American Cosmetic Surgery Ltd

111 Harley St.

Inspection report

111 Harley Street
London
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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	Requires Improvement
Are services safe?	Inadequate
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an inspection of 111 Harley St. using our comprehensive methodology on 3 and 9 August 2022. This was the first time we rated this service. We rated it as requires improvement because:

- The provider did not have control measures to protect patients, themselves and others from infection. The provider did not ensure equipment and the premises were clean. Staff did not manage clinical waste well and systems were non-compliant with the safe management of disposal of healthcare waste HTM 07-01.
- The design, maintenance and use of facilities and premises did not keep people safe. The design and layout of the basement where the theatre was located did not provide effective identification of clean and dirty areas.
- The service did not have effective systems to store and check emergency medicines.
- The service did not manage patient safety incidents well.
- The service did not audit pain.
- The complaint policy did not state the process for referring unresolved complaints for independent review.
- Leaders did not manage risks well. Not all staff were aware of the vision of the service. Equality and diversity training was not offered to all staff. The service did not carry out any staff survey.

However,

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. The registered manager made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders were visible and approachable in the service for patients and staff and supported staff to develop their skills. Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities. The service engaged well with patients.

Following this inspection, we have taken regulatory action and served a warning notice under Section 29 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as we believe the quality of health care at the service required significant improvement. We may take further action if the registered person does not comply with the notice within the stated timescale and the breach continues. For information about what the service needs to do to improve, see the Areas for improvement section.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Requires Improvement 	We rated this service for the first time. We rated it as requires improvement because: • The provider did not have control measures to protect patients, themselves and others from infection. The provider did not ensure equipment and the premises were clean. Staff did not manage clinical waste well and systems were non-compliant with the safe management of disposal of healthcare waste HTM 07-01. • The design, maintenance and use of facilities and premises did not keep people safe. The design and layout of the basement where the theatre was located did not provide effective identification of clean and dirty areas. • The service did not have effective systems to store and check emergency medicines. • The service did not manage patient safety incidents well. • The service did not audit pain. • The complaint policy did not state the process for referring unresolved complaints for independent review. • Leaders did not manage risks well. Not all staff were aware of the vision of the service. Equality and diversity training was not offered to all staff. The service did not carry out any staff survey. However, • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. • Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. The registered manager made sure staff were competent. Staff worked well together for the

Summary of findings

benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders were visible and approachable in the service for patients and staff and supported staff to develop their skills. Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities. The service engaged well with patients.

Summary of findings

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Summary of this inspection

Background to 111 Harley St.

American Cosmetic Surgery Ltd trading as 111 Harley St. is a small independent clinic offering elective cosmetic surgical and aesthetic procedures to both male and female patients over the age of 18 years. The clinic offered services to privately funded adults only and include cosmetic and reconstructive surgery.

The clinic is registered to provide the following regulated activities:

• Surgical procedures

• Treatment of disease, disorder or injury

There were 1468 appointments in the year to July 2022 of which 550 were new consultations and 918 were follow up appointments. Between August 2021 and July 2022, the most common procedures were 69 liposuction, 65 rhinoplasty and 47 facelifts. The on-site surgical procedures are carried out under local anaesthetic. The consultants performed surgical operations requiring conscious sedation or general anaesthetic at other local private hospitals under their practising privileges.

The medical director is the nominated individual and the practising consultant at the location. There has been a registered manager in the post since the clinic registered with the commission in 2019.

At the time of the inspection, the clinic employed a managing director (the registered manager), two surgical nurses, a healthcare assistant and two patient co-ordinators. A plastic surgeon also worked under practicing privileges.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 3 August 2022 and followed up with an announced inspection on 9 August 2022. The facilities included a reception area, an operating theatre used for surgical procedures and a recovery area. These areas are in the basement without lift access which means the clinic is unable to provide services to patients with mobility issues. There is also a consulting room located on the first floor. During the inspection, we visited all areas.

We spoke with seven staff including a consultant, nurses, an operational department practitioner, a healthcare assistant, administrative staff and the registered manager. We reviewed five patients' notes. We reviewed patients' feedback available on the clinic's website and we spoke with three patients over the phone.

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

Areas for improvement

Following this inspection, we have taken regulatory action and served a warning notice under Section 29 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as we believe the quality of health care at the service required significant improvement.

Summary of this inspection

We have asked the provider to take following actions to comply with the warning notice:

- Ensure the flooring is compliant with the relevant Health Building Note (HBN) design.
- Ensure all Control of Substances Hazardous to Health (COSHH) items are stored appropriately.
- Ensure there are effective control measures to protect patients, themselves and others from infection.
- Ensure there are effective facilities and systems for cleaners to fill and empty the mop buckets.
- Ensure that equipment and premises are kept clean.
- Use the correct type of bins to dispose of general and clinical waste.
- Ensure the design, maintenance and use of facilities and premises keep people safe, with effective identification of clean and dirty areas.
- Ensure to keep the theatre environment uncluttered and store equipment effectively when not in use.
- Develop and implement an effective system is in place for daily checks of the emergency equipment.
- Comply with managing the clinical waste in line with the relevant healthcare technical memorandum (HTM).
- Develop and implement effective systems to store and check emergency medicines.

If the provider fails to achieve compliance with the relevant requirement within the given timescale, we may take further action.

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

Action the service MUST take to improve:

- The provider must have an effective system to manage risks well. (Regulation 17)

Action the service SHOULD take to improve:

- The provider should have an effective system in place for waste segregation with sharps.
- The provider should introduce appropriate signage on the theatre door where the oxygen cylinder is stored.
- The service should have an effective system to manage patient safety incidents well.
- The service should consider including a pain audit as part of the audit programme.
- The provider should review the complaint policy about dealing with unresolved complaints for independent review.
- The provider should consider improving staff understanding of the vision of the service.
- The provider should have a formal system in place to receive staff feedback.
- The provider should offer equality and diversity training to all staff.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Inadequate	Good	Good	Good	Requires Improvement	Requires Improvement
Overall	Inadequate	Good	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Surgery

Safe	Inadequate
Effective	Good
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Are Surgery safe?

Inadequate

This is the first time we rated this service. We rated safe as inadequate.

Mandatory training

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

Nursing, allied health care professionals and medical staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. For all staff across the service, the compliance rate with mandatory training modules was 100%. Staff received training in sepsis management as part of infection prevention and control training. The registered manager monitored mandatory training and alerted staff when they needed to update their training. For nursing staff who also had NHS contracts, any mandatory training undertaken in their parent organisation was also recognised by the clinic.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. The most recent figures showed that 100% of eligible staff had completed their adult safeguarding level two and three training and 100% of eligible staff had completed child safeguarding level two training.

Staff understand how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff showed in-depth understanding of female genital mutilation (FGM).

The service had up-to-date policies for safeguarding children and vulnerable adults. Staff could explain how to raise a safeguarding incident and knew what actions they would take if they had concerns. The department made zero safeguarding referrals in the last 12 months.

Staff undertaking chaperoning were staff nurses and health care assistants. All staff were aware of the chaperone policy.

Requires Improvement

Surgery

Cleanliness, infection control and hygiene

The service did not control infection risk well.

The provider did not have control measures to protect patients, themselves and others from infection. The provider did not ensure equipment and the premises were clean. The service had one surgical theatre in the basement and used an area outside the theatre as a combined space for patient preparation, recovery and as a scrub area. During the unannounced inspection, we found that not all clinical areas were clean. We found balls of dust on a high surface above the scrub area. In the theatre, we found notices on the wall were sticky-taped and the sticky-tape was dirty. The service was using a portable bladeless fan in the theatre which increases the risk of infection as this type of fan is difficult to clean. We found the alcohol hand gel in the scrub area had expired in January 2022. We informed the registered manager about this, who acted and rectified it.

Within the theatre, there was a small storeroom to store medicines and consumables. We found several cardboard boxes stored on the floor which meant that staff could not clean the area properly. A medicine fridge in the storeroom was not clean and there were spillage stains and hair inside the fridge. We informed the registered manager about this, who acted and rectified it.

There was no defined 'dirty utility' or sluice area. The cleaner's room in the basement had one small hand washbasin, washing machine, tumble dryer and several cupboards including the controlled drug cupboard. Staff showed us the area and informed us that the cleaner used the hand washbasin within the room to fill the mop bucket. Staff informed that the cleaners emptied the dirty mop bucket after use down the toilet. There was only one toilet in the basement area which staff confirmed that both patients and staff used it. This was non-compliant with HBN 00-09 Infection Control in the built environment.

The service was not using the correct type of bins to dispose of general and clinical waste. There were non-touch bins for general waste within the clinical area including the theatre. The clinical waste bin within the theatre was pedal operated, however the pedal mechanism was broken which meant that the lid did not close automatically. We informed staff that these bins were not appropriate for clinical areas and were non-compliant. On the following day of inspection, we saw that instead of replacing the bins, staff had removed the lids of all bins within the theatre. This was non-compliant with infection prevention and control policy all orange hazardous bins need to be pedal operated and have a lid. We were not assured that the service understood infection prevention and control policy regarding correct use of bins.

Staff informed that they cleaned equipment after patient contact. Staff conducted regular audits of all areas which checked compliance against the clinic's policy for cleanliness, infection control and environmental maintenance. A range of audits indicated good compliance with infection prevention and control policies and procedures. However, we were not assured if staff carried out these audits effectively, as none of the audits identified the issues we highlighted during the inspection.

The patient waiting area and consultation room had suitable furnishings which were clean and well-maintained. All staff were 'bare below the elbows' which enabled effective hand washing and all staff cleaned their hands before, during and after patient care in line with the World Health Organisation guidance on the "five moments for hand hygiene". Staff told us that there was enough personal protective equipment (PPE). Complementary face masks and hand sanitising gel were available for patients at the entrance of the building. Between June 2021 and July 2022, the department reported three surgical site infections and zero cases of MRSA and Clostridium difficile.

Requires Improvement

Surgery

Environment and equipment

The design, maintenance and use of facilities and premises did not keep people safe. Staff did not manage clinical waste well.

The design and layout of the basement where the theatre was located did not provide effective identification of clean and dirty areas. There was no designated 'dirty utility' area for decontamination, storage of dirty or used equipment. There was no 'sluice' room.

We found gaps in tiles around the scrub trough and growing mould around the tap of the scrub unit. The wooden shelving in that area had gaps. The flooring in the patient preparation/recovery/ scrub area was non-compliant with Health Building Note HBN00-10 design for flooring, walls, ceilings, sanitary ware and windows, as there were gaps in vinyl (welding). The registered manager informed us that there had been delays refurbishing the basement due to building licensing from the landlord.

There was not enough free space around the scrub area to effectively scrub. For example, a large clinical waste bin was next to the scrub sink which meant staff would be touching the bin while scrubbing. We found several boxes of personal protective equipment (PPE) stored next to the scrub sink and directly below the paper towel dispenser, which meant water could splash on those consumables.

We found the theatre's main entrance door had paint ripped off at the bottom. The theatre environment was cluttered with tangled cables on the floor and discarded cable covers behind the door. We saw that staff did not store equipment effectively, with lots of equipment on trolleys and on counters and not covered with plastic sheets when not in use. A trolley with a diathermy machine had paint ripped off at several places.

A resuscitation trolley was available in the theatre. Staff carried out daily checks of emergency equipment. However, on the first day of inspection, we found that the portable suction machine was on battery flat and not charged, although the record showed that staff had checked the defibrillator and suction machine on the day. We informed the staff about this, who acted and rectified it. Staff did not carry out detailed checks of the equipment and medicines within each drawer of the resuscitation trolley. See further details in the medicine section of this report.

Large yellow clinical waste bins were stored in a central basement patio. We found that staff could only access these bins by a door in the corridor of the basement reception area, which meant staff would have to carry the clinical waste through the clean preparation (scrub) area into a corridor. To remove the clinical waste off the premises, the external company's staff had to go through staff kitchen and a carpeted area. This was non-compliant with the safe management of disposal of healthcare waste HTM 07-01.

On the first day of inspection, we found that there was poor waste segregation with sharps. Although appropriate sharp bins were available within the theatre; staff used a cytotoxic bin to dispose of scalpels, blades and needles. We informed staff and this was rectified.

The service did not store all Control of Substances Hazardous to Health (COSHH) items appropriately. We found cleaning chemicals and flammable buckets of paint in an unlocked cabinet under the kitchen sink. There was a locked COSHH cabinet in the theatre storeroom. We found a bottle of acetone household solvent used for removing nail varnish, which had expired in May 2022.

The oxygen cylinder was stored correctly in the theatre, but there was no warning signage displayed on the theatre door. This was not in compliance with the Dangerous Substances and Explosive Atmosphere Regulations (DSEAR) 2002, as oxygen is regarded as a hazardous substance. Evidence submitted showed that a fire risk assessment carried out by an external company in May 2021, identified this as one of the actions and this action was still outstanding and had no completion date.

However, the service had enough suitable equipment to help them safely care for patients. We found that all equipment was tested and appropriate to use. The registered manager kept a central log of electric service testing.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

The clinic acceptance policy included exclusion and inclusion criteria. The pre-operative assessment included screening against a defined set of suitability criteria to ensure patients were suitable for the treatment. All patients having elective surgery were screened for MRSA and venous thromboembolism (VTE), when they attended a pre-admission clinic. Staff responded promptly to any sudden deterioration in a patient's health. All staff knew how to identify and manage deteriorating patients. All staff we spoke with knew the emergency process and knew what actions to take and who to escalate their concerns to. Staff had training in immediate life support which included basic life support training to ensure they had the skills to help a deteriorating patient.

Staff knew in advance which patients were attending the clinic. Patients needing extra help were identified during the booking of their appointment. This included mobility, sight and hearing requirements. All on-site surgical procedures were carried out under local anaesthetic. Surgical operations requiring conscious sedation or general anaesthetic were carried out by the consultants at other local private hospitals under their practising privileges. Patients were given written aftercare instructions, early stage and later stage review appointments before discharge home as well as a 24-hour telephone number.

Data submitted showed the most common surgical procedure performed was liposuction under local anaesthetics. Staff completed the World Health Organisation (WHO) surgical checklists and we saw these were completed in all five records we reviewed. Between January 2022 and June 2022, the WHO audit showed 100% compliance.

Staff shared key information to keep patients safe when handing over their care to others. Staff had policies and procedures for the safe transfer of patients to the clinic if this was assessed as required under a service level agreement (SLA).

Nursing and surgical 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.

The service had enough nursing and support staff to keep patients safe. The registered manager informed that they had enough staff to keep patients safe based on number and acuity of patient seen. The registered manager arranged rotas for the service in advance. Staff were positive about how the department was staffed and there was enough staff with the right skill mix to cover theatres so that consultants and patients had suitable members of staff during surgical procedures.

Requires Improvement

Surgery

The clinic had a small team, with low staff sickness and turnover. The clinic did not use any bank or agency staff. The registered manager told us that patient appointments and surgical procedures were only scheduled when there were the correct number of staff, if a short notice absence occurred then the patient appointment would be rearranged.

The service offered practicing privileges to consultants. Consultants were granted practising privileges after scrutiny by the medical advisory committee (MAC). The granting of practising privileges is an established process whereby a medical practitioner is granted permission to work within an independent clinic. At the time of the inspection, in addition to the medical director, one more plastic surgeon worked at the service under practicing privileges. Both plastic surgeons operating at the service were registered with the General Medical Council.

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.

All patient records were electronic. Any paper forms were scanned and stored electronically and there were no delays in staff accessing patient records when they were required.

Patient notes were comprehensive, and all staff could access them easily. Consultants fully completed patient records and included details such as clinical assessments, risk assessments, medicine, allergies, and consent. Staff fully completed WHO surgical checklists for all surgical operations. We reviewed five patient records and found all of them had an adequate treatment plan documented and signed. The notes were legible and comprehensive. The service carried out monthly audits of documentation across the service and any issues were identified with appropriate actions taken to improve compliance.

Medicines

The service did not have effective systems to store and check emergency medicines.

Staff did not carry out regular detail checks of the equipment and medicines within each drawer of the resuscitation trolley. Emergency medicines were kept in a green plastic portable box, however, there was no tamper evident seal used for the box. Staff used blue tags to keep the medicines in place within the box, which was an infection control risk. We found a box of atropine sulphate (10 ampules of 600 milligrams in 1 millilitre) that expired in June 2022. Staff told us that the new stock was available but had not been replaced. We raised these concerns with the senior staff. On the following day of inspection, we found that staff had changed the emergency box to an appropriate grab bag and were developing a detailed checklist of all contents of the resuscitation trolley. However, there was still no system in place to use a tamper evident seal for the emergency grab bag or the resuscitation trolley.

We found an open medicine vial within the medicines fridge with no date indicating when the vial was first used. We informed staff about this and it was removed immediately. The medicines fridge and medicine room temperatures were monitored daily. We saw medicines fridge temperatures were within recommended range during the inspection.

Staff followed systems and processes to prescribe and administer medicines safely. No medicines were dispensed to patients to take away. Consultants prescribed medicines using private prescription for patient to purchase from pharmacy. Staff kept a record of any medicine prescribed which was put in the patient's notes.

All other medicines in the department were stored securely in locked cupboards in a locked storeroom, enabling only authorised personnel to enter. A controlled drug cupboard was available, and effective systems to manage controlled drug were in place.

Requires Improvement

Surgery

Incidents

The service did not managed patient safety incidents well. The service did not use a grading system to identify the severity of incidents and staff were using out -of- date incident forms to report incidents. However, when things went wrong, staff apologised and gave patients honest information and suitable support. The registered manager ensured that actions from patient safety alerts were implemented and monitored.

The clinic had a policy in place to guide staff on how to report any incidents. However, the policy did not include any grading system to identify the incident level of harm and the likelihood of it happening again, which meant that the service was unable to identify the severity of incidents reported.

Incidents were reported using paper forms and staff we spoke with were aware of how they would report incidents. In the last 12 months, the service reported no serious incidents or never events and three clinical incidents. All three incidents occurred in June 2022 and were related to post-operation complications or surgical site inflammation. We reviewed the three incident forms and found that immediate actions were taken in each incident and discussed with staff at the clinical governance meeting. The registered manager informed us that there was no specific learning or identifiable theme from the three incidents reported. However, these incidents were not graded, and it was unclear the level of harm caused to patients. We found that the incident form template used by staff to report the three incidents was due for review in November 2021, which meant that staff were using out-of-date incident reporting forms. We were not assured if there were effective systems in place for managing incidents and if staff had in-depth understanding of the current process of reporting incidents.

Staff understood the duty of candour. They were open and transparent and understood their responsibility to give the patient a full explanation if things went wrong. In the 12 months prior to our inspection, there was no incident meeting the threshold of duty of candour to be applied.

Are Surgery effective?

Good

We rated this service for the first time. We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. The registered manager checked to make sure staff followed guidance.

Staff used policies related to care including; safeguarding vulnerable adults, complaints, and consent. These were up to date with consideration of national guidance from the National Institute for Health and Care Excellence (NICE) and Royal College guidelines.

Both pre-operatively and post-operatively, the service complied with the evidence based best practice. The service carried out regular audits. This included infection prevention and control audits, records and consent audits.

Nutrition and hydration

The service provided nutrition and hydration.

Requires Improvement

Surgery

Patients always had access to hot and cold beverages in waiting areas. Biscuits or sandwiches could be obtained for patients if required. The procedures undertaken at the clinic did not require patients to fast beforehand.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain. However, the service did not audit pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Consultants and staff routinely assessed for pain when it was clinically indicated and during and after operations.

Pain scoring was documented in all five patient records viewed on the day of inspection. At the stage of pre-operative nursing assessment and at discharge patient's expectations of pain and mobility were discussed. Patients were advised to purchase paracetamol over the counter for post-operative pain relief and what to do if discomfort became significant. However, the service did not carry out any pain audit.

Patient outcomes

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

The registered manager and staff carried out a comprehensive programme of repeated audits to check improvement over time, with an audit and standards committee to monitor completion and compliance. The provider submitted data to the Private Healthcare Information Network (PHIN) and collected data in relation to Quality Patient Reported Outcome Measures (Q-PROMS). The registered manager used information from the audits to improve care and treatment.

In the last 12 months, there were three surgical site infections and no cases that required return to theatre or procedures that required revision.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The registered manager identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were positive about career development and training opportunities in the clinic.

At the time of the inspection, 100% of the staff had completed emergency first aid training or intermediate life support (ILS).

The registered manager gave all new staff a full induction tailored to their role before they started work. The service had an induction programme in place for all newly recruited staff.

The registered manager undertook yearly appraisals with staff and there were meetings for staff to discuss their development needs. Staff gave positive feedback regarding their development and felt supported. At the time of inspection, the appraisal rate was 85% for staff.

Requires Improvement

Surgery

The registered manager made sure staff attended team meetings or had access to full notes when they could not attend. The registered manager and staff said that face-to-face department meetings occurred monthly. Staff who were unable to attend accessed the most recent meeting minutes on the shared drive.

Multidisciplinary working

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. All staff we spoke with told us communication was excellent at the clinic, being such a small team meant they were able to have their say, get feedback and report any problems immediately. Regular monthly team meetings were held, which supplemented the general day-to-day staff contact. The meetings were used to provide more formal feedback on previously raised issues, and to give an open forum to raise new matters. The patient co-ordinators liaised with patients' GPs regarding the patient's medical history. The clinic's patient guide explained this contact but says patients can decline it. The patient guide also explained that medical cases, a supporting letter from the patient's GP would be required to confirm fitness to undergo a procedure. Patients who declined GP contact were provided with a letter for them to give to their GP at a time of their choosing. Staff described a positive working environment where they felt respected and were able to raise concerns with their colleagues and the registered manager if they needed to.

Seven-day services

Key services were available six days a week to support timely patient care.

The service provided clinics Monday to Friday 9:30am to 8pm generally and 10am to 4pm on Saturday.

Health promotion

Staff gave patients practical support.

An aftercare follow-up call and advice leaflets were given to patient at the end of the treatment which included a specialist regime to follow to get the best results from the procedure. Consultants assessed each patient's health at consultation and follow up stage and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They ensured that patients were given a cooling- off period of at least 14 days between stages.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Consultants and staff discussed consent for surgical procedures during appointments. Staff gave patients time to discuss with their consultant and time to think about their treatment options. Staff told us that if there was any doubt around a patient's capacity to consent then the treatment would not take place. A cooling- off period of two weeks was observed by the service in line with Royal College of Surgeons Professional Standards for Cosmetic Surgery. This was observed in all five records reviewed during the inspection.

Staff gained written consent for all operations and recorded them in patient's records. Consent was documented in all five patient records we reviewed. The service carried out a quarterly audit that looked at compliance with consent. Between April 2022 and June 2022, the consent audit showed 100% compliance.

Requires Improvement

Surgery

Staff and the registered manager had arrangements to support the communication needs of patients when giving their consent. For example, translation services.

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

Are Surgery caring?

Good

We rated this service for the first time. We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff understood and respected the individual needs of each patient taking time to understand why the patient had sought treatment and what their expectations were. We were not able to observe any interaction between patients and staff as no patients were attending at the time of our inspection. Staff gave examples of how they gave reassurance to nervous patients having a surgical operation. This included the use of humour, holding a patient's hand and planning for a relative to be available for them as soon as possible following their procedure.

Patients said that staff treated them well and with kindness. We spoke with three patients during our visit to the department and all feedback was positive about the staff and the care they received.

Between July 2021 and March 2022 patient survey showed that 100% of patients answered 'yes' when asked if they felt they were treated with respect and dignity.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff cared for patients and were attentive to their needs during interactions.

Staff supported patients and helped them keep their privacy and dignity. Where patients had cultural and religious needs, staff were flexible in accommodating their needs. This included chaperone arrangements which were available if examinations were needed and all aspects of treatment were explained with respect if patients were unhappy with a certain approach.

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

Requires Improvement

Surgery

Understanding and involvement of patients and those close to them

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

Staff made sure patients understood their care and treatment. They gave patients the opportunity to ask questions about their care and treatment. All patients we spoke with told us that the treatment was clearly explained to them and they felt involved in making informed decisions about their treatment.

Staff knew the needs of patients in advance of their appointment. This included the arrangements for the support of patients that required translation services. Patients were informed about fees before visits through patient co-ordinators when making appointments. The contractual terms of treatment for surgical patients included the 'patient promise' which means that in the unlikely circumstance of post-surgery complications, the provider will resolve it without additional medical fees and provided for revision surgery free of charge for up to two years.

Patients could give feedback on the service and their treatment. Between July 2021 and March 2022 patient survey showed that 100% of patients answered 'yes' when asked if they were given answers in a way they could understand. We spoke with three patients and all provided positive feedback about the way staff cared for them.

Are Surgery responsive?

Good

We rated this service for the first time. We rated responsive as good.

Service delivery to meet the needs of local people

The service plan and provide care in a way that meet the needs of patients. The service worked with others in the wider system and local organisations to plan care.

Staff planned and organised services, so they met the changing needs of patients. The waiting areas were furnished to a good standard and provided enough comfortable seating. There was a range of free hot and cold beverages available, as well as newspapers and magazines to read.

The clinic provided cosmetic procedures to adults over the age of 18 years. Staff ensured that patients who did not attend appointments were contacted. For any cancellations, re-booking was offered to patients and staff would try to accommodate last minute arrangements for appointments. Staff worked to keep the number of cancelled appointments and treatments to a minimum. The patient's pre-surgery assessments, consultations and post-surgery care was carried out at the clinic no matter where the surgical procedure was completed.

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.

Each surgical patient was provided with a patient guide booklet, which set out the stages of the patient's journey with the clinic. It explained what is required from the patient and what will be offered.

Requires Improvement

Surgery

Staff would enquire if patients had special needs or required additional support when booking appointments; this allowed staff to plan for appointments. If staff felt the service could not meet the patient's needs, staff referred them to an alternative health care provider who could better support the patient. The basement location of the main clinic area at 111 Harley Street meant patients with restricted mobility could not access it. The clinic stated they would always seek to give details of an alternative provider.

The registered manager made sure staff, and patients could get help from interpreters or signers when needed. The registered manager made sure staff and patients could get help with translation when needed. The service had systems in place to have information leaflets available in languages spoken by the patients.

Staff used patient information to provide care and treatment in a safe way and eliminate risks. After care follow-up calls and what to expect leaflets were given to patients at the end of their treatment. This included a contact number and email address if the patient had any questions or concerns.

Access and flow

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

Manager monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. All three patients we spoke with told us they were able to access the service when they needed to.

There were 1468 appointments in the year to July 2022 of which 550 were new consultations and 918 were follow-up appointments. Between August 2021 and July 2022, the most common procedures were liposuctions 69, rhinoplasty 65 and facelifts 47.

The service monitored when patients had not attended on an individual basis. Staff contacted the patient to rearrange the appointment in line with their wishes. This information was discussed at the weekly meeting to discuss scheduling.

As the clinic provided private elective surgery, admissions were planned at times to suit the patients. None of the procedures carried out at the clinic involved an overnight stay, although transfer arrangements were in place should the patient unexpectedly require it.

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. However, the complaint policy did not state the process for referring unresolved complaints for independent review.

Patients knew how to complain or raise concerns and were give contact details following treatment. The clinic website had a dedicated contact section to provide any feedback. In the last 12 months, the service received two complaints. One was related to unexpected outcome of the surgery and another was about miscommunication.

Staff and Manager knew how to manage complaints and made efforts to resolve them. Manager expressed that they would make efforts to resolve the concern as soon as possible. Manager investigated complaints and shared feedback from complaints with staff.

Requires Improvement

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The service had a complaints policy. However, the policy stated that if patients were unhappy with the initial response by the provider, they can contact CQC (Care Quality Commission), this was incorrect as dealing with individual complaints is outside CQC remit. The policy did not state the process for referring unresolved complaints for independent review. The registered manager informed that they will use an external investigation and arbitration service, if required.

Are Surgery well-led?

Requires Improvement

We rated this service for the first time. We rated well-led as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.

The clinic had a management structure with clear lines of responsibility and accountability which staff understood. The managing director had responsibility for the running of the clinics and took part in the governance and meeting structure of the clinic.

Staff spoke highly about their senior leaders and felt supported and valued. Leaders were highly visible and approachable.

The registered manager supported staff to undertake training to develop their skills. The registered manager discussed career development of staff at their appraisals. Staff said they felt leaders provided opportunities to develop.

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. However, not all staff were aware of the vision.

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The service's vision was 'providing the highest quality of aesthetic medicine combining plastic surgery and non-surgical techniques.' Staff we spoke with were able to tell us the general ethos of the service but were not aware of the vision 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 and staff could raise concerns without fear. However, equality and diversity training was not offered to all staff.

All staff we spoke with were positive about the service, they felt respected, supported, and valued. We saw cooperative and supportive working during the inspection and heard how staff work collaboratively.

Staff said they felt comfortable raising concerns with their line manager. Staff expressed having a good relationship with their manager. Patients we spoke with during our inspection told us they felt able to raise any concerns with staff.

Requires Improvement

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Staff spoke of a friendly and inclusive environment. However, evidence submitted showed that equality and diversity training was not applicable to all staff as part of mandatory training and only two clinical staff had completed this training. This was not in line with the clinic policy for training and continuing professional development which stated that all staff will receive the equality and diversity training.

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.

The registered manager had monthly governance and staff meetings to give information to staff face to face. Staff had access to meeting minutes on an electronic shared drive.

From the meeting minutes we reviewed, there was evidence that leaders discussed, shared, and acted upon information. The information included incidents, complaints and leadership updates. Staff could raise operational concerns both at meetings and directly with the registered manager.

Medical Advisory Committee (MAC) meetings were held quarterly. The MAC was formed of the registered manager, lead consultant and an external medical advisor who was a consultant surgeon practising within the NHS and privately. It was usual practice for the MAC to advise the registered person on matters relating to the granting of practising privileges, clinical standards, new and emerging professional guidance, the introduction of new treatments and capital investments.

Management of risk, issues and performance

Leaders did not manage risks well.

The clinic did not have a formal risk register. A risk register is a management tool that enables an organisation to understand its comprehensive risk profile. Instead, the service had a health and safety risk assessment log completed in November 2021. It included seven risks, including; COVID-19, underage patients, unauthorised medicine access, medical emergency, unauthorised access to hazardous waste and infection spread. Though it identified the probability and impact of risk, there was no overall grading of severity of risks and no evidence of how this risk assessment log was incorporated with any other business or operational risks for the provider. For example, it did not include the risks identified by the fire safety risk assessment carried out in May 2021. This risk assessment log also did not include all the risks we identified during the inspection. For example, there was no mention of environmental issues including no clean and dirty area, non-compliance with clinical waste disposal, lack of effective checks for emergency medicines and infection control issues including gaps in vinyl, cluttered theatre environment, cleaners using wash basin to fill mop buckets etc. We were not assured that there were effective risk management systems and if leaders had the oversight of all the issues.

Information Management

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

Staff had access to electronic patient records on the clinic's computer systems. Staff scanned paper documents into the electronic system by staff in medical records and then destroyed. Staff kept confidential documents such as patient notes secure and locked when they were not in use.

Requires Improvement

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Information governance was part of the mandatory training. Data provided showed 100% compliance of staff with this training.

Engagement

Leaders and staff engaged with patients to plan and manage services. They collaborated with partner organisations to help improve services for patients. However, the service did not carry out any staff survey.

The clinic encouraged patients to give feedback about their experiences to help improve services. Staff asked all patients to complete a provider feedback questionnaire about their experience. The registered manager audited the feedback on a quarterly basis and shared with staff. The clinic engaged with the public on social media. Patients were able to leave feedback via the clinic website as well as by responding to the email the clinic team sent after surgery.

The clinic did not carry out any staff surveys as it was a relatively small team. From speaking with staff, we found that staff at all levels were able to provide feedback and input into the running of the service, but there was no formal meeting where feedback was discussed. All staff told us they felt valued for the work they did, and it was “like a family”.

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.

The clinic was responsive to the initial feedback and took immediate action to rectify some of the issues identified on day one of the inspection. There were plans for refurbishment of the theatre in the basement area. Staff were committed and passionate about improving the service they provided. Staff we spoke with wanted to develop the service and themselves to give the best experience for patients.