Epilium & Skin

Quality Report

25-27 George Street
London W1U 3QA
Tel:02074865134
Website:www.epilium.co.uk

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

Ratings

Overall rating for this location

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

Summary of findings

Letter from the Chief Inspector of Hospitals

Epilium & Skin is operated by Epilium & Skin Ltd.

The service provides cosmetic surgery and other cosmetic treatments to adults over 18 years old. The service does not have inpatient beds and all patients are seen as day cases. Facilities include one operating theatre, one recovery room, consultation room and waiting area.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 11 June 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we do not rate

We regulate cosmetic surgery services but we do not currently have a legal duty to rate them when they are provided as a single specialty service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- Systems and processes were in place to keep staff and patients safe. The service had systems in place for the reporting, monitoring and learning from incidents. Staff knew how to report incidents.
- There were good infection prevention and control procedures in place, all areas were visibly clean and well equipped.
- Staff used a 'five steps to safer surgery' World Health Organisation (WHO) checklist to minimise errors in treatment, by carrying out a number of safety checks before, during, and after each procedure. Patients received a thorough assessment prior to treatment and were given an emergency contact number following their discharge.
- Policies, procedures and treatments were based on nationally recognised best practice guidance. Regular audits were carried out on a range of topics.
- Care was delivered in a compassionate way and patients were treated with dignity and respect. Patients were kept informed throughout their care and encouraged to ask questions.
- Managers were visible and respected by staff. Staff felt valued and supported.
- Policies were in place for key governance topics such as information governance, incident management, risk assessment or management of complaints.

However, we also found the following issues that the service provider needs to improve:

- There was no suction machine available.
- Not all medical staff had completed mandatory training
- There was no clinical escalation policy.

Amanda Stanford

Summary of findings

Deputy Chief Inspector of Hospitals (London)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery		Surgery was the only activity carried out in the service. Whilst we regulate cosmetic surgery services we do not have a legal duty to rate them. Overall, surgical services at the service kept patients and staff safe from avoidable harm. Treatment was highly individualised but there was no clear exclusion policy. Managers were visible and approachable and staff felt supported.

Summary of findings

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Location name here

Services we looked at
Surgery

Summary of this inspection

Background to Epilium & Skin

Epilium & Skin is operated by Epilium & Skin Ltd. and has been registered with the CQC since 2013. After change of ownership in 2016 the clinic underwent refurbishment and did not provide services until September 2017 when the clinic re-opened. It is a private clinic in Marylebone, London. All patients are privately funded.

The service offered a range of cosmetic treatments, with three procedures being performed on site and falling under our regulation: blepharoplasty, fat transfer and hair transplant.

The clinic manager, Abigail Denton has been the registered manager for the service since 2017.

The service also offered cosmetic procedures such as injectable treatments, dermal fillers, laser hair removal and other skin treatments provided by beauty therapists. We do not regulate these procedures.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, another CQC inspector, a CQC assistant inspector and a specialist advisor with expertise in theatres. The inspection team was overseen by Michelle Gibney, Inspection Manager.

Information about Epilium & Skin

The service provides day surgery and is registered to provide the following regulated activity:

- Surgical procedures

During the inspection on 11 June 2018, we visited the whole service. We spoke with five staff including surgeon, registered nurse, therapist, reception staff and managers. We spoke with one patient. During our inspection, we reviewed seven sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC.

Activity (September 2017 to May 2018)

- In the reporting period September 2017 to May 2018. There were seven day case episodes of care recorded at the location; all were privately funded.
- Out of these seven procedures, two were hair transplants, one was silicone removal and four were blepharoplasties with fat transfer.

Two surgeons worked at the service under practising privileges. Anaesthetic services were provided by an external company. Epilium & Skin employed one registered nurse, one therapist and one receptionist.

Track record on safety

- No never events
- No serious injuries
- No formal complaints

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Sterilisation and decontamination
- Anaesthetic services

Summary of this inspection

- Laser protection service
- Laundry
- Maintenance of medical equipment
- Pathology and histology

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found the following areas of good practice:

- Policies and procedures were in place to manage incidents.
- The clinic was visibly clean and staff followed policies and procedures in place for infection prevention and control.
- The environment was well maintained and well equipped.
- Patient records were completed fully and stored securely.

However, we also found the following issues that the service provider needs to improve:

- Not all equipment was safety tested.
- There was no clinical escalation policy in place.
- Not all medical staff had completed mandatory training.
- There was no functioning suction machine available.

Are services effective?

We found the following areas of good practice:

- Policies, procedures and treatments were based on recognised national standards and guidance.
- Audit took place regularly in key areas; improvements were identified and shared with staff.
- Staff were competent to carry out the duties allocated to them.
- Robust consent procedures were in place.

Are services caring?

We found the following areas of good practice:

- Care was delivered in a compassionate way.
- Privacy and dignity were maintained.
- Patients understood the information given to them and felt involved in their care.

Are services responsive?

We found the following areas of good practice:

- Services were planned to meet the needs of patients, based on preferences and choice.
- Patients were offered follow up care to support their needs.
- The service had systems in place for the reporting, monitoring and learning from complaints. Complaints were shared with staff.

However, we also found the following issues that the service provider needs to improve:

Summary of this inspection

- There were no formal interpreting services available and patients might bring a family member or friend to their consultation to translate; this was not in line with best practice guidelines.

Are services well-led?

We found the following areas of good practice:

- The management team was visible and approachable and roles and responsibilities were clearly defined. Staff felt supported by managers.
- A range of policies covered governance, risk management and quality measurement, staff were aware of their role in these areas.
- A patient feedback system was in place which allowed the clinic to make changes or improvements accordingly.

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are surgery services safe?

Mandatory training

- All staff received mandatory training, which included fire safety, general health and safety, training on policies and procedures, complaints management, safeguarding and mental capacity awareness. Clinical staff received training in manual handling, core knowledge on laser, specific manufacturer approved training, medical devices or equipment, infection control and duty of candour.
- There was a sepsis policy in place at the time of the inspection, dated March 2018. Managers told us that staff were encouraged to monitor signs of infection and sepsis during the procedure and before discharge. Sepsis training was not part of the mandatory training programme.
- Training consisted of both e-learning and classroom courses. Records showed compliance rates were 100% for nursing and support staff. However, we did not see evidence of all completed mandatory training modules for medical staff. Managers told us that one of the surgeons had not completed all mandatory training.

Safeguarding

- The service had systems in place for the identification and management of vulnerable adults and children at risk of abuse.
- The clinic did not treat patients under the age of 18 years.
- All staff we spoke with were aware of their responsibilities to protect vulnerable adults and children. Staff understood safeguarding procedures and knew how to report concerns. Safeguarding policies were up to date and readily available in the service. All staff were required to read safeguarding policies as part of their induction. There was a named safeguarding lead within the service. All staff members were subject to a Disclosure and Barring Service checks.
- All staff, including doctors were trained in safeguarding adults and children up to level two, the safeguarding lead was trained to safeguarding children level three. Training was updated on an annual basis.
- Staff knew who the safeguarding lead was and were aware of the escalation process.
- There had been no reported safeguarding incidents to the CQC in the 12 months prior to the inspection.

Cleanliness, infection control and hygiene

- All areas we inspected were visibly clean and tidy.
- We were shown an infection control risk assessment for the whole service that had taken place in March 2018, showing compliance in all areas.
- Staff received training on infection prevention and control and were knowledgeable about infection prevention procedures.
- There was a policy for control and prevention of MRSA (Meticillin resistant staphylococcus aureus) in place, giving guidance to control introduction or spread of MRSA within the service. The clinic was in the process of establishing pre-operative testing with an external laboratory, including screening for MRSA.
- We saw hand sanitising gel dispensers throughout the service and hand washing facilities in the theatre room, dirty utility area and staff room. Posters with instructions for correct hand cleaning techniques were displayed on the wall. There was a hand hygiene policy in place and the service undertook monthly hand hygiene audits. Results showed 100% compliance rate. We observed staff being bare below the elbow.

Surgery

- There were adequate supplies of personal protective equipment, such as gloves and aprons in the theatre area.
- All rooms, including theatre room were cleaned daily by an external company. There were cleaning logs, containing details of what to clean in what way, which staff signed daily. We saw cleaning logs during inspection and found them to be completed and up to date.
- Waste was removed from theatre appropriately through a designated door leading to the dirty utility room. Patients and staff entered the room through the theatre main door or the adjacent recovery room.
- The arrangements for the management of waste products were appropriate for keeping patients and staff safe from harm. Sharps bins were used and stored correctly and waste bins were colour coded and labelled to ensure segregation of waste. An external company collected and disposed of different waste products.
- There was a service level agreement with a local hospital for the provision of decontamination and sterilisation services.

Environment and equipment

- All areas we inspected were well maintained and free from clutter.
- The reception and waiting area were bright and well lit. The waiting area appeared comfortable with the provision of hot and cold beverages. There were three cosmetic treatment rooms, one consultation room and theatre with adjacent recovery room and a staff room.
- The theatre room was utilised for surgical procedures under local anaesthesia or conscious sedation. Disposable equipment was stored appropriately in locked cupboards; keys were kept in a locked key box behind reception. We checked single-use equipment and found all to be in date.
- Portable equipment we checked had been serviced and labelled to indicate the next review date. The service kept a record of electrical safety testing of equipment. However, one diathermy machine had been brought from France and had been safety tested there. The manager told us that they would have the machine safety tested locally.
- We reviewed the control of substances hazardous to health (COSHH) folder with detailed list of all high risk or flammable liquids and how to maintain them. They were stored in the dirty utility room.
- A resuscitation trolley was stored in the theatre room and checked daily. We saw a register confirming daily checks, which we found to be complete. We inspected the contents and equipment of the resuscitation trolley and found all to be complete, in date and safety tested.
- There was no suction machine available at the clinic. Suction units are used to remove fluids from mouth, airways or operation sites. The manager told us they had planned to purchase a suction machine, but were awaiting advice from the company providing anaesthetic service.

Assessing and responding to patient risk

- Consultations for procedures were done face to face with the surgeon assessing and examining the patient and explaining surgical options, risks and expected outcome. All patients were asked to fill in a health questionnaire before consultations or procedures.
- Although there was no formalised inclusion or exclusion policy, senior staff told us that they did not offer surgery to patients with severe medical conditions ro mental health issues. Patients were only considered for cosmetic surgery if they fulfilled suitability criteria, which not only assessed suitability for cosmetic treatment, but considered other health conditions.
- It is a requirement of the Royal College of Surgeons (RCS) that the consultation phase identifies any patients who are psychologically vulnerable and that those patients are appropriately referred for assessment. The medical director confirmed that only patients who were psychologically fit for a procedure would be offered surgery.
- Staff were encouraged to report any changes or concerns they might have about patients on any level as soon as they became aware of them.

Surgery

- There were processes in place to reduce the risk to patients undergoing surgery. These included the service adopting the use of the World Health Organisation (WHO) surgical safety checklist. This checklist was developed to reduce errors and adverse events, increase teamwork and communication in surgery. We saw completed checklists in all seven patient records we reviewed. Compliance with the WHO checklist was not audited individually but as part of the records audit, where existence of completed checklists were monitored. However, an individual adapted WHO safer surgery checklist would enable the service to possibly identify areas for improvement.
- All patients undergoing surgery were given a 24 hour telephone number to use if they had any concerns following treatment. They were also given a post-operative discharge pack with detailed written instructions on aftercare and the time and date of their next appointment. The surgeon was available in the 24 hour period following the procedure would see the patient if required. The out-of-hours telephone was answered by the clinic manager.
- All staff were trained in basic life support with the registered nurse and doctors having up to date training in intermediate life support.
- There was a sepsis policy in place and a sepsis flowchart was displayed in the procedure room.
- The need to transfer a patient to another health care provider had not occurred since opening the service. For medical emergencies, there was a resuscitation trolley available within the service and staff would also dial the 999 emergency ambulance service. All staff were trained in basic life support and doctors and the nurse were trained in intermediate life support. However, there was no clinical escalation policy or protocol in place outlining processes for escalating care for patients whose condition is deteriorating.

Nursing and support staffing

- There were one registered nurse and one aesthetic practitioner employed at the time of inspection. The clinic manager was also the registered manager of the service and was trained to perform aesthetic therapies as well. A receptionist welcomed patients at the front desk.
- All surgical days at the location were planned in advance to ensure that the registered nurse was on duty and available.
- There were no vacancies at the time of inspection and the service did not use bank or agency staff.

Medical staffing

- Surgeons worked under a practising privileges arrangement. The granting of practising privileges is an established process whereby a medical practitioner is granted permission to work within an independent hospital. The medical advisory committee (MAC) was responsible for approving practising privileges for medical staff. Medical staff with practising privileges had their appraisals and revalidation undertaken by their responsible officers.
- The service had two surgeons working under a practising privileges arrangement who performed surgeries, both were registered with the General Medical Council (GMC).
- An anaesthetist was present during all procedures where conscious sedation was utilised. This was in line with the Royal College of Surgeons (RCS) and Association of Anaesthetists of Great Britain and Ireland (AAGBI) guidelines. The clinic had a service level agreement with an external company to provide anaesthetic services.

Records

- The clinic used electronic and paper records for patient information. All records containing patient information were stored securely, electronic records were password protected.
- Paper records were kept in a secure office within the service. Records included a health questionnaire, which patients completed on an electronic device and staff printed out afterwards. The service utilised a surgery procedure booklet, which included pre-op assessment, pre-op checklist, anaesthetic assessment and chart, operation notes, recovery notes and discharge summary. The pre-operative assessment included a list of risks, full medical history and terms and conditions.

- There was a policy for records management and a policy on information management and access to health records in place. All members of staff with access to health records or involved in patient treatment had to sign a confidentiality agreement.
- Information was shared with GPs if patients gave their consent. Patients received a discharge letter after surgery that they could share with their GP.
- We reviewed seven patient records and found them to be completed, comprehensive and legible. We found minor inconsistencies in intraoperative anaesthetic documentation. A records audit was part of the service's audit programme.
- A theatre register was kept, with details of all surgical procedures carried out in the theatre. All entries were clear and legible.

Medicines

- Medicines were managed according to the policy for medicines, dated March 2018. The policy clearly described obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal of the medicines held at the clinic.
- Medicines were stored securely in locked cupboards and keys were stored in a key safe. The key to the key safe was held by the clinic manager. All the medicines we checked were in date.
- Oxygen cylinders were stored safely. We checked all the oxygen cylinders; they contained safe levels of oxygen, were all within their expiry date and were serviced annually.
- There was one locked fridge in the consultation room that stored drugs and nothing else. The fridge temperature was within range and the temperature log was fully completed and up to date. Staff were aware of the action to take if the temperature recorded was not within the appropriate range.
- The service did not store controlled drugs. Those were brought on site by the anaesthetist on procedure days. Anaesthetists from an external specialist healthcare service managed the care of patients requiring conscious sedation. They followed drug policies of their company, ensuring drugs were stored off site correctly, carried correctly and purchased appropriately. Within the clinic, the registered nurse checked administered drugs against expiry dates, etc. and countersigned on the drug chart.
- The service kept an eye wash kit, urine and vomit spill kits and biohazard spill kit in the dirty utility room. Staff told us that this was because of available space and they would move the kits to a different room.
- We looked at medicine administration records of seven patients and found them to be complete and concise. We saw allergies were clearly documented in the charts.
- There was an antimicrobial stewardship policy in place, outlining principles of good antimicrobial prescribing. It applied to all prescribers working within the clinic.
- The service had an account with a local pharmacy whose staff were available for support or advice.

Incidents

- There had been no clinical incidents since re-opening September 2017 and there had been no never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious harm or death, but neither need have happened for an incident to be a never event.
- Staff we spoke with understood how to report incidents and were aware of the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency, and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support, truthful information and a written apology to that person. There were no incidents during the reporting period that met the threshold for duty of candour.
- In the event of an incident, a paper log book was kept. Staff we spoke with were aware of this log book and showed it to us. Incidents would be discussed at the quarterly governance meeting.
- The service monitored surgical site infections and audited quarterly. There were no recorded surgical site infections since September 2017.

Safety Thermometer (or equivalent)

- The service did not have a quality dashboard but did monitor key quality outcomes, for example returns to theatres or patients transferred out. Since September 2017, there had been no unplanned returns to theatre post-operatively, nor were any patients transferred to alternative care following treatment.

Are surgery services effective?

Evidence-based care and treatment

- In date service policies were available in a folder at the service. Policies and procedures we reviewed were aligned with recognised national standards and guidance.
- Both pre-operatively and post-operatively, the service complied with the evidence based guidelines provided by the National Institute for Health and Care Excellence (NICE). Pre-operative assessment included screening against a defined set of suitability criteria to ensure patients were suitable for the treatment. Patients were given written aftercare instruction, early stage and later stage review appointments before discharge home as well a 24-hour telephone number.
- Doctors utilised and followed Professional Standards for Cosmetic Surgery, published by the Royal College of Surgeons in April 2016.
- The service maintained a clinical audit plan. This included infection prevention and control audits, records and consent audits. The feedback from these audits would be shared with staff directly or in team meetings.

Nutrition and Hydration

- Staff followed The Association of Anaesthetists of Great Britain and Ireland (AAGBI) best practice guidance on fasting prior to surgery. Records showed checks were made to ensure patients had adhered to fasting times before surgery went ahead.
- The clinic provided water, tea and coffee to all patients. Staff told us they would offer to bring small meals or snacks from the local shops for patients after surgery.

Pain relief

- The use of medication for pain relief was documented in patients' records. Patients were prescribed painkillers post procedure, which they could collect in a pharmacy. Upon discharge, all patients were provided with contact numbers for the service and guidance on pain relief. They were advised to call if they experienced unmanageable pain.
- Patients were able to communicate if they were in pain and the service did not use formal pain assessment tools.

Patient outcomes

- The service and patient numbers were small, but they did contribute to national data bases for quality patient reported outcome measures (QPROMS). QPROMS are recommended by the Royal College of Surgeons and involve the patient completing a pre and post-operative satisfaction survey based on the outcome of the cosmetic surgery, in this case blepharoplasty.
- The service measured outcomes on a visual basis, taking 'before' and 'after' pictures of patients, if they consented. This also enabled patients to see visual changes after procedures.
- Between September 2017 and June 2018, there were seven procedures carried out on site. There were no unplanned returns to theatre or transfers to another service during that time.
- We saw evidence of the service planning to submit data to the Private Healthcare Information Network (PHIN).

Competent staff

- Staff we spoke with had the correct skills and competencies to carry out the duties required of them. All new staff attended a comprehensive induction programme as described in the policy for induction of new staff, including familiarisation of policies and procedures.
- Staff had been in post for one year or less and had not been to appraisal meetings yet. The clinic manager confirmed that annual appraisals would take place.
- Both surgeons performing cosmetic surgery were on the General Medical Council specialist register and had more than 15 years working experience. Revalidation and appraisal for the surgeons was completed by their registered independent body. The surgeons had a named responsible officer, ensuring that performance, conduct and behaviour were monitored against agreed

national standards. The clinic management reviewed and verified appraisal documents annually to ensure no issues had arisen affecting their scope of practice. The medical advisory committee (MAC) was responsible for granting and reviewing practising privileges for medical staff.

- We saw evidence that both surgeons had completed 50 hours continuing professional development (CPD), which was compliant with Royal College of Surgeons standards.
- We looked at personnel files for medical and nursing staff and found them to be complete and concise.
- Staff informed us that the service was supportive to continued development and training.
- Anaesthetists providing sedation were required to have specific training in sedation, keep their skills updated and have completed training in intermediate or advanced life support.

Multidisciplinary working

- During inspection, we observed positive communication between all staff.
- There were regular team meetings and we saw meeting minutes where there was good attendance from staff. There was time allocated within the meeting for staff to raise any concerns or areas they wished to raise.
- There was a service level agreement (SLA) in place with a local independent hospital for the provision of decontamination services. Staff told us this worked very well. Anaesthetic services were provided by an external company. There was an SLA with another external provider for pathology services.

Seven-day services

- The service was open Monday to Saturday. On Monday to Friday the service operated between 9am and 8pm. On Saturdays the service operated from 9am to 7pm. Theatre cases were usually organised on Mondays and Fridays.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The procedure for ensuring patients were able to make informed decisions about treatment and consenting to treatment was described in a consent policy, dated March 2018.
- The policy referenced to the Royal College of Surgeons Professional Standards for cosmetic surgery, that consent must be obtained in two stage process with a cooling off period of at least two weeks between stages to allow patients to reflect on their decision. The surgeon retained the responsibility for obtaining consent from the patient to proceed with treatment. The surgeon performing the procedure always performed a pre-operative assessment with the patient and a minimum of two weeks was given for the patient to change their mind – the cooling off period.
- We looked at seven patient records and found all contained signed consent forms. In all cases we found at least six weeks between consultation and surgery.
- Patient's capacity to consent to treatment was taken into account. It was the responsibility of the surgeon to assess whether the patient had capacity to consent to surgery. If there were any concerns the surgeon contacted the patient's GP or cancelled the procedure.
- The service only accepted low-risk, medically fit patients with full mental capacity. Staff informed us most patients they saw fulfilled these criteria. Mental capacity awareness was part of mandatory training. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and how to put these into practice.
- A consent audit performed in March 2018 found 93% compliance rate. The audit report contained recommendations and was shared with all staff.

Are surgery services caring?

Compassionate care

- We observed care being given in a compassionate way. Dignity and privacy were respected, patients were seen in private rooms, patient information was treated with confidentiality.

Surgery

- We observed a consultation and examination by the surgeon. The surgeon was polite and instructive and informed the patient about general ageing process, possible cosmetic treatment options and realistic outcomes.
- We spoke with one patient who praised the professional and friendly staff.
- We saw patient feedback praising professionalism and frankness of staff. One patient found staff very friendly and welcoming and wrote: "You don't feel like another number as you do at some of the bigger clinics."
- Patient feedback results provided showed that all 5 participants found the practitioner polite and considerate and respecting privacy and dignity.

Emotional support

- Patients were offered the opportunity to have a friend or relative present during consultations or on surgery days.
- Staff were aware of patients' anxieties and would try to put patients at ease by talking to them through the procedure and explaining everything that happened during surgery.
- Following surgery, patients were instructed in post-operative care. Relatives or partners were involved at this point and the service would recommend bringing someone to support the patient with the aftercare.
- The service did not provide any formal counselling services to patients at any time, but would refer any patients requiring enhanced support back to their GP.

Understanding and involvement of patients and those close to them

- Patients were advised of the cost and expectations of their treatment at the initial consultation with the surgeon.
- We observed one consultation during inspection and the surgeon took time to provide information about possible cosmetic procedures, costs and realistic outcomes. There was plenty of time for the patient to ask questions and the appointment was not rushed.
- With the patient's consent, chaperones, friends and relatives were involved in the consultation or examination. Staff had received chaperone training.
- Feedback results of surgical patients showed that all 5 respondents found they had better understanding of their condition and care after consultation and all felt as much involved in the decision making as they wanted to be.
- A 24-hour emergency telephone number was given to all patients after surgical procedure. The calls were always answered by the clinic staff or clinic manager.

Are surgery services responsive?

Service delivery to meet the needs of local people

- The service was open six days a week and provided consultations and elective cosmetic surgery by appointment only. Appointments were generally arranged on the phone. Surgeries were usually booked on Mondays and Fridays, at least two weeks in advance. One surgery case was booked for one morning or afternoon slot.
- Surgeons made sure they were available on the day after surgery in case patients required further advice or review.
- All procedures were carried out on patients over 18 years old.

Meeting people's individual needs

- The waiting area was spacious and had access to private consultation and treatment rooms, which enabled staff and patients to have private discussions.
- Throughout policies, reference was made to patients who may require additional support. For example, the management of patients with impaired communication was included in the consent policy.
- The clinic did not treat patients with complex health or learning disabilities.
- The service offered surgical consultations in English and French. The clinic did not offer translation of interpreter services and patients might bring a family member or friend to translate; this was not in line with best practice guidelines. However, staff told us patients attending the clinic rarely needed translation services and international patients confirmed at the time of booking their appointments that they would make arrangements for private translation services.

Surgery

Access and flow

- The service provided elective and pre-planned cosmetic procedures to self-referring patients.
- The service contact details could be accessed via their website. Patients could request more information about procedures over the phone or by email before they arrived at their initial consultation.
- Consultations were done face to face at the surgeons' availability. The surgeons were not based in London and travelled twice monthly from abroad to attend clinics or perform surgery. This meant that patients had to choose from limited appointment slots.
- If the patient decided to have surgery, they had to wait at least two weeks for the procedure after initial consultation. This 'cooling off' period gave patients time to reflect on their decision. On the day of the surgery, the patient was provided with pre-operative information and the surgeon would explain the procedure again. A pre-operative checklist was completed and consent was obtained for the surgery.
- After the surgery, patients were brought to the recovery room. Staff provided discharge information, follow-up appointments and numbers to contact the service if they had any issues. The service would call patients within 24hours post-operatively.
- In an emergency, the patient was directed to their closest acute hospital accident and emergency department. For non-emergency issues, the patient would be reviewed by the surgeon. Any revisions to their surgical outcomes could be arranged as a planned episode of surgery.
- The clinic did not have a waiting list and there had been no cancelled procedures for non-clinical reasons since September 2017.

Learning from complaints and concerns

- There was a formal process for receiving and investigating complaints, documented in the complaints policy. Staff told us they knew how to manage a complaint and that information about complaints was shared during team meetings.
- Staff would try to resolve concerns as raised and would escalate to the responsible individual or manager when indicated. All staff had received complaints management training as part of mandatory training.
- The clinic manager had oversight of complaints received and would discuss complaints in team meetings and governance meetings.
- Since September 2017, the service had not received any complaints.

Are surgery services well-led?

Leadership

- The service was led by the clinic manager. The senior leadership consisted of the clinic director and the medical director.
- Managers were visible, part of the team and took part in the day to day running of the services as well as managing the staff. Staff told us they found management approachable and supportive.
- Staff told us they were given enough time for training and that managers supported them in their further education.

Culture

- Staff told us they enjoyed working at the clinic and that the small size of the team made communication easy and facilitated workflows
- Staff were complimentary about their workplace and colleagues; we did not see and were not told of any conflict within the workplace, however, staff told us they were confident that managers could help to resolve conflict should it occur.
- Throughout our inspection by what we observed, documents we reviewed and comments from staff and patients, we determined the provider was responsible and honest in its approach to the treatment it provided. We did not see any evidence of irresponsible incentives or 'hard sell' tactics.

Vision and strategy

Surgery

- The vision of the service was to expand surgical activities under local anaesthesia. Senior management told us about their strategy to achieve this, however, there was no specific documentation for the implementation of this vision.
- The service aimed to establish a positive and long lasting relationship with their patients who would recommend the clinic to friends, family or colleagues.

Governance

- Governance is a term used to describe the framework, which supports the delivery of the strategy and safe, good quality care. The service had structures and systems to effectively manage risk and safety. The medical advisory committee (MAC) was formed by the medical director, clinic director and clinic manager. It was their responsibility to advise on matters relating to the granting of practising privileges, clinical standards, new and emerging professional guidance, the introduction of new treatments and capital investments. The MAC also ensured there was a process in place for overseeing and verifying doctor revalidation, continuing practice development and reviewing practicing privileges.
- We saw that policies were in place for key governance topics such as clinical governance, incident management, risk assessment or management of complaints.
- Clinical governance meetings were held quarterly to discuss policies, audits, equipment or patient feedback, for example. We saw meeting minutes from two previous meetings and found them to be thorough.
- A systematic programme of audits was in place, to monitor the quality of services being provided. The audit plan included infection prevention and control audits, record keeping, treatment register audit and consent audit.

Managing risks, issues and performance

- There was no formal review of surgical outcomes, but the service would take pictures before and after the procedure to enable the patient to see what had changed. Photographs were taken if patients consented.
- There was a policy for risk management in place and the service undertook various risk assessments, but did not maintain a risk register. We saw risk assessments for fire, health and safety, infection control and legionella.
- All employed surgeons performing cosmetic surgery had professional indemnity insurance in place. We saw evidence if this in staff records.
- Staff from a specialist healthcare service managed the care of patients requiring conscious sedation. Contract and risk assessment process between the services clarified the provision of equipment, medicines, staff training and competency.

Managing Information

- Patient details and information were stored electronically and as paper records. Electronic patient details were password protected. Paper records were stored on site according to information management and access to health records policy.
- Any health issues reported by the patient during their initial consultation were reviewed by the surgeon. If they required any further medical information they would ask the patient for permission to contact their GP. If the patient did not give consent for the surgeon to contact their GP the surgeon would not agree to carry out the procedure unless they were fully confident to do so.
- Patients received a discharge letter with clinical information after surgery. The letter could be shared with the GP if the patient wished to do this.

Engagement

- Staff informed us that the working atmosphere was pleasant. They felt confident and comfortable to raise any concerns with managers. Due to the small size of the team, staff found communication easy and effective and they felt able to have their say. Regular staff meetings and email communication ensured that staff knew what was going on at the clinic.
- The service sought patient feedback through feedback forms. Of 5 respondents, all had confidence in the practitioner.
- Managers told us they would go through patient comments to identify areas to change or improve the service.

Surgery

- Patients were also able to provide feedback via the clinic website and email. The clinic also engaged with the public through their social media channels. Patients were able to add comments to their pages.

Learning, continuous improvement and innovation

- The service had plans to carry out more cosmetic surgeries under local anaesthesia and to increase the frequency with which these could be offered to patients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The service must ensure medical staff complete mandatory training.
- The service must ensure there is a functioning suction machine available.
- The service must ensure all medical equipment used is safety tested

Action the provider SHOULD take to improve

- The service should consider formalising exclusion criteria for surgical patients.
- The service should ensure there is a clinical escalation policy.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (2) (c) Safe Care and Treatment: Ensuring that person providing care or treatment to service users have the qualifications, competence, skills, and experience to do so safely. Not all doctors had completed mandatory training.

Regulated activity	Regulation
Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (2) (f) Safe care and treatment: Where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs. There was no functioning suction machine available at the clinic.

Regulated activity	Regulation
Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (2) (e) Safe care and treatment: ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way. Not all equipment was safety tested.