The Karri Clinic Ltd

The Karri Clinic

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

Summary of findings

Overall summary

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety well. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. They followed the two-stage consent process.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families, and carers.
- The service planned care to meet patients' individual needs and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

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Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	This is the first time we rated this service. We rated it as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety well. • Staff provided good care and treatment, gave patients enough to drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. • The service planned care 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 for treatment. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountability. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

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Summary of this inspection

Background to The Karri Clinic

The Karri Clinic is an independent private clinic in Willerby, East Riding of Yorkshire. It serves the communities in Hull and East Riding and accepts patients from all over the UK and abroad.

The main services the clinic provides is lipoedema surgery and cosmetic surgery. All surgery is performed as a day case procedure under local anaesthetic or intravenous sedation anaesthesia. Intravenous sedation is administered by a Consultant Anaesthetist. All pre-op and post-op consultations are undertaken by the Consultant Surgeon. The clinic only offers services to self-pay patients.

It is registered to provide the following regulated activities

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

The clinic has a manager registered with CQC.

The clinic consists of a highly specified minor ops theatre, a sluice room, two recovery rooms, sterile stores, a reception and waiting area, and two consultation rooms. The minor ops theatre is modern and well-equipped, and ideally suited to day case cosmetic plastic surgery. The clinic did not have any inpatient facilities and patients did not stay overnight.

Our inspection was unannounced (staff did not know we were coming). This was the first time we had inspected this service.

How we carried out this inspection

The team that inspected the service comprised a CQC lead inspector, and one other CQC inspector and specialist advisor who had a background in cosmetic and plastic surgery. The inspection team was overseen by Sarah Dronsfield Deputy Director of Operations. We spoke with three members of staff and three patients and reviewed 8 sets of patient records and 9 staff files.

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

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Is the service safe?

Good

This is the first time we rated safe for this service. We rated it as good.

Mandatory training

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

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training was provided to staff in the following subjects: Health safety & welfare, equality & diversity, prevent radicalisation, infection prevention and control, safeguarding, information governance, fire safety, moving & handling, resuscitation, and mental capacity.

We reviewed 9 staff training files including the registered managers all had met the 100% training target rate.

The registered managers told us bank staff accessed all mandatory training via their substantive NHS employer and this was recorded on their NHS electronic staff record (ESR). All bank staff were required to provide printed evidence of modules completed and this was monitored. Compliance was 100%.

Managers monitored mandatory training and alerted staff when they needed to update their training. The registered manager was responsible for ensuring staff completed their mandatory training. There was an online training log which showed when staff training was due to expire.

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. All staff were trained to level three safeguarding adults and children and the registered manager had level four. This was in line with intercollegiate guidance (2019).

The provider had an up-to-date chaperone policy and staff had undertaken chaperone training. The clinic had posters reminding patients that they could request a chaperone when undergoing consultations and procedures.

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

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

The provider did not treat anyone under the age of 18. Staff had access to up-to-date safeguarding children's policy which included how to raise concerns with the local safeguarding authority.Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff knew how to make a safeguarding referral and who to inform if they had concerns due to the nature of the service no referrals had been made. The registered manager had been identified as the safeguarding lead.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

The clinic provider had an infection prevention and control policy which was in date and version controlled.

Every room and all communal areas including the reception, corridors, male and female toilets, and staff kitchen appeared visibly clean.

Staff used records to identify how well the service prevented infections.

Every room had a cleaning schedule on the back of the door with 8 areas highlighted for cleaning and dates when the cleaning had been completed. In two of the consultation rooms, we saw there had been only 17 checks since 8 January 2023.

The registered manager explained the rooms were only cleaned after they had been used.

Staff followed infection control principles including the use of personal protective equipment (PPE).

On the days we inspected there was no theatre activity carried out. After the inspection, the provider told us all theatre staff wear theatre attire when working in the operating theatre. The provider also told us they provide designated theatre shoes for their staff, which we were told were regularly washed.

Each room and communal area had supplies of hand gel, and clinical wipes. In the rooms with sinks there was soap dispensers and notices explaining how to effectively wash hands. There were disposable paper towels for users to dry their hands.

Each room had a lidded general waste bin and clinical waste bin. Both were identifiable due to them being different colours, clinical waste being yellow and general waste being grey or black.

Sharp bins were in date and not overfilled.

In the consultation rooms and theatre, we saw consumable items were stored in clear plastic draws in trolleys. This meant the items were dust and dirt free.

The provider used single use surgical instruments in line with best practise.

Patients were not routinely screened for Methicillin-Resistant Staphylococcus Aureus (MRSA) unless they had previously been colonised with or infected by MRSA. This were in line with national guidance.

The patient changing room had supplies of clean towels and sanitary products.

The cupboard containing cleaning supplies had a notice on the door which had a colour coded guide as to how particular areas of the building should be cleaned and with what cleaning products.

There was corresponding coloured buckets in the cleaning cupboard along with disposable mop heads, coloured mop handles, and supplies of cleaning products.

The provider included hand hygiene and infection prevention control as part of their audit regime which were completed on a quarterly basis. We saw evidence during inspection that the audits had been completed.

The provider had a contract with an external company for the collection and disposal of clinical waste.

We saw there was a COSHH (Control of Substances Hazardous to Health) folder with details for staff as to what to do in the event they came into contact with any chemical substances.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Staff worked effectively to prevent, identify and treat surgical site infections.

The provider carried out surgical site infection audits quarterly. Infection rates were minimal.

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.

Patients could reach call bells and staff responded quickly when called.

The design of the environment followed national guidance. The clinic consisted of a highly specified operations theatre, a sluice room, two recovery rooms, sterile stores, a reception and waiting area, and two consultation rooms. Toilets were available and suitable for disabled access. The clinic had been decorated to a high standard. The patients journey from admission flowed seamlessly through to consultation and surgical areas.

Each room had a fire evacuation plan on the rear door which was clear and easy to read. The fire doors to the exterior of the building were clear of any obstruction.

Good

Surgery

On the staff kitchen notice board there was information displayed in relation to; sepsis, advance life support (ALS), anaphylaxis, ALS in a community setting, and refractory anaphylaxis.

Staff carried out daily safety checks of specialist equipment.

All equipment requiring portable appliance testing (PAT) had stickers which showed the date of the last test. All were in date at the time of the inspection. The provider used an external company for the servicing of the equipment it used.

We saw evidence of regular checks of the resuscitation trolley being recorded.

The service had enough suitable equipment to help them to safely care for patients.

During the inspection we checked 10 consumable items which were in the two consultation rooms all were within date.

We saw fire extinguishers in various parts of the building. All extinguishers displayed a sticker outlining when they had last been checked and were also tagged to show they were full. They were all mounted on the wall in accordance with the Fire Extinguisher regulations which form part of the Regulatory Reform (Fire Safety) Order 2005 which outlined how to prevent fire extinguishers from being moved or damaged. They were mounted on brackets placed 3-1/2 to 5 feet above the floor.

Staff disposed of clinical waste safely. Waste was separated correctly colour coded bins for general and clinical waste. The service had a contract in place with an external company for the removal of waste which was in date. The service had a Control of Substances Hazardous to Health (COSHH) policy which was in date.

Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The provider had a preoperative assessment policy with clearly defined exclusion criteria, to ensure only appropriate patients were admitted to the hospital. For example, patients with American Society of Anaesthesiologists (ASA) scores of 3-4 were not admitted. ASA grades are a simple scale describing a person's fitness to be given an anaesthetic for a procedure.

The policy also stated that the psychological vulnerability of each patient needed to be considered, to determine whether the mental health condition was well controlled and if the assessment process needed to be slowed down to protect the patient. Further clarification would be sought from the patient's GP or appropriate specialist if needed.

In an emergency the standard 999 system was used to transfer patient out to an NHS hospital. All staff had received life support training appropriate to their role. The provider told us that there was always one member of staff trained in advanced life support on duty. We saw evidence that staff were trained in advanced life support. There had been no unplanned transfers out of patients since the provider opened.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Consultations were available face to face or virtual with the lead consultant explaining the treatment options available to them, the benefits and risks of each treatment and the option of not having any treatment.

Good

Surgery

Prior to the initial consultations patients were requested to complete new patient registration forms. Patients that were having lipoedema surgery were required to complete pre- operative Lipoedema consultation forms and quality of life questionnaire.

During inspection we observed three patients' consultations. They were all patient led, comprehensive and very thorough.

Staff completed risk assessments for each patient using recognised tools. Venous Thromboembolism (VTE) risk assessments were completed for each patient.

The provider used a safer surgical checklist based on the World Health Organisation (WHO) guidance. We reviewed 16 WHO checklists all were completed fully. Audits results from the WHO surgical safety checklist showed 100% compliance.

The service had 24-hour access to mental health liaison and specialist mental health support (if staff were concerned about a patient's mental health). It is a requirement of the Royal College of Surgeons that the consultation identifies any patients who are psychologically vulnerable, and they are appropriately referred for assessment. The provider informed us that all patients were screened pre-operatively and those with any existing mental health concerns were referred to their GP for more information and support before any procedure was considered.

Staff shared key information to keep patients safe when handing over their care to others.

Staffing

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

The service had enough nursing and support staff to keep patients safe.

There was a registered manager who was also the consultant surgeon and one clinic administrator, and a receptionist employed by the service at the time of inspection, who managed non-clinical duties, such as appointment booking and theatre scheduling.

Due to the ad hoc nature of the service, bank staff were used frequently. The staffing rota was planned well in advanced so that the provider could book the necessary nursing staff and anaesthetists. Bank staff that were requested had worked with the provider for a long time. The registered manager could adjust staffing levels daily according to the needs of patients.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service. We saw that bank staff completed a full induction and competencies check before working in clinical areas.

Records

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

Good

Surgery

Patient notes were comprehensive, and all staff could access them easily. The provider had a robust system in place to maintain both paper and electronic medical records.

During inspection we reviewed 9 staff files. We saw evidence all staff had been recruited in accordance with Schedule 3 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff files formed part of the audit regime and were checked every 6 months.

During inspection we reviewed 8 patient records (PRF`s). All were comprehensive and legible. The records we checked were paper records. All recorded the risks associated with the proposed procedures, all had patient consent recorded and information about the 14-day cooling off period. There was evidence the patients` doctor had been sent a copy of the procedures carried out.

We saw evidence the patient consent and cosmetic cooling off, were checked 6 monthly and patient pathways, quarterly, were part of the audit regime.

We saw post operative remote consultations which had been carried were recorded in the PRF`s we checked, and the details of the consultations being recorded in letters sent to the patients and their doctors.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

All paper records were stored in filing cabinets securely with restricted access.

The provider had a designated Caldicott guardian who had overall responsibility for the protection of confidentiality of patient's health and care information.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The provider had a medicines management policy in date and referred to national guidance.

Staff followed current national practice to check patients had the correct medicines. Allergies were clearly recorded in patient records.

Staff completed medicines records accurately and kept them up to date. We checked the controlled drugs cupboard and register all were compliant and in line with national guidance.

Staff stored and managed all medicines and prescribing documents safely. All medicines that we checked were in date and stored securely. Medication fridge temperatures were monitored daily and within normal range.

Good

Surgery

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 knew what incidents to report and how to report them.

The provider had an incident reporting policy which was in date and version controlled. The provider had not recorded any incidents since opening in September 2022.

The service had not had any never events.

Staff understood the duty of candour. They were open and transparent and knew that they needed to give patients and families a full explanation if and when things went wrong. Staff understood their responsibilities under duty of candour. Prior to this inspection there had been no incidents that met the threshold for duty of candour to be applied.

Is the service effective?

Good

This is the first time we rated effective for this service. We rated it as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed 48 policies all were in date and reflected best practise. We saw in the minutes of the monthly communication and governance meetings that policies were a standard agenda item.

The provider had a comprehensive audit program in place. We saw evidence that they were regularly reviewed. Any discrepancies that were identified falling below compliance were supported with an action plan and action taken.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

The provider submitted data to the Private Healthcare Information Network (PHIN).

Nutrition and hydration

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

Staff made sure patients had enough to drink. The clinic provided water, tea, and coffee to all patients.

Good

Surgery

Patients were sent information on preparing for surgery which included information on fasting and to not eat any foods six hours prior to surgery. Patients were able to drink clear fluids until two hours prior to their surgical procedure.

Nausea and vomiting were managed effectively. We saw patients were prescribed anti-sickness medication if required.

Pain relief

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

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

The registered manager told us he had worked with anaesthetists and devised a pain chart with non-verbal cues on a chart for patients with communication difficulties. We saw this available in the recovery room ready for staff to use.

Patients received pain relief soon after requesting it. The notes we reviewed showed that patients had been given regular pain relief after their procedures.

Staff prescribed, administered and recorded pain relief accurately.

Records indicated that staff prescribed, administered, and recorded pain relief accurately. The registered manager told us they routinely asked patients about pain.

Patient outcomes

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

The service participated in relevant national clinical audits for example they submitted data to the NHS digital breast and cosmetic implant registry.

Outcomes for patients were positive, consistent, and met expectations, such as national standards.

Managers and staff used the results to improve patients' outcomes.

We saw evidence that staff carried out a comprehensive programme of repeated audits to check improvement over time.

Managers used information from the audits to improve care and treatment. Audits were a regular agenda on monthly meetings and finding discussed.

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. Staff had the appropriate skills, knowledge, and experience to deliver high quality care.

Good

Surgery

Managers gave all new staff a full induction tailored to their role before they started work. The registered manager gave all new staff a full induction tailored to their role before they started work. There was an induction program in place which included competencies, policies, and procedures. Staff did not practice in any role until assessed as competent. During induction, staff were able to observe all aspects of how the clinic operated and clinical procedures.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with the registered manager and were supported to develop their skills and knowledge. Appraisals were completed annually.

The registered manager made sure staff attended team meetings or had access to full notes when they could not attend. We saw minutes from these meetings.

Managers made sure staff received any specialist training for their role.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. We saw minutes from these meetings.

Staff worked across health care disciplines and with other agencies when required to care for patients. We observed good working relationships between all staff.

Seven-day services

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

The clinic was open 5 days per week Monday to Friday 9am until 5pm. Occasionally they would open on a Saturday to accommodate a patient's availability.

The registered manger explained because all the patients were private there were occasions when no procedure or consultations carried out in the working week. He told us, at the time of the inspection, there were no procedures booked in until June.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support on wards/units.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

There was evidence in the PRF`s we checked patients had been provided with health promotion advice which, if followed, would give the best outcome for the procedures carried out.

Good

Surgery

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Patients were given opportunity to change their mind throughout the patient pathway in line with Royal College of Surgeon guidelines, which state that consent requirements include a two-stage process of consent with a period of at least two weeks between the stages to allow the patient to reflect upon their decision.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We saw in the 8 patients record that we reviewed consent was clearly documented and that they were given a paper copy.

Staff made sure patients consented to treatment based on all the information available.

Consent was clearly recorded in the patients' records. Patients attended an initial consultation appointment where they met with the consultant surgeon who would perform their procedure. At this appointment, all the risks and benefits of the procedure were discussed, as well as all relevant patient history. All records that we reviewed had a clear gap of at least two weeks from initial consultation to the surgery procedure. The patient reconfirmed their intention to go ahead with a procedure by completing the consent form on the day of the procedure.

Is the service caring?

Good

This is the first time we rated caring for this service. We rated it 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.

Patients said staff treated them well and with kindness.

We spoke with 3 patients who had attended the clinic for their consultations. They told us that the consultant surgeon was kind, respectful and was compassionate to each of their needs.

We saw thank you cards from patients with positive comments about their treatment. Positive feedback was posted on the providers website which included patient testimonials. There were also many positive reviews.

Patients were encouraged to give their opinion on treatment, staff, premises/ facilities, and overall service via a survey. The results were analysed and shared with the team during staff meetings.

Good

Surgery

Staff followed policy to keep patient care and treatment confidential. There was a privacy and dignity policy, and staff were to adhere to the guidelines. Modesty gowns were provided for patients. Each patient consultation and procedure were always conducted in a private room.

Staff made sure that people's privacy and dignity needs were understood and respected, including during physical or intimate care and examinations.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs.

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 told us they recognised that many patients were anxious about having surgery and they made sure patients always had enough time to ask questions during their consultations and before their surgical procedure.

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them. At the initial consultation, patients were asked about their medical history, social circumstances, and mental health status. If the patient were prescribed any mental health medications or was undergoing psychological therapy, they would be asked to produce a medical support letter from their General Practitioner (GP) or specialist. Any concerns indicating vulnerability would mean the patient' procedure would be placed on hold while the provider liaised with the patient and other health practitioners where appropriate. If a patient was assessed unsuitable at this time, then they were given the option to be reviewed again after six months.

The provider could signpost patients for psychological support if necessary.

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 and those close to them understood their care and treatment.

The provider told us they could offer patients as many consultations as necessary to ensure patients were happy with the procedure. Patient records showed a through discussion of the procedure, potential risks, and complications of surgery, as well as the benefits and alternatives available.

Welcome Information packs were given to the patient explaining what to expect on the day of the procedure, information about anaesthesia and then upon discharge, and who patients could contact if they had any concerns about their recovery. This information was tailored according to the type of procedure being undertaken. Upon discharge patients were given the consultant surgeon mobile number to ring if had any concerns.Staff called patients the day before any procedure to ensure they were aware of what to do on the day.

Patients were offered the opportunity to have a friend or relative present during consultations, unless safeguarding concerns were raised in relation to this. Upon discharge patients were required to have a friend or family member to accompany them at home for twenty-four hours after their procedure.

Good

Surgery

The provider had a waiting area for relatives, who were offered drinks, snacks and access to free WiFi.

All patients were private and self-funding. All pricing for procedures was readily available on the provider's website, and this was confirmed at the initial consultation stage.

Patients gave positive feedback about the service.

Is the service responsive?

Good

This is the first time we rated responsive for this service. We rated it as good.

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. There was a system for referring patients for psychological assessment before starting treatment, if necessary.

Meet personal choice.

The clinic provided privately funded surgery appointments these were planned to accommodate the patients**.**

The clinics facilities were accessible for patients with limited mobility and people who used a wheelchair. Toilet facilities were available for patients, carers and relatives including those living with a disability.

The provider did not have information leaflets available in other languages or formats on the day of inspection. Staff told us that they could download patient information in any format, such as another language, if given adequate time to do so.

Staff were able to arrange interpreters if needed in advance.

The provider did not routinely treat patients with complex needs, as it did not accept patients for admission that were deemed to lack capacity regarding treatment decisions, as it provided elective cosmetic and plastic surgery.

Access and flow

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

The clinic was operational Monday to Friday 10am to 5pm.

Referrals to the clinic were received by telephone, emails or an online enquiry form. The clinic administrator responded to any initial patient enquiries. Patients were then booked in for a pre-assessment consultation with the consultant surgeon.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

Good

Surgery

The service did not audit patient waiting times for surgery or consultations. This was because all procedures were elective and performed by only one consultant surgeon. Patients were able to choose their preferred dates.

The consultant surgeon told us that any appointments could be accommodated during an evening or weekend outside of normal working hours, if necessary.

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. The service had a system for referring unresolved complaints for independent review.

Patients, relatives, and carers knew how to complain or raise concerns.

The provider had a complaint policy which was in date and version controlled.

We saw evidence patients were provided with information as to how to make a complaint in their information packs. There was information as to which agencies to contact if the person making the complaint was unhappy with the outcome.

The service displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Staff were able to articulate the complaints process and timescales.

Managers shared feedback from complaints with staff and learning was used to improve the service.

The provider had received one complaint which we reviewed. The investigation had followed the procedures outlined in the policy and had been concluded in accordance with the timescales. The complaint was not upheld, and the staff involved had been updated as to the outcome.

Is the service well-led?

Good

This is the first time we rated well-led for this service. We rated it as 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.

The clinic was managed by the registered manager who was accountable for the day to day running of the business. The registered manager was also the consultant surgeon.

Good

Surgery

The provider held weekly Red Amber Green (RAG) meetings to discuss any patient issues.

Staff that we spoke with told us that the registered manager was approachable and supportive. They were a small team who all worked together regularly and were able to seek advice and speak freely with one another. We observed a staff meeting where staff could discuss practice and raise any issues.

Staff were supported to develop their training. One staff member told us that they had spoken with the registered manager to express an interest to become healthcare assistant.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.

The provider vision was to provide the best plastic reconstructive and cosmetic surgery.

The values that underpinned the vision were teamwork, respect, integrity, learning, safety, and honesty. Staff were aware of the vision and values of the company. The provider's vision was displayed on numerous notice boards in rooms and in the staff kitchen.

Culture

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

Staff said they were very proud of the service they delivered and described their colleagues as supportive. All staff told us they had good working relationships with their colleagues. Staff told us that they have a culture of openness and all staff are empowered to speak up if they have a concern. The provider had a freedom to speak up policy.

Staff were patient focused, and the culture was focused on the needs and experiences of people who used the service.The patient experience was extremely important to all the team, and this was evident when we spoke to staff. Feedback that was gathered from patients was always discussed within the team.

The provider complied with guidance from the Committee on Advertising Practice and industry standards of the Royal College of Surgeons Professional Standards for Cosmetic Surgery April 2016.

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 provider held quarterly clinical governance meeting which was attended by the Consultant Surgeon, Governance lead and Clinic Manager.

Good

Surgery

The provider had a granting of practising privileges policy that was in date and version controlled. The policy stated that the registered manager was responsible for completing the relevant checks before a practitioner was able to be signed off and added to the register. The governance and compliance lead and the managing director were responsible for signing off there practising privileges and reviewing annually.

The provider held a practising privilege register of practitioners who were authorised to work at the clinic. We reviewed the register which included the consultant surgeon and the anaesthetist who held practising privileges.

We reviewed files for the consultant surgeon and anaesthetist all had evidence of general medical council (GMC) registration, disclosure and barring system checks, references, appraisals, training, and indemnity insurance checks. This was in line with policy.

There were no formal Medical Advisory Committee (MAC) meetings held at the clinic. However, the consultant surgeon was the MAC lead at their partner hospital. They told us that the clinical governance minutes were reviewed by the other anaesthetist.

We saw evidence of an extensive audit regime being carried out across all work streams. Audits were completed on a monthly and quarterly basis and audit findings were shared at the clinical governance meeting. We saw evidence of this within the meeting minutes.

The provider had devised their own performance dashboard with key performance measures.

Management of risk, issues, and performance

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

The provider had a risk management policy in place.

Patient risk was discussed during the patient consultation and recorded in the PRF`s we reviewed. Patients had to provide written consent to procedures once they understood the potential risks involved.

The provider had a corporate risk register. There were 21 risks recorded across various work streams. All had a description, control measure, risk score, key actions, control measures and a review date. At the time of the inspection the risk register was up to date regarding reviews. Risks identified were discussed at the clinical governance meetings.

The clinic planned well for emergencies and staff understood their role if one should occur. Policies such as business continuity and fire safety, were accessible and detailed what action should be taken in the event of disruptive incident.

Information Management

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

There was an information management policy.

Good

Surgery

We saw the provider was registered with the Information Commissioner's office (ICO) from 2018 until May 2023. They displayed the certificate in reception. Staff compliance with information governance training was 100%.

The provider had several audits in place to check the information they were recording was accurate.

We observed closed circuit television (CCTV) was operational in three areas continuously and there was signage warning of the use of recording equipment.

The provider had a CCTV policy which was in date and showed on a plan where the cameras were in the reception, clinical corridors, and kitchen. There were no cameras in any of the clinical areas where procedures were carried out.

Engagement

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

The service received feedback from patients through surveys and the results were used to improve the service.

Notice boards displayed responses to patient issues that had been raised on their 'You said, We did' display. This included a number of changes to working practices.

The provider had a video sharing platform that showcased all of the different surgery preformed at the clinic. Patients were sent links to the platform when they made their first enquiry.

The provider had engaged with local primary schools to provide educational talks with the children to learn about the human body.

Learning, continuous improvement and innovation

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

The registered manager told us that they had developed their website to include a patient resource section which included patient information leaflets and guides.

The consultant surgeon was a leader in the research for the effective treatment of lipoedema with liposuction. Findings from this research were to be presented nationally and internationally.