service kept controlled drugs (CDs) in the theatre and on the ward. These were stored in line with national legislation. There was an alarm system and the police would be alerted should the CDs be a target for theft out of hours. There was an appointed controlled drug accountable officer (CDAO) responsible for the management of CDs. We reviewed the CD register during our inspection and saw all entries and checks had been completed appropriately and in line with guidance.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with the service's policy. All incidents were reported on the accident report form and near miss report record. This provided a single record of each incident, subsequent investigation, the root cause, agreed learning, and evidence of the learning and its effectiveness.

Reports from investigations showed incidents were thoroughly investigated. The policy set out the processes for reporting and managing incidents and described the root cause analysis investigation process and the roles and responsibilities of staff involved in the process.

Managers shared learning about never events and serious incidents with their staff. Learning from incidents started at the point where the event happened, with any necessary local action being taken to minimise a similar event from reoccurring.

# Surgery

Example: following an incident where a patient fell changes were made to the colour of the step to differentiate the step from the floor.

There had been a total of 1 incident reported between May 2022 and May 2023.

The service had no never events on any wards. Never Events are serious, largely preventable patient safety incidents that should not happen if all available preventative measures have been used.

Staff reported serious incidents clearly and in line with the service's policy. Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We were informed of an incident which met the threshold for the duty of candour where a patient experienced a brief moment of accidental awareness during general anaesthesia. Accidental awareness is a patient becoming conscious when the anaesthetist intended the patient to be unconscious. In this instance there was a lack of seal where the spike engages with the pre-filled syringe for the anaesthesia, but the short acting muscle relaxant was still working. A full apology was offered to the patient, the patient was admitted for another night for close monitoring and support. The patient was also offered a referral to a psychiatrist specialising in post-traumatic stress disorder but declined. The incident was investigated, learning was shared and improvement made.

## Is the service effective?

Good 

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. The service met cosmetic surgery standards published by the Royal College of Surgeons.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes. There was a process in place for policies to be reviewed regularly to ensure they were updated in line with national guidance.

Staff assessed people's suitability for proposed treatments. During consultations, surgeons reviewed and assessed each patient's medical history, general health, mental health and any previous cosmetic surgery. Expected outcomes and potential risks were discussed openly and honestly, in line with national guidance and professional standards.

The service used policies, care and treatment pathways, and clinical protocols and processes. Policies were available to all staff and they knew how to access them.

Paper copies of policies were available in folders on the ward and were easily accessible for all staff and staff had signed to signify they had read and understood the policy.

# Surgery

## Nutrition and hydration

**Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.**

Patients were informed of any dietary requirements before attending the service for a procedure.

Patients had access to water and hot drink facilities in the waiting room. An on-site kitchen with chef prepared meals for in-patients and staff. Produce from the hospitals' kitchen garden was used in some meals.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

All patients we spoke with said they had their pain assessed and appropriate methods of reducing pain were discussed and offered immediately.

Staff prescribed, administered and recorded pain relief accurately. We saw patients' records relating to the prescription and administration of pain relief was completed correctly.

## Patient outcomes

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

The service participated in some relevant national clinical audits, but not all. The service were not reporting to the private healthcare information network (PHIN). However, they did report to the American Association for the Accreditation of Ambulatory Plastic Surgery Facilities (Quad A). The service provided Quad A with a quarterly audit of patient safety data for every surgeon with practicing privileges.

The service did not report procedure specific patient reported outcome measures (Q-PROMS) as recommended by the Royal College of Surgeons of England

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The service participated in a local annual audit programme. This included catheter insertion, post operative pain score, emergency trolley, fridge temperature, hand hygiene, cleaning schedule and documentation review. Other audits included legionella, fire, air handling, medical gases and mattresses. Managers used information from the audits to improve care and treatment. Action plans were developed to address areas of improvement and were regularly reviewed. Recently, an audit of the World Health Organisation checklist (The WHO surgical safety checklist is a core set of safety checks) showed staff interpreted some questions differently. As a result, the service have rephrased the questions to avoid confusion.

There were plans to move to an electronic audit system where data could be captured and analysed on tablet devices.

# Surgery

## Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service made sure staff were competent for their roles.

Managers gave all new staff a full induction tailored to their role before they started work. Staff were given a full induction tailored to their role before they started work. Staff confirmed they received a comprehensive induction and were required to complete a couple of shadow shifts prior to commencing. All staff had an induction booklet and manual. They felt confident and prepared to work in the outpatient department.

Managers supported staff to develop through yearly, constructive appraisals of their work. Data showed most staff had received an appraisal and others had dates booked in the near future. Staff completed a pre-appraisal form and this formed the basis for a discussion with their manager and consideration of future objectives.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Minutes of meetings were available for staff to read.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Training needs were identified for staff and they were given the time and opportunity to develop their skills and knowledge. There was a commitment to training and education within the service. Staff told us they were encouraged and supported with training and there was good teamwork. Staff were encouraged to keep up to date with their continuing professional development and there were opportunities to attend training and development in specific areas, for example, negative pressure wound therapy.

The service had introduced a clinical fellowship agreement. Fully trained plastic surgeon fellows worked alongside, and were supervised by, surgeons at the service. This meant the service could benefit from the knowledge of surgeons at the forefront of current training.

## Multidisciplinary working

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

Staff worked with other health care disciplines when required, for example physiotherapy or dietetics.

Staff referred patients for mental health assessments when they showed signs of mental ill health.

All staff were involved in assessing, planning and delivering care and treatment. Staff ensured patients received consistent coordinated, person-centred care and support when they used services.

## Seven-day services

**Patients could contact the service seven days a week for advice and support after their surgery.**

Services were available from Monday to Saturday. 24-hour care on the ward.



# Surgery

## Health promotion

### **Staff gave patients practical support and advice to lead healthier lives.**

Health promotion was a routine part of all care provided to patients. All staff worked collaboratively to assess aspects of general health and to provide support and advice to promote healthy lifestyles.

Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle. A medical questionnaire was sent to patients by email and a nurse would assess past medical history.

A psychological assessment was part of the preoperative assessment. Any concerns were shared with the surgeon about the appropriateness of proceeding with surgery.

Patients were advised to stop smoking prior to their surgery as smoking would hinder their wound healing. Carbon monoxide levels were monitored and if readings were too high the procedure would be rescheduled and the patient would be advised to stop smoking.

Patients were also advised to stop HRT or a combined oestrogen contraceptive as this would impact on recovery.

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

### **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance and ensured that patients gave consent in a two-stage process with a cooling off period of at least 14 days between stages. They understood how to support patients.**

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Throughout the inspection we saw staff explaining the assessment and consent process to patients and any need to share information with other professionals such as GPs, before obtaining written consent. Staff clearly recorded consent in the patients' records.

Staff made sure patients consented to treatment based on all the information available. Staff said they obtained consent from patients prior to commencing care or treatment. They said the risks and benefits of any procedure were fully explained to the patient.

Staff clearly recorded consent in the patients' records as we saw in all the records we reviewed.

For surgical procedures consent was obtained from patients for their care and treatment at pre-assessment appointments and was in line with legislation and guidance.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We were told of a recent example of a patient who presented with no red flags for psychiatric assessment. They underwent surgery but were unsatisfied with the result. The service re-operated, but the patient was still unhappy with the result. The surgeon proceeded with a psychiatric referral and the patient was reviewed. The final decision was to not perform further surgery.

Patients in mental health crisis were referred to an urgent mental health service offering 24/7 support.

# Surgery

## Is the service caring?

Outstanding



### Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Care from the nursing, medical staff and support staff was delivered with kindness and patience. The atmosphere was calm and professional, without losing warmth. We spoke with patients and they told us “I felt listened to, everyone was warm and welcoming” and “I felt valued and listened to, they are very thorough. There was no pressure and I was able to make up my own mind. All staff were kind, caring, nurturing and supportive”.

Staff were focused on the needs of the patients and ensured they felt respected and valued as individuals. One patient described being “treated like a king”.

Staff took time to interact with patients and those close to them in a respectful and considerate way. During our inspection we observed kind interactions between staff and patients. Staff introduced themselves prior to the consultation. They were open, friendly and approachable and interactions were very caring, respectful and compassionate. One patient explained they had been late to their appointment but did not feel rushed.

Patients said staff treated them well and with kindness. The comments we received from patients were unanimously positive. They spoke positively about their experience in the hospital. They confirmed all staff were genuine and courteous and were kind and helpful to them.

### Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients were spoken with in an unhurried manner and provided support post surgery. Patients told us “It’s such a friendly place, everything is explained well before, during and after. The surgeon was approachable and explained exactly what would happen”. “The whole package was fantastic, the aftercare was brilliant”.

Patients’ individual concerns were promptly identified and responded to in a positive and reassuring way.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them.

Staff were highly motivated to offer care that promoted patients’ dignity. Throughout our inspection, we saw patients being treated with dignity and respect. All patients said their privacy and dignity was maintained.

# Surgery

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

### Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Questionnaires were automatically sent to patients following treatment and they contained free-text boxes along with questions, enabling patients to provide feedback if they wished. Managers reviewed these and were able to proactively speak with patients if an issue had arisen during their stay.

Staff made sure patients and those close to them understood their care and treatment. Patients told us they had time to consider their treatment and that the risks and benefits were clearly explained. One patient we spoke with also told us they had accompanied a relative to their appointment. We were told “I was allowed in the room as my relative was anxious. Both the surgeon and anaesthetist explained what they were going to do. My relative said they felt much better after hearing what they said and I was offered refreshments whilst I waited”.

Patients were involved with their care and decisions taken. Patients said all procedures had been explained and they felt included in the treatment plan and were well informed. They felt really cared for and that they mattered.

Patients gave positive feedback about the service. They said staff went the extra mile and their care and support exceeded their expectations. A number of patients had returned for further treatment and recommended the service to their family and friends.

Staff talked with patients in a way they could understand. We observed staff explaining things to patients in a way they could understand to help them become partners in their care and treatment.

Patients were encouraged to share their experience on a review platform, surveys and questionnaires. Patients were also able to use the NHS trust’s friends and family test to give their feedback about the hernia service and recommend the service to friends and family if they needed similar treatment or care. Results were unanimously positive.

## Is the service responsive?

## Meeting people’s individual needs

### The service was inclusive and took account of patients’ individual needs and preferences. There was a system for referring patients for psychological assessment before starting treatment, if necessary.

We saw detailed discussions took place between surgeons and patients prior to them making any decisions; this included information about how the procedure would be performed, cost, and any potential risks or complications. We saw surgeons would also explore the possibility of non-surgical options or not performing a procedure at all, if they felt this was more appropriate for the patient. All patients said they had been fully informed and supported at all stages of treatment.

Patients were given a choice of food and drink to meet their cultural and religious preferences.

Bariatric patients were excluded for surgery.

# Surgery

Facilities and premises met the needs of people who used the service. There was ample car parking available for patients.

Due to the listed protection on the building of the hospital, it was not easy to always be accessible. However, special arrangements could be made to accommodate patients with an accessibility need, such as ramps and there was also lift in the building. There were reasonable adjustments made so that people with a disability could use services on an equal basis to others. A wheelchair was also available for patients with mobility needs.

However, the service did not have information available in other languages. They told us patients would often bring their own interpreter but that a translator could be arranged upon request. This meant they were not assured the interpreter was impartial and not coercing the patient in any way.

The service had not yet installed a hearing loop but we were told this was planned.

For those patients with anxiety or depression a private room was available for all patients on the ward, or there was one room with 2 beds if patients wanted to have a friend or family member to stay with them.

## Access and flow

### **People could access the service when they needed it and received the right care.**

The service provided cosmetic surgery for self-funded patients. It also had a contract with a local NHS trust to provide hernia surgery to help with the NHS waiting times.

Self-funding patients made contact with the hospital by referring themselves through the website, telephone or email. Information was provided initially and patients could decide whether they wanted to book a consultation. There was a 2 week wait for initial consultations. A letter and personalised quote would follow up the consultation and if the patient decided to go ahead with surgery this could be booked. There was a 6 week wait for surgery.

NHS patient referrals were handled through a third party. This was a rolling 6-month contract. The hospital offered 2 theatre lists with 8 patients in each list per week. The third party had responsibility for assessing the suitability for surgery and booking these patients an appointment. A meeting was held regularly between the NHS, third party, consultant general surgeon and the service to discuss the waiting lists. Transport was provided for patients that had to travel outside of the local area.

Managers and staff worked to make sure patients did not stay longer than they needed to. A high-definition imaging laser enabled instant analysis and diagnosis during dermatology Mohs procedure, negating the need to return for another appointment. (Mohs is microscopically controlled surgery used to treat both common and rare types of cancer). Patients were required to not smoke prior to surgery. This was tested using an exhaled carbon monoxide breath test. We were told a patient had their surgery cancelled due to a high reading on the day of their surgery. Smoking can delay a patients healing process and increase the risk of infection at the wound site. There was an onsite hyperbaric oxygen therapy chamber available for patients should they choose to pay for this. Hyperbaric oxygen therapy is a type of treatment used to speed up healing of carbon monoxide poisoning, wounds that do not heal and infections.

Managers worked to keep the number of cancelled appointments and operations to a minimum. There had been no NHS patient operations cancelled in the last 12 months. There were 153 NHS outpatient appointments in the last 12 months. There had been a total of 2037 attended outpatient appointments and 922 outpatient appointments cancelled in the last 12 months. This was due to either medical reasons, COVID-19 or patients choosing not to attend.

# Surgery

There was an appointment team who managed the theatre lists. Patients were sent a text reminder 2 days prior to their appointment.

We spoke with patients who said they were very satisfied with the speed of appointments and waiting times were kept to a minimum.

## Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Patients said they felt they could raise concerns with the clinical staff they met. Most patients told us if any issues arose, they would talk to the surgeon or lead nurse available.

Staff understood the policy on complaints and knew how to handle them. There were policies and processes to appropriately investigate, monitor and evaluate patient's complaints.

There had been no investigated complaints in the last 12 months. However, staff could give examples of how they used patient feedback to improve daily practice.

Information about making complaints was available in the information provided to patients at the preassessment stage. There was a separate email address for patients to make a formal complaint. Every complaint and concern would be reviewed to identify the issues raised by the complainant to ensure learning and continuous improvement.

All staff we spoke with were aware of the complaints system and the service provided. They were able to explain what they would do when concerns were raised by patients. They said they would always try to resolve any concerns as soon as they were raised, but should the patient remain unhappy, they would be directed to the operations manager.

## Is the service well-led?

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

Leaders had the skills, knowledge, experience and integrity to run the service. The leadership consisted of the registered manager who was supported by the operations manager and the theatre and ward lead nurses. Managers demonstrated an understanding of the challenges to quality and sustainability for the service.

Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. They had the right skills and abilities to run the service providing high quality and sustainable care. The team were experienced with a commitment to the patients who used the service, to their staff and each other. It was an integrated and strong team with an emphasis on providing consistent and high-quality care.

# Surgery

The team were knowledgeable and passionate about the service and actively worked to improve delivery of care. Staff we spoke with said managers were accessible and we heard about support for all members of staff in the hospital.

Staff told us leaders were visible and approachable. They felt able to openly discuss issues and concerns with senior staff and their managers. They believed they would be listened to, and actions taken when necessary if anything needed to change or be addressed.

Staff were supported to develop their skills and competencies within their roles. We received consistently positive feedback from staff who had a high regard and respect for their managers.

All staff we met said they felt valued and were proud to work in the team. They felt extremely supported by their manager and their colleagues.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

The service was proud to be a clinically led service. This meant the clinical aspect of the hospital informed the decisions made. The strategy focused on providing patients with safe care and an excellent patient experience. There were ambitious plans to increase activity.

The service used the same teams. This ensured the level of specialism and the care provided was consistent and maintained a high level of care and patient experience.

Excellent patient satisfaction and staff retention formed part of the services vision. The service also aimed to promote education within the aesthetics industry. This was to aid the advancement of clinical and surgical technique, but also for safe practice.

Progress against delivery of the strategy was monitored and reviewed.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Staff felt supported, respected, valued and were positive and proud to work in the organisation. There were cooperative, supportive and appreciative relationships among staff. Staff worked collaboratively, shared responsibility and resolved conflicts quickly and constructively. The team was a close-knit team who provided support to each other. It was clear their work was important to them and they felt passionate about their contribution to care and were committed to improving the service.

The culture encouraged openness and honesty at all levels within the organisation, including people who used services, in response to incidents. Staff said learning and action taken was shared when a serious incident, or near miss occurred. Managers told us there was an open door policy and staff could speak with them whenever they felt they needed to.

# Surgery

There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution. Staff were aware they could raise concerns about patient care and safety, or any other anxieties they had. Staff said they were encouraged to speak up and felt comfortable about raising any concerns.

Staff were aware of the whistleblowing policies and procedures and felt able to approach managers to raise any concerns or suggestions. They were confident they would be listened to and action taken.

Staff well-being was important and we heard of team building days and annual parties for staff. Lunch was provided for staff on-site.

## Governance

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

There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. There was a clear performance management reporting structure with regular governance meetings looking at operational performance. This included a review of learning, incidents, staffing, audits and risks. We saw the meeting had been minuted.

Staff at all levels were clear about their responsibilities, roles and accountability within the governance framework.

An extensive set of policies was readily available on the intranet and in paper version. These were supported by standard operating procedures and processes.

There was a service level agreement with a third party for hernia repairs which was reviewed regularly.

Ward and theatre staff had their own team meetings due to differing shift patterns. Updates were sent directly to staff.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

There were assurance systems and performance issues were escalated through clear structures. There were processes to manage current and future performance which were reviewed and improved through a programme of clinical and internal audit. The service took part in an audit programme and evidence of improvements or trends were monitored. Performance data and quality management information was collated and examined to look for trends, identify areas of good practice, or question any poor results.

Leaders monitored quality, operational and financial processes and had systems to identify where action should be taken.

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There were arrangements for identifying, recording and managing risks, issues and mitigating actions. The service had a risk register which clearly identified individual risks and the action taken to mitigate the risks. The position was monitored at monthly meetings. There was alignment between recorded risks and what staff said was 'on their worry list'. These included planned strike action in the NHS and COVID-19.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

Information was used to measure improvement, not just assurance. Quality and sustainability both received coverage in relevant meetings.

Staff had access to information they required to provide good patient care. Staff used paper electronic systems to manage patient information.

All staff had access to the intranet, which contained the information and guidance for staff to carry out their duties. Staff we spoke with were familiar with the intranet and knew where to find the information they needed.

There were clear service performance measures, which were reported and monitored with effective arrangements to ensure the information used to monitor, manage and report on quality and performance was accurate.

There were arrangements to ensure data or notifications were submitted to external bodies as required.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

People's views and experiences were gathered and acted on to shape and improve the services and culture. Patients were encouraged to share their experience on a review platform and surveys and questionnaires. Results were unanimously positive.

Staff were also actively engaged, including those with a protected characteristic, so their views were reflected in the planning and delivery of services and in shaping the culture. Staff told us they felt engaged, informed and up to date with what was happening within the hospital. Information was shared through different forums. These included face-to-face discussions, emails and staff meetings. Staff survey results were unanimously positive.

The ward team had a yearly all-day meeting to discuss updates, processes staffing, learning and new equipment.

Staff said they were encouraged to speak up and voice their suggestions and solutions.

Staff had access to HR advice platforms and health and wellbeing services. Advice was available for contractual issues, terms and conditions, sickness and annual leave, and for occupational health advice and access to mental health services. Counselling services were available through the occupational health service.



# Surgery

## Learning, continuous improvement and innovation

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

Leaders and staff aspired to continuous learning, improvement and innovation. This included participation in appropriate research projects and recognised accreditation schemes.

The service was accredited by the American Association for the Accreditation of Ambulatory Plastic Surgery Facilities (Quad A). The accreditation involved regular reporting, annual reports and three yearly site visits.

A clinical fellowship agreement had been introduced. Fully trained plastic surgeon fellows worked alongside, and were supervised by, surgeons at the service. This meant they could benefit from the knowledge of surgeons at the forefront of current training and the fellows could benefit from the experience offered by the surgeons.

The service had joined the Consortium of Aesthetic Plastic Surgery Clinic Owners. (CAPSCO) The constitution was ratified in June 2020. The members virtually met to discuss areas such as policy, insurance and to gain insight into other facilities.

A recent study had been conducted at the service on 39 patients between an 8-month period. Patients had differing drain types (a drain is a thin tube that is placed in the space created when tissue is removed during an operation). Their discomfort was assessed in situ and on removal. The study showed one type of drain was more comfortable for patients than the other. Therefore, the service changed the drain type they used to improve patients' experience.

Staff were encouraged to partake in improving the service. We were told bespoke drape packs and instrument sets had been designed for two different types of procedure. (A drape pack is used so clinicians can easily see theatre equipment and the incision area). A third bespoke pack was being created due to the success of the first two. We were told the bespoke packs had increased efficiency and economic use of consumables.

There was a Hyperbaric chamber on-site to assist patient healing as required. All operators had been fully trained in its use.

There was a clinic laboratory on site to allow for one stop clinics for dermatology Mohs surgery, a procedure for the treatment of skin cancer. This was supported by theatre staff. Therefore, skin cancers could be completely excised and analysed on the same day, resulting in an instant diagnosis.

The service also offered a 3D image and face modelling using digital technology to assess before and after surgery imagery for patients.