

The Private Clinic Limited - Birmingham

Quality Report

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Date of inspection visit: 19 February 2020

Date of publication: 23/04/2020

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

Ratings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

The Private Clinic Ltd - Birmingham is operated by The Private Clinic of Harley street Limited. Facilities include an operating theatre/procedure room, two consultation rooms, one nurse consultation room and a one-bed recovery area.

The service provides cosmetic surgery for adults aged over 18 years. The main cosmetic services provided was Vaser liposuction, endovenous laser ablation (EVLA) (removal of varicose veins with sclerotherapy and hair transplantation).

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 19 February 2020.

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.

Our previous inspection carried out in September 2016 was not rated because at the time of that inspection we did not have a legal duty to rate cosmetic surgery.

We rated it as **Good** overall.

We found areas of good practice;

- All staff considered safety as a priority and contributed to the overall safety ethos within the service. Comprehensive and rigorous safety checks and monitoring procedures were carried out throughout the patient's journey and were integral to clinic activities.
- There were comprehensive audits and performance monitoring measures in place. Performance was shared with staff.
- All staff attended safeguarding training. Mandatory training was up to date for all staff.
- There was an infection prevention and control lead who conducted monthly audits and spot checks.
- There was a system for recording and reporting incidents. All staff were aware of how to access and use this.
- There was a leadership and managerial structure with clear responsibilities, roles and accountability to support good governance.
- There was a development programme available to staff. All staff were encouraged to attend leadership development and other non-clinical development courses as well as enhancing their clinical skills and developing new ones. All development courses, conferences and other events were fully funded by The Private Clinic of Harley Street Ltd.
- There was a clear vision and strategy which had been developed in collaboration with staff, and people using the service.
- The provider acted promptly on any feedback in order to improve quality and patient satisfaction. We noted that since our last inspection in 2017, leaders had made a number of changes and improvements to address the areas for improvement, and these had been sustained and embedded into everyday practice.
- Follow up care was provided and seen as an equally important part of the patient's journey. Access to advice from a clinic nurse or surgeon was available 24 hours/day for patients immediately following a procedure.
- Staff and managers worked especially hard to make the patient experience as pleasant as possible. Staff recognised and responded to the holistic needs of their patients from the first appointment to checks on their wellbeing after they were discharged from the hospital.

Summary of findings

- All staff had attended clinical skills updates and training appropriate to their role and were encouraged to develop additional skills to enhance the patient's experience. The provider had invested in staff financially and funded all training and development.
- There were robust and comprehensive infection prevention and control (IPC) measures and monitoring in place which all staff respected and adhered to.
- There was an ethos of putting the patient first, all of the time. Patients who may not benefit from a procedure fully were discouraged from proceeding and were offered less invasive, less costly alternatives or were referred to other services.
- There was a robust and comprehensive pre-assessment process using a nationally recognised scoring tool and guidelines. A number of risk assessments were used including patient health questionnaires.

We also found areas of outstanding practice;

- There was a strong, visible person centred culture. Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff are strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff were alert and vigilant in identifying potential issues with body dysmorphia and acted appropriately and in the patient's best interest.
- Staff working at the clinic experienced high levels of personal and professional support and engagement with leaders at the location and described the culture as empowering and contributed to high standards of patient care and satisfaction.
- Staff and managers worked especially hard to resolve complaints and ensure that patients were completely satisfied after their procedure. This included fully funded follow up treatment at another centre if required. Travel and accommodation costs were also fully met
- The service had an equality, diversity and inclusion strategy and had recently set up a committee and equality champions at each location to support and promote the strategy.
- There was a development programme available to staff and all were encouraged to attend leadership development and other non-clinical development as well as enhancing their clinical skills and developing new ones. All development courses, conferences and other events were fully funded by The Private Clinic of Harley Street Ltd.

Heidi Smoult.

Deputy Chief Inspector of Hospitals, Central Region.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Surgery was the main activity of the service. We rated this service as good because we identified areas of good practice in the safe, effective, caring, responsive and well-led domains.



Summary of findings

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Good 

Location name here

Services we looked at

Surgery;

Summary of this inspection

Background to The Private Clinic Limited - Birmingham

The Private Clinic Ltd - Birmingham is operated by The Private Clinic of Harley street Limited. . The hospital/ service opened in 2009. It is a private clinic based in Edgbaston, Birmingham. The clinic primarily serves the communities of the West Midlands area. It also accepts

patient referrals from outside this area. Clients who require more complex procedures or require general anaesthetic are treated at the provider's facility in London or are referred to other facilities in the local area.

The clinic's current registered manager has been in post since 2018.

Our inspection team

The inspection team comprised of a CQC lead inspector and a specialist advisor with expertise in surgery and anaesthetics. Fiona Allinson, head of hospital inspection oversaw the inspection team.

Why we carried out this inspection

This inspection was carried out as part of our routine inspection activity.

How we carried out this inspection

During the inspection, we visited the theatre/procedure room, consulting rooms and recovery area. We spoke with eight staff including registered nurses, reception

staff, medical staff, operating department practitioners, and senior managers. We spoke with five patients and one relative. During our inspection, we reviewed nine sets of patient records.

Information about The Private Clinic Limited - Birmingham

The clinic has one operating theatre/procedure room and is registered to provide the following regulated activities:

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

During the inspection, we visited the theatre/procedure room, consulting rooms and recovery area. We spoke with eight staff including registered nurses, reception staff, medical staff, operating department practitioners, and senior managers. We spoke with five patients and one relative. During our inspection, we reviewed nine sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected two times, and the most recent inspection took place in September 2016 which found that the service was meeting most standards of quality and safety it was inspected against, but needed to improve their practices for record keeping; using an early warning system to access deteriorating patients; documentation of team briefings prior to surgery; medicines management; and processes to ensure staff learned from mistakes.

Summary of this inspection

Following the September 2016 inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve.

Activity (August 2018 to July 2019)

- In the reporting period August 2018 to July 2019 there were 334 day case episodes of care recorded at The Private Clinic. None of these were NHS-funded.
- There were 12 doctors who worked at the clinic under practising privileges, of these, nine were on the General Medical Council (GMC) specialist register. There was one operating department practitioner, one registered nurse, and other clinic staff. The clinic also had access to bank staff from The Private Clinic of Harley Street Ltd Group. The Authorising Officer for controlled drugs (CDs) organisationally was a senior clinician. There was a controlled drugs (CDs) License Holder on site who was the clinical lead.

Track record on safety;

- No never events

- Clinical incidents; 10 no harm, 4 low harm, 1 moderate harm, 0 severe harm, 0 death
- No serious injuries
- No incidents of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- No incidents of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- No incidents of hospital acquired Clostridium difficile (C.diff)
- No incidents of hospital acquired E. coli
- One complaint had been registered in the preceding 12 months.

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Grounds Maintenance
- Laser protection service
- Laundry
- Maintenance of medical equipment
- Cleaning services.

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 rated it as **Good** because:

- There was an ethos of prioritising safety in every aspect of the patients journey.
- Processes to ensure safety were comprehensive, robust and well managed.
- The WHO checklist, team brief and sign out in the theatre were robust and comprehensively carried out.
- Staff were alert and vigilant in identifying potential issues with body dysmorphia and acted appropriately and in the patient's best interest at all times.
- There was a comprehensive pre-assessment process for all patients, using a nationally recognised scoring tool.
- Staff maintained comprehensive and accurate patient records.
- An early warning system was used to identify deteriorating patients.
- Staff had attended appropriate training for their roles and encouraged to develop further.
- All staff attended safeguarding training.
- There was an infection prevention and control lead who conducted monthly audits and spot checks.
- Mandatory training was up to date for all staff.
- There was a system for recording and reporting incidents. All staff were aware of how to access and use this.

Good



Are services effective?

We rated it as **Good** because:

- Staff used national guidelines such as national Institute for Clinical excellence (NICE) and Association for perioperative practice (AfPP) to inform their practice.
- Patient outcomes and performance data was collated and used to review individual consultant performance by the medical director. Records showed positive outcomes for patients following their procedure.
- Care and treatment was provided by suitably trained staff.
- Staff worked well together as a team.
- There was a robust consent process. All staff were very clear about what actions to take if a patient lacked capacity to make their own decisions.

Good



Summary of this inspection

- The service participated in national audit programmes such as the performance reported outcome measures (PROMS) for vaser liposuction, to compare and benchmark patient outcomes.
- There was a clear governance structure with effective communication between the clinic leadership and the corporate leadership team.

Are services caring?

We rated it as **Outstanding** because:

- Staff provided compassionate care 'above and beyond' to meet the holistic needs of patients.
- Staff attitude to caring for patients was overwhelmingly positive.
- All staff were extremely kind, courteous, caring and attentive to patient's individual needs and ensured that any waiting relative or friend was also cared for.
- Staff were vigilant about ensuring privacy and dignity for patients at all times.
- Patients were kept fully informed of their care and staff provided emotional support during their procedure where needed.
- The service were clear about refusing treatment and procedures to patients who may not benefit fully and offered less invasive alternatives or gave health advice instead.
- Patient feedback was overwhelmingly positive.

Outstanding



Are services responsive?

We rated it as **Good** because:

- Staff and managers worked especially hard to resolve complaints and ensure that patients were completely satisfied after their procedure.
- The service coordinated their surgery schedule according to demand so that patients didn't wait long for their procedure.
- Staff made sure patients living with mental health problems received an assessment and had access to counselling if required prior to any procedure
- Staff monitored waiting times for patients and informed a manager if a patient had been waiting longer than expected to see a doctor.

Good



Are services well-led?

We rated it as **Good** because:

Good



Summary of this inspection

- Staff working at the clinic experienced high levels of personal and professional support and engagement with leaders at the location and described the culture as empowering and contributed to high standards of patient care and satisfaction.
- There was a leadership and managerial structure in place with clear responsibilities, roles and accountability to support good governance.
- There was a clear vision and strategy which had been developed in collaboration with staff, and people using the service. This was clearly articulated at the clinic.
- The provider acted promptly on any feedback in order to improve quality and patient satisfaction. We noted that since our last inspection in 2017, leaders had made a number of changes and improvements to address the areas for improvement, and these had been sustained and embedded into everyday practice.
- Staff felt positive and proud to work for the service. Staff told us they worked really well as part of a team and enjoyed supporting colleagues through a culture of learning together.
- The service had an equality, diversity and inclusion strategy and had recently set up a committee and equality champions at each location to support and promote the strategy.
- There was a development programme available to staff and all were encouraged to attend leadership development and other non-clinical development as well as enhancing their clinical skills and developing new ones. All development courses, conferences and other events were fully funded by The Private Clinic of Harley Street Ltd.






Detailed findings from this inspection

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 

Are surgery services 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. In the reporting period August 2018 to July 2019 the clinic had maintained 100% compliance for all staff across all modules, which were a combination of e-learning modules and face to face training courses.

The mandatory training was comprehensive and met the needs of patients and staff. This included sepsis training and sepsis screening; identifying and managing a deteriorating patient; Infection prevention and control; and basic life support.

Clinical staff completed training on recognising and responding to patients with mental health needs and learning disabilities. All staff had undertaken a comprehensive training course on how to recognise potential body dysmorphia, and were able to describe how they would sensitively manage a patient who displayed signs of this.

Managers monitored mandatory training and alerted staff when they needed to update their training.

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.

All staff received training specific for their role on how to recognise and report abuse. Receptionists were trained to level two and all clinical staff were trained to level three and some to level four. Training included recognising issues such as female genital mutilation (FGM) and preventing radicalisation.

There were two staff on duty at the clinic who were trained to level three and staff always had access to a clinician at corporate level who was trained to level four. Staff told us they took their safeguarding responsibilities seriously and were vigilant in observing for potential issues, even though a safeguarding concern rarely presented.

There was a chaperone policy in place and all staff followed this. We saw that staff recorded the name and role of a chaperone in the patient record. There were notices in waiting areas informing patients of their right to a chaperone. Staff had received training to act in the role of chaperone.

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 make a safeguarding referral and who to inform if they had concerns. There had been no safeguarding referrals made at the Birmingham clinic in the reporting period August 2018 to July 2019, however, staff were able to describe a referral that was made by another clinic within the group and the learning that was shared via the corporate team.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site

Surgery

infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinic areas were very clean and had suitable furnishings which were clean and well-maintained. All the areas we inspected were visibly clean and tidy. These included the theatre, patient waiting areas, storage areas, and consultation rooms. Patient trolleys and chairs were made of material which was easily cleaned for the prevention and control of infection.

Staff cleaned equipment after patient contact and labelled equipment with green 'I am clean' stickers to show when it was last cleaned. There was a cleaning schedule which showed 100% compliance with a cleaning regime. The clinic was cleaned each evening by an external contractor and there was a deep clean conducted every six months.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw all staff were bare below the elbow when in clinical areas to prevent the spread of infection. We observed supplies of antibacterial gel and access to suitable handwashing sinks. We saw, and patients told us, staff wore PPE such as gloves and aprons when needed. We observed staff washing their hands before and after each patient contact.

Staff used records to identify how well the service prevented infections. Staff informed us that there were monthly hand hygiene audits carried out. We reviewed these and found they were 100% compliant with the provider's policy.

There was an infection prevention and control lead (IPC) at the clinic who also contributed to the IPC strategy at corporate level and maintained a vigilant approach to maintaining IPC standards at the clinic. All staff were aware of who the lead was and complied with the policy and standards for preventing infection. We saw that the IPC lead carried out a number of IPC audits monthly and provided ongoing training and updates for staff. In the reporting period August 2018 to July 2019 audit results ranged between 90% and 100% which was within the provider's target of 90%.

Staff worked effectively to prevent and identify surgical site infections. Medical staff told us that surgical site infections were rarely seen at the clinic. Any infections were reported via the clinic's electronic reporting system and monitored by the corporate leadership team.

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 service had suitable facilities to meet the needs of patients and their companions. The design of the environment allowed a suitable flow of activity throughout the building. The recovery area was next to the theatre/procedure rooms. There were enough consultation rooms and waiting areas to enable privacy and comfort. Where patients brought a companion with them, they were able to wait in the reception waiting area whilst the patient received treatment. The receptionist provided companions with refreshments and reading material.

The assessment rooms allowed for privacy and had a full range of equipment for conducting pre-operative checks. The theatre and recovery areas were also clean, well equipped and allowed for privacy.

Staff carried out daily safety checks of specialist equipment. This included the resuscitation trolleys in each area. Records showed that equipment servicing for items such as defibrillators and diathermy machines were carried out by an external provider. (Diathermy is a surgical technique involving the production of heat by high-frequency electric currents to cause bleeding vessels to clot.) Anaesthetic equipment was checked in line with professional guidance. The clinical lead, within theatres, led an equipment check process each morning which was extremely comprehensive and included anaesthetic equipment, oxygen, surgical instruments and packs. All staff working in the theatre took part in the checking process which was efficient, thorough and well-coordinated.

The service had enough suitable equipment to help them to safely care for patients. We checked a range of equipment and found all items were in date for service requirements. We checked a range of consumable equipment and found all were in date and in a well-kept condition.

Surgery

Privacy curtains around examination couches were regularly washed and dated when due to be changed.

The clinic used a combination of single use instruments and packs as well as some reusable surgical instruments. The service used an external contractor for the decontamination of reusable medical instruments, which was in line with national guidance. (Department of Health 2014 Decontamination and infection control)

Theatre attire (scrubs) and clogs were available in a range of sizes to ensure all staff who were required to wear them, were able to do so.

Staff disposed of clinical waste safely. Sharps bins and clinical waste containers were in appropriate locations and were labelled as required.

Storage of medical gases was safe. Oxygen cannisters were securely stored, in date and had adequate levels of oxygen.

Rooms with potentially harmful substances in them were secure.

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.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Nursing staff undertook regular monitoring of patients' vital signs to check for deterioration of health using National Early Warning Scores (NEWS). Vital signs included the measurement of; temperature, respiratory rate, pulse, blood pressure and blood oxygen saturation. Physiological measurements were recorded, and a score generated. This score then prompted when the next set of observations should be carried out, and if any escalation was needed such as a medical review. In recovery, observations were routinely carried out a minimum of every 15 minutes for 45 minutes or more frequently according to the score generated. Patients were usually well enough to go home within 90 minutes and were monitored during this time. An anaesthetist remained on site until patients had been discharged.

If a patient became unwell whilst visiting the clinic, staff knew to escalate this immediately to clinical staff, and if required immediate resuscitation measures would be

taken. Staff knew to dial 999 to ensure patient was transferred to the local hospital. There was no formal escalation policy in use, however, a protocol detailing actions to be taken to treat a deteriorating patient was in use and clearly displayed on the wall in clinical areas.

Patients completed a self-assessment medical questionnaire prior to attending a consultation with the patient coordinator. At this consultation, they discussed past medical history, allergies, expected outcomes of the procedure, reasons for considering the treatment, the patient's lifestyle, and any concerns. They were also provided with written information about the proposed procedure. Consultants then carried out a medical assessment and discussed the potential benefits and risks of the procedure. Additional questionnaires were used if there were any concerns about a patient's mental health or body image. This reduced the risks of any mistakes made at initial assessment.

Patients undergoing surgical procedures were treated under local anaesthetic and/or sedation. Staff were trained in administering conscious sedation. There was always an anaesthetist present during procedures which required conscious sedation.

Risk based pre-operative assessments were carried out using an assessment questionnaire. Staff followed a nationally recognised scoring system to identify potential anaesthetic or other risks. Although, general anaesthetic was not used at the clinic, staff utilised the tool to complete a comprehensive assessment for all patients. All staff who conducted pre-operative assessments had attended nationally recognised training for this role. At pre-operative assessment, patients with specific medical conditions such as heart disease, stroke, diabetes or cancer, were excluded from receiving treatment. This meant patients accepted for treatment were generally fit and well with a low risk of developing complications following surgery. We reviewed the clinic's surgical patient selection criteria document and found that this was comprehensive and included detailed clinical actions which needed to be taken for a wide range of medical conditions. The American society of anaesthetics (ASA) grading system was clearly identified within the document. The ASA Physical Status Classification System is used to assess a patient's pre-anaesthesia medical co-morbidities and help in predicting perioperative risks.

Surgery

Care was adjusted to manage any risks identified such as any allergies. Patients with a latex allergy were prioritised on theatre lists and staff removed latex equipment. Staff knew about and dealt with any specific risk issues such as venous thromboembolism (VTE) risk. Patients were screened for VTE risk at the pre-operative assessment appointment and on the day of surgery.

All staff had received training in basic life support and senior clinicians, consultants and anaesthetists had received advanced life support training. An anaesthetist was always present when a patient received sedation.

The service used the five steps to safer surgery World Health Organisation (WHO) checklist. These checks ensured that staff present confirmed patient details, the procedure to be undertaken and surgery site which reduced the risk of mistakes and harm to the patient. Checks took place before, during and following each procedure. We observed the checklist being undertaken in a theatre procedure and found they were completed appropriately and efficiently. The lead clinician ensured all staff participated fully with the checks. We observed excellent, effective team working, communication and coordination during all checks made in theatre which ensured maximum safety and effectiveness. WHO checklist audits were 100% compliant.

There was a vascular access policy and staff followed national and local safety standards for invasive procedures (NatSSIPs and LocSSIPs) These were a set of checklists which staff used prior to carrying out the following invasive procedures;

- Safer Surgery Checklist (WHO checklist)
- 'Stop before you Block' before local anaesthetic.

The service had access to specialist mental health support if staff were concerned about a patient's mental health. For example; if they were concerned about potential body dysmorphia or other mental health issues which may have prompted a decision to seek cosmetic procedures. The patient coordinator talked with patients about their reasons for wanting the cosmetic procedure as part of their initial consultation and assessment. If any staff were concerned about a patient's mental health, a clinician would conduct a full mental health assessment with the patient and discuss their concerns or findings. They

referred patients to their GP for further advice and assessment and deferred or refused treatment at this point. They would also write to the patient's GP to explain their concerns.

Staff shared key information to keep patients safe when handing over their care to others. Discharge letters were given to patients to share with their GP. Where required, information was shared with the patient's GP directly. For example; where there were concerns about mental health issues. Where assessments were made at the clinic, but treatment planned to be completed elsewhere, details of the assessment and pre-operative assessment information was shared with the treating clinician or clinic with patients' consent.

Shift changes and handovers did not occur at the clinic as all staff worked an entire shift. We observed a team brief at the start of a shift which was led by the lead clinician and included all necessary key information to enable efficient team coordination and to keep patients safe.

Following discharge, patients had access to an out of hours on call service with a clinic nurse for advice. Nurses had access to all surgeons for advice 24 hours a day, if required.

Nursing and support 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.

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance.

Staffing rotas were completed in advance and were flexed according to the needs of the service. Skill mix was factored into the rota to ensure there was always a senior member of clinical staff with the appropriate skills, qualifications and expertise in each area. Staff generally worked whole day shifts and where any gaps occurred in the rota due to annual leave or sickness, the clinic utilised bank staff from one of their other clinics or staff worked flexibly within the clinic to cover some roles.

Surgery

Managers encouraged staff to work in some other roles to fill gaps where required and provided additional training where appropriate. For example; clinic nurses were encouraged to complete the Association of Perioperative Practice (APP) course to gain a better understanding of theatre practice, and to enable them to act as a 'runner' if required. The role of pre-operative assessment nurse would only be filled by another nurse who had completed the appropriate training. We observed on the day that there was a theatre trained nurse from another clinic who acted as runner and a manager who was acting as a receptionist for a few hours to enable the receptionist to attend an appointment. Managers and staff told us that they enjoyed acting in different roles occasionally as it gave them a better appreciation of the whole patient journey.

The service had one vacancy for a healthcare assistant (HCA) which they were actively recruiting to.

Medical staffing

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

The service had enough medical staff to keep patients safe. All of the medical staff and anaesthetists were consultants who also practiced within the NHS or other clinical facilities.

Managers planned the rota according to the needs of the service. Managers told us it was rare for a consultant, anaesthetist or senior theatre practitioner to be unexpectedly absent, but if this occurred, they would be replaced by an equivalent clinician from one of their other clinics.

There were 12 consultants who worked at the clinic under practising privileges' of these, nine were on the General medical Council (GMC) specialist register. (The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic.) None of the consultants were suspended or had their practising privileges removed. We reviewed practicing privileges for two consultants and found these to be comprehensively reviewed and in order.

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.

Patient notes were comprehensive, and all staff could access them easily. The patient's clinical record was mainly in paper form in a folder, although all test results were accessed through secure computer systems.

We reviewed nine sets of patient records and found all to be clear, comprehensive, legible and contained all the key information that may be required, including details of each consultation, pre-operative assessment, past medical history, allergies, risk assessments, consent and chaperone details. A set of detailed proformas were used to collect relevant information and we noted that all sections of the record were signed by the relevant practitioner. This was an improvement since our last inspection. The patient coordinator also recorded a detailed account of the reasons the patient wanted the procedure and the benefits they expected from it.

When patients transferred to a new clinic or facility, there were no delays in staff accessing their records. Referrals and discharge summaries to patient's GPs were usually by letter.

Records were stored securely. These were kept in locked cabinets. Records were not taken off site by consultants.

Regular records audits were conducted. We reviewed an audit conducted in December 2019 and found this was 81% compliant against a service target of 91%. We reviewed their action plan and found that all improvements actions had been completed.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff stored medicines appropriately in locked cupboards or a medicines fridge for those which needed to be refrigerated. We saw staff maintained daily logs for recording fridge temperatures, which had been maintained at an appropriate temperature.

There were two resuscitation trolleys which were well maintained and fully stocked with appropriate medicines,

Surgery

which were in date. These were regularly checked, and a log kept of the records. We noted that the resuscitation trolleys had been moved away from a window since our last inspection to avoid the emergency drugs from getting too warm in the sunlight.

There was a safe process for ordering and re-stocking medicines cupboards, fridge and resuscitation trolleys. This ensured an ongoing supply and that medicines were always within date. The service had a local arrangement to supply medicines, including controlled drugs (CDs).

Staff stored and managed medicines and prescribing documents in line with the provider's policy. We saw that CDs were stored appropriately in locked cupboards and disposed of by two qualified staff in line with guidance. There was a CD register which recorded the administration of all CDs and we saw that this was completed appropriately, including signatures from two qualified clinicians for each entry and on the prescription. We noted this was an improvement since last inspection. Keys to the medicines cupboard were locked away in a key safe that was mounted to a wall in the theatre. Only the clinical lead and the clinic manager knew the code to access the key safe.

Staff reviewed patients' medicines and provided specific advice to patients and carers about their medicines and followed current national practice to check patients had the correct medicines to take home if these were required. We were told that most patients are advised about taking their usual over the counter painkillers.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. A limited number of controlled drugs were used at the clinic for the purposes of sedation and pain relief during a procedure. A thorough pre-operative assessment and a consultation with the patient coordinator was conducted prior to agreeing any procedure which included an assessment of a person's mental health if there were any concerns.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider

service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff raised concerns and reported incidents and near misses in line with trust/provider policy. The provider had implemented an electronic system for reporting incidents since our last inspection. Staff told us they knew how to use the system but rarely identified an incident. The clinic had recorded four incidents between the reporting period of August 2018 and July 2019. Three were recorded as no harm and one as moderate harm where a patient required additional treatment. Staff were able to tell us about learning from incidents that had happened at other clinics. This had been shared with them during their team meetings. For example; an equipment issue was found in a pre-prepared pack and reported to the supplier. In response to the issue, staff at the clinic have added an additional instrument check to their preparation process in the theatre prior to each session.

Staff received feedback from investigation of incidents within the service. Staff told us they received feedback following incidents, including from other clinics. Managers received regular feedback and updates through various corporate leadership meetings and communicated this to clinic staff. Managers and staff discussed the feedback and looked at improvements to patient care in a variety of meetings and forums. Staff also learned about improvements in a regular newsletter and team meetings.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Safety alerts were received by the senior clinician and clinic manager from the corporate team initially and managed at the clinic by the senior clinician.

The service had no never events.

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 duty that, as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.

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Are surgery services 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.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. All guidelines we viewed were up to date and referenced to the latest national guidance. Managers checked to make sure staff followed guidance through monthly audits

We saw patient's care was planned and carried out in line with the most recent guidelines set out by the National Institute for Health and Care Excellence (NICE), the Association of Anaesthetists of Great Britain and Ireland, the Royal College of Surgeons and the Association of Perioperative Practice (APP). This ensured care offered and provided was based on up to date evidence. We observed a procedure being carried out and saw that procedures, sedation and local anaesthetic were provided in line with best practice guidelines.

The clinical governance lead utilised the relevant guidelines to inform policies and procedures which were followed by staff. The medical director and senior management team also discussed guidelines and updates at monthly governance meetings and any changes were cascaded to staff at clinic level.

There had also been no cancelled procedures for a non-clinical reason in the last 12 months.

The clinic included follow-up appointments for patients where relevant to monitor their progress following surgery and to provide ongoing care where required. For example; following vaso-liposuction procedure, patients attended five follow-up appointments to receive manual lymphatic drainage (MLD) where the clinician also checked for signs of infection and monitored outcomes.

Nutrition and hydration

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

Patients received fasting information at their pre-operative assessment. Refreshments were available in reception for patients and visitors.

Pain relief

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

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

Staff prescribed, administered and recorded pain relief accurately.

Patients were monitored throughout their procedure and asked about their pain score. Patients received pain relief soon after requesting it. Pain relieving medicine was administered as required and in line with guidelines. Following a procedure, patients were prescribed pain-relieving medicine to take home or advised on appropriate over the counter medicines.

Patient outcomes

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

The provider participated in relevant national clinical audits. We looked at the service's data for PROMS and PREMS.

The provider commenced collecting and submitting Patient Reported Outcome Measures (PROMS) data in November 2018. This is a two-part process; patients are given a questionnaire to complete before their treatment and then repeated six months later. The objectives are to measure the positive effect the procedure has on patient wellbeing as well as identifying any problems or issues that may have occurred. Due to low numbers of participants during the reporting period August 2018 to July 2019 it has not been possible to report on PROMS results yet.

The service participated in the Patients Reported Experience measure (PREM), which asks patients to

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feedback on their experience and how likely they are to recommend the service and consultant to friends and family. Each consultant received individual feedback. For the previous 12 months, 96% of patients responded that they were extremely likely or likely to recommend the service and there was a 80%-100% satisfaction response in all other questions.

Managers conducted a number of monthly audits to monitor performance and quality and adherence to policies and procedures. There was a schedule of audits which was directed at corporate level by The Private Clinic of Harley street Ltd and carried out at the clinic by clinic staff. The audits were conducted using a recognised audit tool from the Association of perioperative practice (AfPP) guidelines. We reviewed results from October 2019 to January 2020 and found;

- Surgical instruments – 100% compliant
- Medical records – 81% compliant
- 5 Steps observational audit – 100%
- Post anaesthetic care – 100%
- WHO checklist – 100%

Managers and staff used the results to improve patients' outcomes. Audit results were routinely discussed at team meetings and more widely at corporate leadership meetings.

Senior managers from the corporate leadership team benchmarked surgeons performance against their own performance statistics from previous years and analysed trends. This also formed part of the annual appraisal for surgeons. The clinic manager told us that any issues in performance would be addressed by the medical director of The Private Clinic of Harley street Ltd. There were no examples of issues reported at The Private Clinic Birmingham.

The service reported no unplanned transfers to other services and no unplanned returns to theatre in the reporting period August 2018 to July 2019 There were also none reported between July 2020 and February 2020.

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. Managers gave all new staff a full induction tailored to their role before they started work. We spoke with one consultant, who had been recruited within the last 12 months, who told us they received a comprehensive induction and excellent support. They spoke very highly of the managers and staff at the clinic and had very high praise for the efficient and safe running of the service, including the recruitment, induction and support processes.

The senior leadership team monitored the performance and practising privileges of consultants working at the clinic. We reviewed two consultant records and found that an effective process had been followed in order to grant practising privileges. A record was kept of annual NHS appraisals and medical revalidation dates for consultants. Managers also monitored these on the General Medical Council (GMC) website and discussed practising privileges at medical advisory committee (MAC) meetings. The NHS appraisal information was used as part of performance management and ongoing granting of practising privileges.

All staff had received an appraisal within the preceding 12 months and told us they had found this to be useful with learning and development needs agreed. We reviewed one clinical appraisal and found it was comprehensive and structured with an appropriate development plan. Consultants received an annual appraisal with the medical director as part of their annual medical revalidation.

All staff had attended clinical updates that were relevant to their role, such as cannulation, conscious sedation, and a nationally recognised pre-operative assessment course. Staff told us they were also actively encouraged to access ongoing professional development and learn new skills. Staff told us they were offered a wide range of clinical courses and updates as well as non-clinical development courses such as leadership skills. All staff conducting invasive procedures such as cannulation received training updates and mentorship to ensure safe practice.

We reviewed training records for two senior clinicians and found that in the last two years they had attended courses that included; wound care, local anaesthetic toxicity, waste management, leadership, anaesthetics and recovery, safe medical gases, understanding blood results, managing inter-operative care, sepsis, legionella and advanced life

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support training. They had also attended a number of national conferences. All courses and training were fully funded and supported by The Private Clinic- Harley Street Ltd.

All staff had attended a course on recognising potential mental health issues including body dysmorphia. Staff said they felt empowered to talk with patients about any concerns and to take the relevant action. They told us caring for patients' wellbeing was extremely important to them and identifying and managing a potential mental health issue was a priority, to ensure patients did not pursue a procedure that was not in their best interest.

We reviewed the record for the registered nurse and found their nursing and Midwifery Council (NMC) revalidation was up to date.

Staff told us that they did not attend formal clinical supervision sessions, but that they utilised opportunities within their clinical setting to work with and learn from other professionals and discuss their own practice. The registered nurse also had the opportunity to discuss their practice at infection prevention and control (IPC) forums and other clinical management meetings.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. All staff were encouraged to attend relevant meetings and learning events.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The clinic team worked together very effectively. We observed the theatre team at two sessions and noted that each member contributed fully to the preparation processes, team brief, checking processes, sign out process, and communicated confidently and effectively with one another throughout. Each understood their role and that of the rest of the team. All the staff in different roles communicated well with one another throughout the day and each person was aware of the activities planned for the day ahead and any risks or concerns. For example; recovery staff were aware of the need for blood sugar monitoring for patients with diabetes.

Staff referred patients for mental health assessments when they showed signs of mental ill health, such as depression or body dysmorphia. They used a questionnaire initially as part of their discussion with the patient and referred patients to their GP or counselling services where required.

Health promotion

Staff gave patients practical support and advice to lead healthier lives. There was a supply of health promotion leaflets on display for patients and visitors.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. We observed a consultation whereby a procedure was discouraged by the consultant who gave health advice instead.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff told us they were clear that if a patient did not have capacity to make decisions about their health, then they would not be eligible for treatment at the clinic. Staff received training as part of their mandatory training updates.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The clinic adhered to a two-week cooling off period between the initial consultation and the surgery so that patients had time to make an informed choice and were aware of the risks and implications of the surgery. Patients we spoke with confirmed this.

Staff clearly recorded consent in the patients' records. We reviewed nine sets of records and found that consent had been obtained appropriately and was clearly documented.

Are surgery services caring?

Outstanding



Compassionate care

Surgery

People are truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.

We saw that staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

People were always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was consistently embedded in everything that staff do, including awareness of any specific needs as these were recorded and communicated.

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. This meant that patients were more likely to feel comfortable and less anxious during their treatment, and more empowered to contribute to decisions about their care. We observed interactions throughout the day during consultations, a theatre procedure, recovery and assessment where staff at all levels followed the service's values of putting the patient first and each interaction was kind and respectful. Staff told us it was a privilege to be able to help people through their journey and sought to empower and support patients, so their experience had a positive impact on their health and wellbeing.

People think that staff go the extra mile and their care and support exceeds their expectations. Patients said staff treated them well and with kindness. All five of the patients and the one relative we spoke with confirmed that their experience had been extremely positive and that staff had been overwhelmingly kind and supportive. Patients said that they felt their treatment and whole experience had been tailored specifically to them, and they were treated entirely as an individual. Patients who had attended a follow up appointment told us their experience had impacted positively on their health and wellbeing. Patients also valued the calm environment and the expertise of staff treating them.

Staff followed policy to keep patient care and treatment confidential. Patients confirmed they felt their information had not been shared without their consent, and told us

that their record had been available at each visit. Patients were taken to different waiting areas for various consultations which avoided overcrowding and enabled better privacy.

There was a strong, visible person centred culture. Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff are strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. All staff were vigilant to potential mental health concerns including body dysmorphia and told us that identifying potential concerns was a priority at the clinic for everyone. We observed a consultation where a patient was discouraged from continuing with their proposed treatment and instead was offered less invasive alternatives and advice. This was in the patient's best interest and was to the financial detriment of the service. The consultant and staff told us the patient's welfare was far more important than any financial gain for the clinic.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. The service made adjustments for patients with specific cultural needs. For example; female only consultations.

Emotional support

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

People's emotional and social needs are seen as being as important as their physical needs. Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. For example; when identifying a potential concern which meant that a procedure could not go ahead.

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People felt really cared for and that they matter. People valued their relationships with the staff team and felt that they often go 'the extra mile' for them when providing care and support.

Staff were especially kind and supportive with patients' who were nervous about their procedure and took great care to support them during this. We observed in theatre how all staff took time to prepare a patient emotionally and ensured there was a nurse to provide one-to-one support throughout. The consultant also explained each stage to the patient; paused when required; and checked they were ready to proceed. We saw great attention was paid to ensuring the patient's privacy and dignity was maintained at all times. They also took time to care for waiting relatives or friends and kept them up to date with progress.

Staff understood the emotional and social impact a person's care, treatment or condition had on their wellbeing and on those close to them. Staff were very aware of the many reasons why people may choose to have cosmetic surgery and were kind and sympathetic when listening to patients' life story and motivations for wanting the procedure. Staff told us they felt honoured to be able to help people and took great pride in witnessing a persons' positive change in outlook and improved confidence.

If staff thought a patient might benefit from counselling prior to a procedure they would contact a patients GP.

Understanding and involvement of patients and those close to them

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

People who use services and those close to them were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person.

Carers, friends and relatives of patients were welcomed and treated as an important part of the patient's journey. Staff made sure patients and those close to them understood their care and treatment. Patients were able to take a friend or relative into the consultation with them.

Patients and their families could give feedback on the service and their treatment and staff supported them to do

this. Patients and relatives were encouraged to complete a feedback form which was uploaded onto the corporate system and analysed. Results were shared with staff at meetings.

Staff supported patients to make informed decisions about their care. They provided them with all the details, including benefits and risks. Written information was provided to take home and a two-week cooling off period was ensured prior to the surgery.

Patients gave feedback about the service that was overwhelmingly positive. Patients told us they felt the staff were extremely professional, friendly, trustworthy, kind and provided amazing care.

In the reporting period August 2018 to July 2019 the Friends and Family test scored between 96-100% each month.

We looked at the feedback posted on Trust pilot and found there had been 29 posts from January 2019 to January 2020. All were overwhelmingly positive about the care, treatment and service they had received at the clinic.

We looked back at previous years and found these were also extremely positive.

Are surgery services responsive?

Good 

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the needs of the local population. The service coordinated their surgery schedule according to demand so that patients didn't wait long for their procedure. Services were reviewed and adjusted accordingly. Additional consultants had been recruited to fulfill the changing demands.

Facilities and premises were appropriate for the services being delivered. Staff knew about and understood the standards for mixed sex accommodation and ensured that only one patient was cared for in the recovery area at any one time. Changing rooms were next to the theatre and patients were fully dressed when leaving the area.

Surgery

Staff could access mental health support for patients with mental health problems if required.

The service had systems to help care for patients in need of additional support, such as one-to-one care and additional follow-up care. There was 24-hour access to a nurse post-surgery for advice.

Appointments were available each day Monday to Friday and two evenings each week. They also offered appointments on Saturdays.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff made sure patients living with mental health problems received an assessment and had access to counselling if required prior to any procedure.

There was an eligibility criteria to accept patients at the clinic. Patients needed to be adults in general good health. The clinic did not treat patients with dementia or a learning disability. They also did not treat patients who had a medical condition which could present a potential risk of deterioration in the perioperative stage.

The service had information leaflets available in languages spoken by the patients and local community. Extra time was given to patients who had a hearing impairment to ensure they fully understood the information being discussed. The clinic had no experience of treating patients with a visibility impairment and told us they would seek senior clinical advice about providing treatment if this situation arose.

Where required, staff referred patients to other services or clinics and contacted the GP. There was a formal agreement with a local NHS hospital to accept patients in the emergency department if they became unwell at the clinic.

Access and flow

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

The service were able to accommodate patients for appointments, procedures and follow-ups at a time and date which suited the patient. The clinic used an electronic booking system where appointments and procedures could be booked up to three months in advance.

Managers made sure patients could access services when needed and received treatment within agreed time frames. The administration team also ensured people did not wait too long in waiting areas. They monitored this and informed a manager if a patient had been waiting longer than expected to see a doctor.

Managers told us they were actively recruiting a health care assistant (HCA) to join the team to work in clinics and theatre to keep up with demand.

Cancelled operations

Managers worked to keep the number of cancelled appointments/treatments/procedures to a minimum. Staff told us surgical procedures were never cancelled for a non-clinical reason. Clinical cancellations were rare, and due to a clinical reason such as the patient's blood pressure being too high on the day. In these circumstances the surgery would be re-scheduled for an appropriate date.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Patients and relatives we spoke with told us they would complain initially to the receptionist or manager if they felt the need to complain.

Patients were encouraged to complete a feedback form after their treatment and to post feedback on their website. The service clearly displayed information about how to raise a concern in patient areas.

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If a patient complained, this would be taken seriously and every effort would be taken to resolve the situation at the time. Where required a full investigation took place. Staff within the clinic prided themselves on going the extra mile to turn an unhappy patient into a very satisfied one.

Managers monitored complaints and compliments and followed up on any dissatisfaction about surgery outcomes. The clinic had recorded one complaint between August 2018 and July 2019. They had recorded three complaints in the previous reporting year. None had been reported to the ombudsman.

Staff understood the policy on complaints and knew how to handle them. Staff informed the clinician in charge or the manager if there were any complaints which were recorded on the electronic system. Staff usually tried to resolve most complaints at the time. Where a complaint required investigation, managers told us they usually completed this within 21 days and patients were given an apology where required and offered a refund or alternative service. The clinic manager told us that no complaints had taken more than 21 days to resolve.

Managers told us about a complaint where a patient was unhappy about their scar following surgery. Arrangements were made for the patient to receive further treatment to resolve this at their London clinic. They arranged and paid for the surgery, transport and hotel accommodation in full.

Managers investigated complaints and identified themes. Complaints were investigated and discussed at team meetings and management meetings. Managers shared feedback from complaints with staff and learning was used to improve the service. Due to the minimal number of complaints at the Birmingham clinic, themes within the Private Clinic of Harley Street Ltd were shared with staff.

Are surgery services well-led?

Good 

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.

Leadership at the Birmingham clinic was provided by the clinic manager who was non-clinical and two senior clinical leads, a registered nurse and an operating department practitioner. The clinic leadership team were supported by the corporate leadership team which consisted of a medical director, a lead nurse, a governance lead, operational lead and several other lead roles. The clinic leadership team told us that clinical and non-clinical leads from the corporate team were easily accessible on a daily basis and visited the clinic regularly.

Managers and staff at the clinic presented with the skills and knowledge to understand the challenges to the quality and sustainability of the services they were providing. They were able to articulate the main risks on their risk registers and the actions and processes to manage them. This aligned with the main risks and issues senior managers told us about.

Staff told us they felt very supported by their managers and felt they would be listened to if they raised any issues or concerns. There were promotion and development opportunities for staff throughout the service and these were encouraged and fully funded.

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.

At corporate level there was a clear vision and strategy which had been developed using a structured planning process in collaboration with staff, and people using the service. This was clearly articulated at the clinic.

The clinic displayed a mission statement;

- “Our priority is to you. The Private Clinic stands for quality, and in order to achieve that, we make sure we put safety, expertise and patient satisfaction at the centre of what we do – always.”

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Staff told us, and we observed that the mission statement was being put into practice on a daily basis and that staff believed in it.

Managers told us they acted promptly on any feedback in order to improve quality and patient satisfaction. We noted that since our last inspection in 2017, leaders had made a number of changes and improvements to address the areas for improvement, and these had been sustained and embedded into everyday practice.

The clinic values focussed on providing;

- medical expertise
- outstanding care
- patient satisfaction
- excellent customer service
- honest advice.

Staff were able to vocalise the values and were proud to uphold them. We saw these being delivered in action during our visit.

All staff were very passionate about delivering high quality patient centred care and were committed to the vision and values of the service.

Culture

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

Staff felt positive and proud to work for the service. Staff told us they worked really well as part of a team and enjoyed supporting colleagues through a culture of learning together. Staff told us they felt supported, valued and respected by their peers and managers. There was an open and honest approach to sharing learning when things had gone wrong, both at clinic level and through the corporate team so that staff could learn from issues that occurred at other clinics.

We observed very effective team dynamics in all areas of the service and in particular, in theatre, where different levels of staff spoke comfortably and confidently and each contributed fully to all the checking processes.

All staff were aware of how to raise concerns using the 'stop the line' principle which appeared to be embedded in the culture. 'Stop the line' is where any grade of staff are empowered to challenge any grade of staff.

There was a strong emphasis on the safety and well-being of staff. All staff had access to regular meetings with their manager, team meetings, development and team days away.

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.

Governance within the service enabled good standards of clinical care which was reviewed by senior leaders. There was a clear governance structure with effective communication between the clinic leadership and the corporate leadership team within The Private Clinic of Harley Street Ltd.

The clinic leadership team attended monthly meetings with the corporate senior leadership team which fed into quarterly medical advisory committee (MAC) meetings and quarterly quality, risk and governance committee meetings at corporate level.

The corporate quality, risk and governance committee held sub group meetings for; infection prevention and control, medicines management, equality and diversity, quality, health and safety, education, training and workforce, and freedom to speak up. The clinic manager and lead clinicians attended meetings according to their role, and cascaded relevant information to clinic staff.

We reviewed minutes of quality, risk and governance committee meetings and saw that these were comprehensive and covered issues such as staffing, incidents, complaints, risks and performance. Meeting minutes were available to all staff.

The corporate leadership team ensured that surgeons carrying out cosmetic surgery had an appropriate level of valid professional indemnity insurance. This was monitored at clinic level by the clinic manager.

Surgery

The service had a process in place to review practicing privileges for consultants on an annual basis. This was carried out by the medical director for The Private Clinic of Harley street Ltd.

Managing risks, issues and performance

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

When service leaders considered developments to services and making efficiency changes, they discussed potential plans at leadership meetings and other forums which included all the relevant leaders and managers required to consider how a proposed change might impact on quality and sustainability. For example; introduction of a new service.

Audits and monitoring of quality was undertaken at clinic level and recorded electronically through the services reporting system. Information was collated and shared with the wider corporate team and used to inform other clinics as necessary.

Performance reports were shared at corporate level and discussed at leadership meetings.

Performance reports were used to benchmark against the clinic's previous performance and other clinics within The Private Clinic of Harley Street Ltd. For example PROMs results, audits and patient feedback.

There were robust arrangements for identifying, recording and managing risks, issues and mitigating actions. Risks were discussed in safety, quality and performance meetings by senior leaders, clinic managers. Risk registers reflected the main risks that were identified by clinic managers.

The service had developed a risk register for theatre since our last inspection. We reviewed this and saw that potential risks were discussed and mitigating actions put in place. The main risk identified were around a small damp patch in the basement. They took mitigating actions and moved the storage of surgical instruments until the remedial action had been completed.

Managing information

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

The Private Clinic of Harley Street Ltd used technology to collate information about performance and adherence to policies and protocols through audit. Managers from the Birmingham clinic collated relevant information and shared this with the corporate leaders. This enabled a holistic understanding of performance at clinic level and more widely across The Private Clinic of Harley street Ltd locations.

Measures that were monitored included; theatre activity and cancellations, number of touch-up procedures, staffing, sickness, vacancies, patient feedback, infection rates, mandatory training, wait times, and monthly audit results. Data was updated on a continuous basis and discussed at relevant meetings monthly, where the information was used to measure any improvements.

There were robust arrangements to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems in line with data security standards. Passwords were used by staff to access all data systems.

There were effective arrangements to ensure that data and notifications were submitted to external bodies as required.

The Private Clinic of Harley Street Ltd submitted data to the national database; the private healthcare information network. (PHIN) This included patient related outcome measures (PROMS) for breast augmentation and for vaser -liposuction procedures; and patient reported experience measures (PREMS).

Performance measures and outcomes were discussed at corporate meetings where leaders from individual clinics attended and results used to make improvements. Information was shared with staff at the clinic.

Engagement

Surgery

Leaders and staff actively and openly engaged with patients, staff, and equality groups to plan and manage services.

The Private Clinic of Harley Street Ltd had engaged with staff in the creation of their vision and values. Staff were encouraged to share ideas for improvement and had access to relevant meetings as well as the opportunity to meet in other forums such as specialist groups and conferences. The service had recently introduced an initiative to encourage staff to submit ideas for development; staff names were to be entered into a prize draw once they had offered an idea.

The service issued a monthly communications bulletin for staff which focussed on hot topics for patient safety, quality and learning from incidents and complaints.

The service rewarded staff for continued service and performance. For example; flowers were given to staff who demonstrated an excellent sickness absence record and other achievements; and a long service award was rewarded with a £200 voucher for 10 years' service.

The service had an equality, diversity and inclusion strategy and had recently set up a committee and equality champions at each location to support and promote the strategy. The purpose of the committee and champions was also to support engagement in equality initiatives; to share and promote best practice; and to foster relationships.

The service had held a number of inclusion events in the preceding year. For example; mental health awareness day, EID, Christmas events, time to talk day, and Chinese New Year. They had planned events for 2020 which included; national Pride day; international women's day; stress awareness; and black history month.

The service implemented a patient feedback questionnaire and results were shared with the senior leadership team. Managers followed up on any complaints and met with patients to discuss their concerns. The service looked at a variety of ways to resolve complaints, and where required, provided patients with alternative treatments which were fully funded by the clinic. Patient feedback was used to improve services.

The service also submitted data to the friends and family test.

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 learning events.

Leaders participated in regular learning from internal and external reviews and shared learning with staff to make improvements.

Staff regularly took time out to work together to resolve problems and review processes and performance.

There was a development programme available to staff and all were encouraged to attend leadership development and other non-clinical development as well as enhancing their clinical skills and developing new ones. All development courses, conferences and other events were fully funded by The Private Clinic of Harley Street Ltd.

The Private Clinic – Birmingham offered the newer method of hair transplantation using follicular unit extraction as well as the traditional strip method of hair transplantation. The follicular unit extraction method involved the removal of individual follicular units (hairs) from the donor area of the scalp without the need for surgical incision.

The provider had won a number of awards during the preceding two years. These included;

- 2017 - Aesthetic Awards – Best Clinic 2017 – Recognised for setting the highest standards in their fields, products, treatments and individual practices and clinics.
- 2018 - Aesthetic Awards – Highly Commended 2018 – Recognised for setting the highest standards in their fields, products, treatments and individual practices and clinics.
- 2019 - MyFaceMyBody – Best Cosmetic Surgery Practice 2018 - Recognised those who have shown excellence in their customer service and treatment plans.

The service were also proud of their five star rating with Trust pilot and their 96% recommendation from the friends and family test.

Outstanding practice and areas for improvement

Outstanding practice

- There was a strong, visible person centred culture. Staff are highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff are strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- Staff were alert and vigilant in identifying potential issues with body dysmorphia and acted appropriately and in the patient's best interest at all times.
- Staff provided compassionate care 'above and beyond' to meet the holistic needs of patients.
- Staff attitude to caring for patients was overwhelmingly positive.