

Cosmetic Surgery (UK) Limited

Cosmetic Surgery Partners

Inspection report

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

We carried out this comprehensive inspection at Cosmetic Surgery Partners (CSP) on 12 July 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This announced inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to rate the service.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

The Lead Consultant is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, the service provides aesthetic procedures such as Botox and dermal fillers which are not regulated by the CQC.

Patients are under the care of CSP consultant surgeons for pre-operative consultations and post-operative after care. CSP has a contract with The London Welbeck Hospital for CSP consultant surgeons to transfer patients under their care into the hospital, where surgical procedures are carried out by the CSP consultants who have practising privileges at the hospital. These activities are not regulated activities which are carried out at the provider location and therefore, at Cosmetic Surgery Partners, we were only able to inspect the services which were subject to regulation and carried out at the provider location.

This service is rated as Good overall.

Our key findings were:

- The service had systems in place to manage significant events.
- The service had a clear vision to deliver high quality care for patients.
- The service had clearly defined systems, processes and practices to minimise risks to patient safety.
- Policies and procedures were in place to govern all relevant areas.
- The consultants had been trained in areas relevant to their role.
- The service had systems in place for monitoring and auditing the care that had been provided.
- The consultants assessed patients' needs and delivered care in line with current evidence-based guidance.
- Information about services was available and easy to understand.
- The consultants had the skills and knowledge to deliver effective care and treatment.
- There was an effective system in place for obtaining patients' consent.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service was aware of and complied with the requirements of the Duty of Candour.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Cosmetic Surgery Partners

Detailed findings

Background to this inspection

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

Cosmetic Surgery Partners Ltd (CSP) is run by two directors and offers pre-operative cosmetic consulting and post-operative care from premises located on the third floor of The London Welbeck Hospital. The premises consist of a patient reception area, a consulting room and a treatment room. It is within this area that pre-operative consulting and post-operative care take place. The surgical procedures take place elsewhere within The London Welbeck Hospital and were not part of this inspection.

CSPs' patients share the communal ground floor reception and waiting room where they are met by hospital reception staff who notify CSP staff.

The CSP facilities are serviced by The London Welbeck Hospital. CSP ensures that all equipment is regularly maintained. CSP has a service level agreement that includes reception/meet and greet staff, general cleaning and clinical and general waste disposal. CSP also has a contract with the hospital pathology laboratory.

Patients are under the care of CSP consultant surgeons for pre-operative consultations and post-operative care. CSP has a contract with the hospital, for CSP consultant surgeons to transfer patients under their care into The London Welbeck Hospital, for surgical procedures to be carried out by the CSP consultants who have practising privileges at the hospital.

After surgery patients are discharged back to CSP for post-operative care. Post-operative procedures, such as removal of sutures, would be undertaken by the CSP nurse.

The surgical procedures performed by CSP consultants include breast surgery, labiaplasty, transgender surgery (f2m and m2f), Abdominoplasty, liposuction, blepharoplasty, face, neck and brow lift, lip lift, otoplasty and Madonna eyelift.

All consultant surgeons are appropriately qualified, experienced and trained and supported by an experienced nurse and practice manager.

The service is registered with the CQC to provide the regulated activities of:

- Treatment of disease, disorder or injury
- Surgical procedures

The service also provides aesthetic procedures such as Botox and dermal fillers which are not regulated by the CQC. Therefore, at CSP we were only able to inspect the services which were subject to regulation.

All the services provided are private and fee paying. No NHS services are provided at CSP.

CSP provides patients (and their carers/families as appropriate) with personal care plans and support in understanding the treatment options available to them so that they can make an informed choice about the care they may receive at CSP.

CSP offer all its surgical patients a buddy - a previous patient who can answer questions or support the patient during the treatment / surgical process.

The service is open at various times during the week with patients being seen by appointment only at times convenient to them.

Are services safe?

Our findings

We found that this service was good in providing safe services in accordance with the relevant regulations.

Safety systems and processes.

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

- The service had defined policies and procedures. Although the service had not experienced any significant events, there was a system in place for reporting and recording significant events and complaints.
- The service conducted safety risk assessments including health and safety assessments, portable appliance testing and calibration of equipment. The service had appropriate safety policies, which were regularly reviewed.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies were in place for adult and child safeguarding and, although the service would not perform procedures on children, it still had a child safeguarding policy in place, as sometimes a patient would bring children with them and staff would need to be aware of things to look out for.
- The service worked with other agencies to support patients and protect them from neglect and abuse and took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service offered a pre-assessment phone call with patients prior to them visiting. The patient would be advised during this phone call that if they wanted a chaperone they could bring someone along with them. We saw a chaperone policy.
- We found the premises appeared well maintained and arrangements were in place for the safe removal of healthcare waste.
- There was an effective system to oversee and manage infection prevention and control.
- The service would carry out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Risks to patients.

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- Pre-operative consultations for cosmetic surgery were carried out in line with national guidance. They included a risk assessment of the patient's suitability for the procedure, such as their medical history, general health, age, existing diseases or disorders, medications and other planned procedures. Psychologically vulnerable patients were identified and referred for appropriate psychological assessment.
- There were no emergency medicines or equipment available at the service (except for a first aid kit, kept in the post-op recovery area) but the clinician confirmed that they had undertaken a risk assessment and that all potential patients were assessed over the phone prior to being seen face to face. Patients were generally healthy and young (age 18-65) and did not have acute illnesses therefore, it was very unlikely they would see a patient with suspected sepsis. Staff were aware of the signs and symptoms of sepsis. If they suspected a patient had sepsis they would arrange for immediate transfer to the local acute NHS trust.
- Staff had received annual basic life support training.
- Patients were discharged once they had recovered appropriately from their procedure and anaesthesia. This included ensuring their vital signs were within limits and were normal for them, they were alert and orientated, able to swallow and cough, had eaten and drunk, were not suffering from any nausea or vomiting, had passed urine and were comfortable and pain free. The consultant reviewed each patient prior to discharge. They were given verbal and written postoperative advice, a prescription for medicines, and contact telephone numbers that they might need.

Are services safe?

- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage.
- There were appropriate indemnity arrangements in place to cover potential liabilities.
- We saw evidence that electrical equipment was checked to ensure it was safe to use and was in good working order.
- Patient paper registration forms and medical records were kept in a locked filing cabinet.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available and accessible.
- The service did not routinely keep the patients' GPs informed about the treatment or advice given as due to the sensitive nature of the procedures or advice, many patients did not want their GP to be notified. However, we did see evidence of the registration form which included a question seeking consent to disclose details of the consultation to the patient's NHS GP. We were told that the service advised patients to inform their GP of attendance at the clinic, together with details of the consultation and treatment offered.
- The service had a system in place to retain medical records.

Safe and appropriate use of medicines

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

- The service had no emergency medicines and equipment but had undertaken a risk assessment and

all potential patients were assessed over the phone prior to being seen face to face. Patients were generally healthy and young (age 18-55) and did not have acute illnesses. If, during the initial phone call, the clinician believed that any symptoms described related to an urgent or acute problem, then they would not consider it appropriate for the patient to be seen but would guide them to an acute hospital trust or a GP.

- The service kept prescription stationery securely and monitored its use.
- The consultant prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- Staff were aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- All staff understood what constituted a serious incident or significant event but confirmed that there had been no unexpected or unintended safety incidents. The service did have protocols to give affected people reasonable support, truthful information and a verbal and written apology, if such incidents arose.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was good in providing effective services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence-based practice.

- We saw evidence that the consultants assessed needs and delivered care and treatment in line with current legislation, standards and guidance such as the Royal College of Plastic Surgeons.
- Patient's immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Patients completed a comprehensive questionnaire regarding their previous medical history.
- We saw no evidence of discrimination when making care and treatment decisions.
- The consultants assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Patients' outcomes were routinely monitored. Questionnaires were sent to patients following consultation and post-surgery. Patients were also asked for any improvement suggestions and if they would recommend the clinic to a friend. This data was collated and reported annually. These results showed that the intended outcomes for people were being achieved, with most patients rating their experience as excellent or very good.

Effective staffing

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

- The consultants had the skills, knowledge and experience to carry out their role.

- The consultants were appropriately qualified. We saw several certificates which demonstrated relevant and up to date knowledge.
- The consultants were registered with the General Medical Council (GMC).

Coordinating patient care and information sharing

The clinician worked well with other organisations, to deliver effective care and treatment.

- Before providing treatment, the consultants at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

Supporting patients to live healthier lives

The clinician was consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, the consultants gave people advice, so they could self-care.
- Risk factors were identified and highlighted to patients.
- Where patients' needs could not be met by the service, the consultants redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- The consultants understood the requirements of legislation and guidance when considering consent and decision making.
- The consultants supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We found that this service was good in providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

- The consultants treated patients with kindness, respect and compassion.
- The consultants understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- We received 25 Care Quality Commission comment cards from patients and all were wholly positive about the service experienced.
- Consultation room doors were closed during consultations; conversations taking place in the waiting area could not be overheard.
- Staff cared for patients with compassion
- Feedback from patients confirmed that staff treated them well and with kindness.

Involvement in decisions about care and treatment

- Staff ensured patients and those close to them were fully involved in decisions about their care and treatment.
- The service's website provided patients with information about the range of treatments available including costs.
- Staff worked especially hard to make the patient experience as pleasant as possible. The consultant surgeons ensured patients were fully consulted and had realistic expectations before they agreed to perform any cosmetic surgery. They prepared a detailed presentation for each patient's planned surgery, which they went through during the consultation. Patients were encouraged to ask questions and could contact the consultant surgeon or clinic staff at any time. Detailed patient feedback was sought and was overwhelmingly positive about the registered manager and clinic staff, and the care they provided.

Privacy and Dignity

- The service respected and promoted patients' privacy and dignity.
- Patient paper registration forms were kept in a locked filling cabinet.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was good in providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

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

- The service understood the needs of their patients and improved services in response to those needs. For example, prior to attending the clinic, the consultant would speak to the patient to determine their needs. Once assessed, the consultant would determine if they could help them or not and would advise accordingly.
- Appointment times were available throughout the week. The service was flexible in relation to times of appointments making the service more accessible to those patients who worked or relied on relatives for transport.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

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

- Patients had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- There was a poster in reception which displayed what patients could do if they wanted to make a complaint. There had been no complaints in the previous year. There was a policy for managing complaints. The service showed us how the complaint would be dealt with and the processes that were in place for learning from complaints.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was good in providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability

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

- The directors had a clear vision, embedded in the service culture, to deliver high quality care for patients. There was an overarching governance framework which supported the delivery of high-quality care.
- The directors were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- The service planned its services to meet the needs of service users.
- The service had a vision to deliver high quality care and promote good outcomes for patients.

Culture

The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients.
- The consultants had annual appraisals.
- The service actively promoted equality and diversity.