

Professional Cosmetic Surgery Limited

Inspection report

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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?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Professional Cosmetic Surgery Limited on 15 July 2022 under Section 60 of the Health and Social Care Act 2008. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This was the first rated inspection of the service.

Throughout the Covid-19 pandemic the Care Quality Commission (CQC) has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on-site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Speaking with staff in person and on the telephone.
- Requesting documentary evidence from the provider.
- A site visit.

We carried out an announced site visit to the service on 15 July 2022. Prior to our visit we requested documentary evidence electronically from the provider. We spoke to staff in person and via telephone on 15 July 2022. The provider specialises in age management and cosmetic surgical procedures. The service offers a mix of regulated skin treatments and surgical procedures, as well as other non-regulated aesthetic treatments.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (regulated Activities) Regulations 2014. Professional Cosmetic Surgery Limited provides a wide range of non-surgical aesthetic interventions, for example, laser hair removal and dermal fillers which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services. Professional Cosmetic Surgery Limited is registered with the Care Quality Commission to provide the following regulated activities: Treatment of disease, disorder and injury and Surgical Procedures.

Overall summary

The service had a registered manager in place. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The provider had comprehensive governance processes to provide assurance to leaders that systems were safe and operating as intended.
- We saw evidence the provider made improvements when risks were identified.
- There were safeguarding systems and processes to keep people safe.
- There were appropriate arrangements in place to manage medical emergencies. All staff completed basic life support training annually.
- There were health and safety risk assessments and processes in place.
- The service proactively sought feedback from patients and used this information to monitor and improve the service.
- The provider had an effective complaints procedure with an up to date complaints policy which was accessible by all staff.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist advisor.

Background to Professional Cosmetic Surgery Limited

Professional Cosmetic Surgery Limited provides independent doctor-led cosmetic surgery and age management services. The service also provides non-regulated aesthetic treatments which are not within the CQC scope of registration.

The current address of Professional Cosmetic Surgery is 94 Harley Street, London, W1G 7HX, this is the address the inspection took place. The current registered address of the provider is 112 Harley Street, London, W1G 7JQ. The process for changing the registered address to 94 Harley Street is underway but not yet completed at the time the inspection report was written.

The clinic opening times for Professional Cosmetic Surgery Limited are Monday to Friday from 9am to 6pm.

The service is located on the ground floor. The premises were modern, clean and decor was in good condition. Patients were able to access toilet facilities within the building.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Safe because

The provider had developed safeguarding policies and procedures which provided appropriate guidance to staff. There were systems to assess, monitor and manage risks to patient safety. Staff had the information they needed to deliver safe care and treatment to patients. The service had systems in place to learn and make improvements should things go wrong.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse.

- The service had policies in place to safeguard children and vulnerable adults from abuse. Staff were supported to complete safeguarding training at a level appropriate for their role.
- There were effective systems to manage infection prevention and control within the service. Cleaning and monitoring schedules were in place and all cleaning was carried out by staff employed within the service. We reviewed the most recent infection prevention and control (IPC) audit from 27 July 2022 and found the provider was compliant with IPC standards.
- The provider did not offer treatment to patients under 18 years of age. Where there was doubt, staff asked patients to confirm they were 18 years of age or over. Patients were made aware of the age restriction prior to booking an appointment.
- The provider carried out all required staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken for all staff. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. All staff who acted as chaperones were trained for the role and had undergone a DBS check.
- There were systems for safely managing healthcare waste.
- The provider had carried out fire safety risk assessments. We saw evidence the next fire risk assessment was scheduled for 8 September 2022. Fire drills took place weekly and were documented. There was appropriate fire-safety equipment located within the service such as fire extinguishers and emergency lighting which had been regularly serviced and maintained.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We reviewed records to confirm that portable appliances (PAT) had undergone testing within the last 12 months, the most recent PAT was completed 8 July 2022.

Risks to patients

There were systems in place to assess, monitor and manage risks to patient safety.

- There were planned induction processes in place and a plan of required training for staff to complete as part of their induction process. Additionally, the provider had produced an e-learning policy which outlined the required training for staff to complete which included basic life support training.
- Staff understood their responsibilities to manage emergencies and had received basic life support training annually.
- There were appropriate professional indemnity arrangements in place for clinical staff.
- The provider had in place public and employer's liability insurance policies.
- We reviewed arrangements within the service to respond to medical emergencies. There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Are services safe?

- There was a defibrillator and oxygen available on the premises which were subject to regular checks these checks were documented.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Clinical records were stored on a secure, password-protected, electronic system. Hand-written active clinical records were stored securely in locked cabinets within a secure room.
- The service had systems for sharing information with staff and other agencies when necessary, for example the patient's NHS GP, to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service kept prescription stationery secure and monitored its use.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues and to support the management of health and safety within the premises.
- The provider had developed monitoring processes which provided a clear, accurate and current picture to local and national leaders which promoted a culture of safety and improvement.
- The provider had produced an audit schedule to ensure ongoing monitoring of the service. For example, wound healing audits and patient feedback audits.

Lessons learned and improvements made

The service had systems to ensure they learned when things went wrong.

- There were appropriate systems for reviewing and investigating when things went wrong. The service learned, shared lessons across the organisation and took action to improve safety in the service.
- There were systems for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses via the provider's electronic reporting system. Leaders supported them when they did so. There had been no significant events recorded within the past 12 months.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services safe?

- The service had systems in place for knowing about notifiable safety incidents. All staff were signed up to receive safety alerts.

Are services effective?

We rated effective as Good because:

The provider assessed needs and delivered care in line with current legislation and evidence-based guidance. The service was actively involved in quality monitoring activity. The provider obtained consent to care and treatment in line with legislation and guidance.

Effective needs assessment, care and treatment

- The provider had systems to keep the clinician up to date with current evidence-based practice.
- The clinical consultant had a high level of skill, knowledge and experience to deliver the care and treatment offered by the service.
- The clinician kept up-to-date with current evidence-based practice. The clinician assessed needs and delivered care and treatment in line with relevant current legislation, standards and guidance. These included the National Institute for Health and Care Excellence (NICE) and British Association of Dermatologists best practice guidelines.
- The service ensured they provided information to support patients' understanding of their treatment, including pre and post-treatment advice and support. Staff within the service provided a telephone call prior to and following treatment to set expectations and follow-up any post-treatment advice. Patients were also able to access post treatment support via follow up appointments and on the telephone.
- We saw no evidence of discrimination when making care and treatment decisions.
- We reviewed clinical records relating to 5 patients who had received treatment within the service. We found safe and appropriate care and treatment had been given and properly documented.

Monitoring care and treatment

The service was able to demonstrate quality improvement activity.

- The service used information about care and treatment to assess the need to make improvements.
- The provider used information about care and treatment to make improvements, for example by carrying out clinical audits.
- In addition, the provider kept themselves apprised of developments in clinical practice and methodology to improve the quality of the service.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- There were planned induction processes in place and a plan of required training for staff to complete as part of the induction process. A schedule of mandatory training was in place for all staff once the induction phase had been completed.

Coordinating patient care and information sharing

The provider worked with other organisations when necessary, to deliver effective care and treatment.

Are services effective?

- Patients who used the service received coordinated and person-centred care, and were referred to other services where appropriate.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, previous medical and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed, with their registered GP when they registered with the service.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- There was a documented consent policy. Clinical records reviewed confirmed the consent process had been followed and discussions between the practitioner and patient had taken place. The provider used comprehensive treatment specific consent forms.
- Patients were provided with information about procedures, including the benefits and risks of treatments provided.
- The service provided pre- and post-treatment advice and support to patients, for example about wound care.
- Patients were sent an email post treatment from the service to obtain feedback on the service provided, feedback was used to make improvements to the service.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- All staff completed mental capacity act and deprivation of liberty training as part of the schedule of mandatory training.

Are services caring?

We rated caring as Good because:

Staff helped patients to be involved in decisions about their care and treatment.

- Staff understood the needs of patients and respected their privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff were supported to complete equality and diversity training to help them understand patients' personal, cultural, social and religious needs. They displayed a welcoming, understanding and non-judgmental attitude to patients.
- The service gave patients timely support and information in relation to their care and treatment.
- The service actively invited feedback on the quality of care patients received.
- The provider took patient feedback seriously and obtained detailed feedback from every patient who accessed the service.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The service ensured that patients were provided with all the information they required to make decisions about their treatment prior to treatment commencing.
- Patients were provided with individual quotations for their treatment following their first consultation.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations and treatments took place behind closed doors and conversations could not be overheard.
- Chaperones were available should a patient choose to have one. The provider's chaperone policy was on display in the waiting area. All staff who provided chaperoning services had undergone required employment checks and received training to carry out the role.
- Staff complied with the service's information governance arrangements. Processes ensured that all confidential electronic information was stored securely on computers. All patient records and information kept as hard copies was stored in locked cabinets within a locked room. Staff working in the reception area operated a clear desk policy and hard copy documents were promptly locked away.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs. Feedback was routinely sought from patients to monitor their experience and to improve the service. Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- We reviewed publicly available information regarding patient experiences at the service. Unverified google reviews showed a rating of 4.3 stars out of 5 stars for the service.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients were able to register their interest in booking an appointment via the provider's website.
- Appointments could be booked in person or by telephone. Evening appointments were available.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

- The service consistently responded to complaints in line with their service specific complaints policy. Information about how to make a complaint or raise concerns was available for patients to read in the reception area and on the provider's website. There was one complaint within the last 12 months. We spoke with the clinical consultant about the complaint and found it was managed in line with providers complaints policy

Are services well-led?

We rated well-led as Choose a rating because:

The provider had established clear responsibilities, roles and systems of accountability to support good governance.

- Processes were in place for monitoring and managing risks, issues and performance concerns within the service. Fail safes were in place for all aspects of the service.

Leadership capacity and capability

The clinical consultant had the capacity and skills to deliver high-quality, sustainable care.

- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The clinical consultant was visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.
- Leaders demonstrated the capacity to implement systems and processes to support the delivery of high-quality care. They understood the challenges and had developed strategies focused upon key areas including clinical governance, risk management and the use of technology.

Vision and strategy

The service had a clear vision and credible strategy to deliver quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve their priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

There were systems and processes to support a culture of quality sustainable care.

- The provider informed us that there had been no significant events in the past 12 months relating to the regulated activities carried out by the service. There was an up to date policy on the management of significant events and staff knew the process for reporting significant events.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour.
- Staff felt respected, supported and valued. The service focused on the needs of patients.
- There was a culture of promoting positive relationships and prompt and effective communications between staff.
- There was an emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity and staff were supported to complete equality and diversity training.

Are services well-led?

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out and understood.
- Staff understood their individual roles and responsibilities.
- Leaders had established appropriate policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- There were arrangements in line with data security standards for the availability and confidentiality of patient identifiable data, records and data management systems. Correspondence sent from the service was emailed through an encryption service to ensure confidentiality.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- Confidential electronic information was stored securely on computers. Staff demonstrated a good understanding of information governance processes.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There were mainly effective governance processes to ensure the clinical consultant was able to identify, understand, monitor and address current and future risks including risks to patient safety.
- The clinical consultant had oversight of safety alerts, incidents and complaints. There was a system for recording and acting upon significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The service had processes to manage current and future performance.

Appropriate and accurate information

The service maintained appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The service used feedback from patients combined with performance information to drive improvement.
- The provider carried out all required staff checks at the time of recruitment and all required ongoing monitoring, such as disclosure and barring service checks.
- Individual care records were documented consistently within clinical notes.

Engagement with patients, the public, staff and external partners

Are services well-led?

The service encouraged and heard views and concerns from the public, patients, staff and external partners.

- Patients were asked to provide feedback following their treatment at the service.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous improvement. This was evidenced through the use of patient feedback and the clinical audits completed regularly.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.