Anaster Limited

First Trust Hospital

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

First Trust Hospital is operated by Anaster Limited. The service is based close to Preston town centre and offers cosmetic surgery for private fee-paying adults. The hospital has 13 bedrooms, nine of which are en-suite and two operating theatres.

The hospital provides cosmetic surgery including breast augmentation, breast reduction, blepharoplasty and rhinoplasty. The provider did not see anyone under the age of 18.

Our rating of this location improved. 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. The service kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave patients enough to drink. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, 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. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	We rated surgery as good in safe, effective, caring, responsive and well-led.

Summary of findings

Contents

Summary of this inspection

Background to First Trust Hospital

First Trust Hospital is a private cosmetic surgery service in Preston, Lancashire. The hospital opened in April 2005 and primarily serves the communities of the North West of England. The service is owned and operated by Anaster Limited which is a registered provider with CQC. The service offers appointments to private fee-paying adult patients only. The service currently opens seven days a week dependant on demand. First Trust Hospital has had a registered manager in post since opening. The current registered manager has been in post since February 2022. The service is registered for the following regulated activities;

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

The hospital operates within a renovated former house that has been extended and is located on the outskirts of Preston with good access to the M55 motorway. The service offers cosmetic surgery procedures including breast augmentation, breast reduction, blepharoplasty and rhinoplasty. Patients are not able to self refer to the service. All patients are referred in from other providers with which the provider had service level agreements.

Clinical activity is based on the ground floor of the building with administration predominately carried out on the second floor. Facilities include two surgical theatres with anaesthetic rooms and recovery areas, 13 bedrooms, nine of which are en-suite, a treatment room and a nurse station. There is also a hospital reception and patient waiting area with patient toilets. The service had 45 members of staff that were a mix of contracted First Trust Hospital staff and long-term bank staff working under practicing privileges or working part time from their NHS roles.

During the period April 2021 to March 2022 the service carried out 340 theatre lists. This resulted in 1436 patients undergoing clinical procedures of which 1003 were day cases and 406 patients were admitted as inpatients.

We previously inspected this service in November 2019 and rated it as overall requires improvement.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 06 July 2022. The team that inspected the service comprised of three CQC Inspectors and a specialist advisor with an inspection manager providing support off site.

During the visit we interviewed 13 staff members who were based at the service including a surgeon, two anaesthetists, the registered manager, operating department practitioners, nursing staff, the hospital matron and administration staff.

We spoke with six patients. We reviewed five sets of patients' medical records.

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.

Summary of this inspection

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should ensure that a chaperone policy is introduced, and that chaperone training is completed for staff.
- The service should ensure that staff receive training in learning disabilities and autism. The provider should ensure that the safeguarding training is in line with national guidance for all staff.
- The provider should ensure that processes are in place to check that equipment is clean, in date and properly maintained.
- The provider should ensure that medicines are stored safely and securely.

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

Are Surgery safe?

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. At the time of our inspection mandatory training was 100% compliant for all 45 members of staff. The service did not have a training policy, but it did have an annual training requirement document that listed the mandatory and supplementary training requirements that all staff had to complete.

Staff received and kept up to date with their mandatory training or were able to provide evidence that it had been completed at another service. This included resuscitation at basic level, infection prevention and control (IPC), safeguarding adults and children, sepsis training and moving and handling. Staff also completed training on the Mental Capacity Act which included recognising and responding to patients with mental health needs and psychological considerations prior to cosmetic surgery. At the time of our inspection, training in learning disabilities and autism was not included in the service mandatory training requirements.

The hospital matron monitored mandatory training and maintained a working spreadsheet of completed training and alerted staff when they needed to update their training via email prompts or in team meetings.

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, however not all staff had the correct level of training.

Data provided by the service showed that, as of July 2022, staff had completed 100% of the required mandatory safeguarding training. All surgeons and anaesthetists had completed level three safeguarding adults and children training, all other NHS bank staff had completed level two safeguarding adults and children training.

However, our review of the First Trust Hospital in-house training for their contracted staff indicated that it did not meet the minimum standard for level two training. Following this inspection and further review of the in-house training materials,

the registered manager took immediate action to update the service's training and safeguarding polices. The registered manager provided evidence after this inspection which showed all contracted staff had completed safeguarding level two training with an external training provider in August 2022. Staff completed supplementary training on female genital mutilation (FGM).

The registered manager was the designated safeguarding lead for the service, they had only been in post since February 2022 and at the time of our inspection had not yet completed level three training. They provided evidence after our visit that they had completed level three training on 28 July 2022.

The service had comprehensive safeguarding policies for both vulnerable adults and children and included details of how to make a safeguarding referral and who to inform if they had concerns. This included how to report a safeguarding concern if it was outside the remit of the local authority.

Staff could give examples on how to recognise and report abuse and had a good understanding of when they would need to report a safeguarding concern. The service had not had any safeguarding incidents in the previous 12 months.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service did not treat children.

We saw evidence that all staff had been subject to a formal recruitment process with references and DBS checks were in place.

The service did not have a chaperone policy and no staff had been trained to act as chaperones.

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.

Data provided by the service showed that, as of July 2022, all staff had completed 100% of the required mandatory infection control training, aseptic non touch technique and included a supplementary sepsis training module.

Theatres and other clinical areas were clean and had suitable furnishings which were clean and well-maintained. Staff cleaned treatment areas and equipment and recorded this on a schedule. Staff followed infection control principles including the use of personal protective equipment (PPE) and hand hygiene.

The service regularly completed IPC audits including environmental, hand hygiene and PPE use. The service had a service level agreement (SLA) with a local NHS hospital to conduct an annual external IPC audit. We saw evidence that both internal and external audits were reviewed regularly, action plans were actively progressed and these were discussed in both team meetings and dedicated IPC meetings.

The service had an SLA in place with a nearby NHS hospital for the decontamination and sterilisation of all non-disposable surgical instruments. Surgical instruments awaiting collection under the SLA were stored safely. Staff told us the SLA worked well and that instruments were always returned in a timely manner.

Good

Surgery

Staff worked effectively to prevent, identify and treat surgical site infections and provided patients with a comprehensive post-operative after care pack specific to the surgery they had undergone on how to recognise infections and actions to take. The service had an on-call surgeon who hospital staff could contact if they had any concerns regarding surgical site infections developed by patients. Patients were screened for MRSA prior to admission.

We saw evidence that infection and return to theatre rates were audited and lessons learned were reported in the services quarterly clinical governance reports. This information was also shared with the three cosmetic surgery providers who referred patients into First Trust Hospital. During the previous 12 months the service reported 22 surgical site infections out of 1436 clinical procedures performed which equated to 1.5%.

The service had dedicated domestic cleaning staff that followed a specific cleaning schedule; however, schedules were not displayed in clinical areas. Deep cleaning took place every eight weeks and included theatres, ward areas and the kitchen. During our inspection the cleaner's cupboard was secure. There were enough cleaning materials available including replacement mop heads.

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.

The design of the environment followed national guidance. The hospital had two theatres that were adjacent to the ward area. This meant patients could be transferred to and from surgery without leaving a sterile environment. Both theatres had ventilation systems with air filters installed to aid the reduction of surgical site infections. We saw that the clinical environment in theatres and recovery were appropriate for the level of surgery undertaken at the hospital.

Staff carried out daily, weekly and monthly safety checks of all medical equipment. A daily specialist anaesthetic equipment checklist was completed to ensure that all anaesthetic equipment was available and serviceable.

Staff carried out and recorded daily checks of the resuscitation trolley. All items on the resuscitation trolley were in date and the trolley was secured by a safety tag. The service had enough suitable equipment to help them to safely care for patients. All medical equipment was registered with an external maintenance contractor and were in date for annual servicing.

The service had suitable facilities to meet the needs of patients' families. There was disabled access to the building and disabled toilets. Waiting areas had televisions and adequate segregated seating in line with current COVID -19 guidance. Call bells within the wards were in easy reach of patients.

Staff disposed of clinical waste and sharps safely. Waste was segregated into different colour coded bins and stored in locked clinical waste bins whilst awaiting collection by a third-party waste contractor. Waste consignment notes were held by the registered manager.

The service had a back-up generator and we saw evidence that this was routinely tested on a monthly basis. Fire extinguishers were available throughout the building and had been serviced in June 2020.

However, we observed that suction liners used on suction equipment in the hospital ward rooms were out of date and all had an expiry date of 2010. Following our inspection the registered manager provided evidence that these had now been replaced and there was a process to monitor future expiry dates.

Good

Surgery

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 recorded patients' vital observations at the start of each procedure and monitored them throughout and could recognise a deteriorating patient by use of a nationally recognised tool to identify deteriorating patients and could escalate them appropriately.

The service had an inclusion/exclusion policy. Any new surgical procedures were approved by the services medical advisory committee (MAC). All referrals were triaged by a multi-disciplinary team (MDT) and if any patient was identified as high risk, they were signposted to other services. Any patient with a history of mental illness, anxiety or depression was referred for psychological assessment. We saw that this was documented in patients' records.

Staff discussed mental health and well-being with patients as part of their pre-op consultation and ensured their vulnerabilities and psychological needs where appropriately considered. All staff had undergone training in psychological considerations prior to cosmetic surgery. Staff were able to verbally describe how they would obtain consent from patients to contact their GP if they believed the patient had mental health issues.

We observed the service used a modified World Health Organisation (WHO) five steps to safer surgery checklist prior to commencing and during surgery. WHO surgical safety checklists were scanned into the patient medical record.

All sterile instruments used during a surgical procedure were counted pre and post op by two members of staff and recorded. All disposables were counted pre op and post closure of any body cavity and recorded on the theatre accountable items board and on documentation countersigned as correct by the senior scrub nurse present.

We observed staff undertake risk assessments on all patients in theatres for venous thromboembolism (VTE) and these were recorded in the patient notes. All patients we observed were provided with compression stocking aids. Staff also undertook assessments of pressure area care and where appropriate gel pads were placed under patient heels.

We observed staff completed patient handovers and shared all relevant information with regards to patient ongoing care and risk. Ward areas had information boards on sepsis and all staff had received sepsis training. Staff had access to sepsis pathway flowcharts, a sepsis care bundle and sepsis screening protocols.

A service level agreement was in place with a nearby NHS trust to support the transfer of a deteriorating patient. Staff followed a clear pathway to transfer deteriorating patients to a neighbouring hospital. On inspection we reviewed the patient transfer documentation which showed a clear pathway for staff to follow in the event a patient deteriorated.

Staff had access to a major haemorrhage policy, this was displayed on the ward, in recovery and theatre. The pathway details of how to deal with a bleed and how to obtain blood. Theatre staff had completed an online blood transfusion module.

Patients were given information about aftercare; we saw information in the patient notes that confirmed this was given to each patient. The information contained out of hours contact numbers if they had a complication and how to look after their wound.

Good

Surgery

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 clinical staff to keep patients safe. Staffing levels were reviewed in advance of clinics by the registered manager to ensure an adequate number of suitably trained staff were available, in line with the local safe staffing policy. No clinical activity took place unless minimum staffing levels were in effect. Since our last inspection the service had not cancelled any clinics due to staffing levels.

The service utilised agency staff to fill all clinical roles in theatre. The registered manager had a very thorough process in place to monitor agency staff competencies. We saw records and qualifications that assured the surgeons, anaesthetists and other theatre staff had the right skills, training and experience to provide the right care and treatment to patients undergoing surgical procedures.

The service had a robust process in place to ensure that employment checks were performed in line with Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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).

Patient medical notes we reviewed were comprehensive and all staff could access them easily. Paper records from initial consultation, medical questionaries' and consent forms were added onto the patient's electronic record along with operation notes, intraoperative notes, discharge summary, WHO checklist, medicine record, allergy recording, instrument record and procedure specific after care sheet.

Staff stored paper records securely and IT systems were password protected. Typed discharge letters and case summaries were sent to the referring surgical provider. The referring surgical provider would forward the discharge notes to the patientpatients GP if requested by the patientpatient.

Staff recorded all cosmetic implants on the Breast and Cosmetic Implant Registry (BCIR). There were clear processes in place to contact any patient whose implants were subject to a safety alert or recall.

The service completed annual audits of patients' medical records. These were last completed in February and May 2022 and included audits of operation records, perioperative care documentation, recovery record, post-operative care documentation, nursing pathway documentation, discharge documentation and patient consent. All audits results were within the key performance indicators (KPI) set by the provider.

Medicines

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

Good

Surgery

The service had a policy for the safe prescribing, administration, recording and storing of medicines and staff completed medicines records accurately and kept them up-to-date and added them to the patients' patient records. Staff gave advice to patients and carers about their medicines on discharge from the clinic. We observed best practice checks of medicines used during clinical procedures. The provider had a contract in place with a local NHS hospital pharmacy to supply medicines.

Staff stored and managed all medicines and prescribing documents safely and had a medicines management policy in place. Staff recorded the minimum and maximum temperature of medicines stored and staff knew how to report any temperatures outside normal ranges as per the provider policy.

The service completed annual medicine audits. These were last completed in February and May 2022 and included anaesthetic usage, prescribing,fluid charts and an acute pain audit. All audits results were within the KPI set by the provider.

We observed the service left an emergency medicines cupboard open in one of the anaesthetic rooms for immediate access for medical emergencies as per the provider's medicines policy when surgery was in progress. The anaesthetic room was located next to a patient corridor and had no lock on the door which meant patients could access the medicines. When we highlighted our concerns to the registered manager they took immediate action to remedy the risk and a lock was installed after our inspection.

Staff had access to MHRA medicines alerts, and the registered manager had signed up for email alerts.

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.

There had been no never events or serious incidents reported by the service in the previous 12 months. The manager was aware of the requirements for reporting serious incidents to the CQC using the statutory notification route if this met the criteria. The service had a policy for identifying and reporting incidents and staff knew what incidents to report and how to report them. Staff we spoke with felt they could raise concerns and report incidents and near misses in line with the service policy.

We saw evidence that incidents were discussed at quarterly governance meetings as a standing agenda item. A thorough incident review with action plans and lessons identified was attached to the minutes of the governance meeting as a separate appendix.

Staff had completed duty of candour training during induction and could explain its principles and would give patients and families a full explanation if things went wrong.

The registered manager monitored and actioned patient safety alerts.

Are Surgery effective?

Good

Surgery

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.

Care and treatment were delivered to patients in line with Professional Standards for Cosmetic Surgery, National Institute for Health and Care Excellence (NICE) and Royal Colleges guidelines to ensure effective and safe care.

We saw evidence that the service reviewed and discussed new NICE guidance relating to the service in the quarterly governance meetings. We saw evidence that all new surgical procedures were reviewed and approved by the providers medical advisory committee (MAC).

All staff had completed training on the Mental Health Act but did not treat patients detained under the Mental Health Act.

Nutrition and hydration

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

Water and hot drinks were available to patients and their families in the waiting room and staff offered refreshments. Patients felt well informed about the day of their procedure and what they should or should not drink beforehand. Patients who required inpatient stays were provided with food and were given a choice of meals.

The service completed annual fluid balance chart audits and completed charts were in all patient records we reviewed.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

We observed recovery and ward staff regularly ask patients if they were in pain post-surgical procedure and pain relief would be provided if safe to do so. Patients received information to take home that informed them what they should do if they felt pain after their procedure.

Staff assessed patient pain scores using a recognised pain tool and this was recorded in all patient records we reviewed.

The service completed a pain audit in February and May 2002 to assess whether patients had been given access to pain relief within 30 minutes of post-surgery for those that required it. All audits results were within the (KPI) set by the provider.

Patient outcomes

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

Good

Surgery

The service had a clinical audit programme in place, and we saw evidence that audit results were shared at the quarterly governance meetings with action plans in place where audit had identified a requirement to change process or procedures.

The service monitored wound infection rates and shared the findings with the referring surgical provider. The service also monitored readmission and return to theatre rates. In the period from July to September 2021, the service had no readmissions within 28 days of a procedure, and three patients experienced post operative wound infections. In the period from October to December 2021, the service had two readmissions to theatre within 28 days of a procedure, and 8 patients experienced post operative wound infections. Due to the increase in infection rates, the service instigated an external audit of their infection, prevention and control procedures to identify if any changes were required, and an action plan was implemented.

We saw that patient outcomes were discussed at the provider's MAC meetings.

Patient satisfaction survey results and comments were discussed at the quarterly governance meetings to identify any areas for improvement.

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.

The registered manager had a thorough process for checking new staff members were competent for the role they were being employed and held detailed HR files for all staff including bank and agency staff.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients and had been through a formal induction. We saw evidence of managers supporting staff to develop through yearly, constructive appraisals of their work.

Clinical staff were registered with their professional governing bodies. The provider had a comprehensive policy covering the arrangements for surgeons and anaesthetists employed under practising privileges. All new surgeons and anaesthetists employed under practicing privileges had to be approved by the providers MAC.

Multidisciplinary working

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

Staff held regular and multidisciplinary meetings to discuss patients and improve their care. Good teamwork and communication were evident during our observation of clinical practice. There was good communication between the clinical and non-clinical staff. All staff members we interviewed told us they felt supported by colleagues and managers. Minutes from staff and governance meetings showed that attendance was a broad mix from the various multi-disciplinary teams at the hospital.

Seven-day services

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

Good

Surgery

Key services were available 24 hours a day, seven days per week depending on demand. Staff made regular contact with patients in the days immediately after their procedure and patients had the ability to contact the surgeon out of hours if they had any concerns after surgery.

A surgeon, anaesthetist and supporting theatre staff were on call overnight for any emergency return to theatre patients. The surgical wards were staffed 24 hours a day when patients were admitted as inpatients.

Health promotion

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

The service provided patients with post-operative information to help manage their after care and recovery. Patients told us they were happy with the information they received before and after procedures and that they found the service's website a useful source of information.

The service provided general lifestyle guidance relevant to the patients' clinical condition such as smoking and dietary advice and this was documented in the patient's medical record and preoperative screening records.

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 the importance of checking patients' understanding of their treatment and ensuring that patients did not have any unrealistic expectations of outcomes. All the patient records we reviewed included consent forms and we observed two-way consent discussed with the consultant and patient during the pre-op consultation and again checked against the WHO checklist during the clinical procedure. A cooling off period between initial consultation and surgery of at least 14 days was in place.

All referrals received were triaged by a multi-disciplinary team and any referrals where there were concerns relating to a patient's mental health were not accepted until the mental health issues were investigated.

The provider completed al consent audit annually and no issues had been identified. Consent was included in mandatory training and induction for all staff members.

Are Surgery caring?

Good

Compassionate care

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

Good

Surgery

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. The patients spoke positively about the quality of care they had received and how they were treated during their appointment, they did not feel rushed, they said staff were respectful of their time, and they were given enough time to ask questions at any stage. Patients stated the staff were professional and well informed of their treatment history.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff were able to give examples of times they had adapted care and treatment in line with cultural needs of patients.

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 understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and ensured those close to them had all the post-operative information required.

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 by including them in consultations on request. We observed staff talking with patients in a way they could understand. Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

All patients we spoke with stated they felt involved in their referral decision and were given ample opportunities to discuss their treatment. Fees were disclosed in the treatment plan and discussions. The quotation for the cosmetic procedure was discussed prior to the surgery and terms and conditions explained by the referring surgical provider.

Are Surgery responsive?

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.

Whilst the service was based in the North West patients did not have to be local to access the service. Staff arranged appointments based on patients' needs and preferences as well as on staff availability. Patients told us they had found it easy to arrange and reschedule appointments and talk with staff when required. Staff understood the importance of patients attending appointments.

Good

Surgery

The service website provided useful information about the service, procedures that were provided, and the referral process and access. The environment of the service was appropriate, and patient centred. The waiting and recovery rooms were comfortable and welcoming, and there were toilet facilities for patients and visitors. Patients were provided with appropriate information about their visit including an explanation of procedures.

All staff had completed equality and diversity training. The service worked with a variety of patients. The service provided psychological support to vulnerable patients. The service did not intentionally exclude any patients unless they met the clinical risk exclusion criteria. The service had disability access to the building. The service had access to a translation and interpretation service.

Access and flow

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

People could access the service when they needed it and received care promptly and patients could access the service at weekends to suit their own availability.

The service had an inpatient facility and managers and staff worked to make sure patients did not stay longer than they needed to and arranged clinic lists accordingly to ensure the most likely complex cases were seen early in the day.

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.

There was a complaint management policy in place. Staff stated they would aim to resolve any patient complaints and concerns immediately. Staff were all aware of the complaints procedure and who had overall responsibility for managing the complaints process. The complaints policy also included reference to the staff's responsibilities to duty of candour. Patients had access to a 'complaints, compliments, and concerns' leaflet providing information about how to give feedback or raise concerns. The service had not yet applied to register with the independent sector complaints adjudication service (ISCAS) but this had been discussed at the provider's governance meeting. Patients we spoke with were confident they would be supported to make a complaint if needed. The service had not any complaints in the past 12 months. We reviewed the complaints register, and all had been responded to appropriately and discussed at team meetings and lessons shared with the wider First Trust Hospital governance team.

The provider also had a standing agenda item on the quarterly governance meeting for staff to raise and share concerns regarding service provision.

Are Surgery well-led?

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.

Good

Surgery

Leaders and managers had the skills and abilities to run the service. Though the registered manager had only been in post since February 2022 they had worked at the service for five years in various management, clinical and administrative roles. The registered manager was supported by the hospital matron who was responsible for the clinical management of patients and staff.

Staff knew the management arrangements and their specific roles and responsibilities, and the service had a clear staff organisational chart. Staff told us the manager was visible and approachable. All the staff were positive about the management of the service. The manager and staff were passionate about the service and providing patients with a safe, quality experience.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a vision and strategy document which clearly laid out the service's strategy policy in an easy to read strategy pyramid and incorporated the vision for the service.

The operations strategy pyramid included sections on the service's mission, vision, core values and strategic themes and goals. It also clearly laid out the corporate structure, business and operational strategy, risk management and people framework.

The service had a vision for what it wanted to achieve, however not all staff that we spoke with knew about this vision. The service completed regular audit activity to measure the quality and safety of the service in line with their own vision.

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 told us they felt supported by the organisation. Staff told us that the registered manager and matron promoted an open culture and they felt able to speak up and raise incidents and be able to encourage patients and their families to do the same.

Staff told us that the organisation promoted equality and diversity. Staff equality and diversity training was 100% compliant. All staff said it was a good place to work and were enthusiastic about the service they provided to patients.

There was a strong emphasis on the well-being and safety of staff. The service had a Freedom to Speak Up (FTSU) policy in place and FTSU guardians.

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.

Good

Surgery

The service had a governance process in place and had relevant documented policies and a process to ensure they were kept up to date. Staff told us they had clear roles and accountabilities and they had regular team meetings where they had opportunities to meet and voice their opinions, raise issues or concerns and share learning.

There were quarterly corporate governance meetings. Medical Advisory Committee (MAC) meetings were held regularly and we saw evidence that granting of practicing privileges, antimicrobial prescribing, new surgical procedures, governance reports and local policy reviews were discussed.

The service monitored employment checks for employees, training information and appraisal activity. All clinicians carrying out cosmetic surgery had valid medical indemnity insurance in place. The service had an audit programme in place and shared the results with staff and organisations that referred patients to the service. The results of audits were discussed in clinical governance meetings and we saw that action was taken to improve standards.

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 service had a local risk register; this showed evidence of the actions to mitigate or eliminate the risks. Risks were graded and reviewed in line with the corporate risk management policy which was embedded in the service risk management policy.

The service had completed environmental risk assessments as well as risk assessments for COVID-19 and specific surgery related risks such as medical and surgical emergencies and urgent patient transfer.

All risk assessments reviewed were in date. The service had a business continuity policy, which included specific actions to take to continue to deliver clinical services following an unplanned disruption in service. The plans included specific scenarios (such as loss of power, fire or building restriction), and actions for staff to take in managing this disruption efficiently. The service was registered to receive patient safety alerts from the Central Alerting System (CAS) and these where monitored by the registered manager and matron.

We saw evidence that risk management and health and safety was discussed at quarterly governance meetings.

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.

Information governance was a mandatory training module for all staff and compliance was 100% at the time of our visit. We observed electronic computer systems were password protected. Patient information was transferred using secure electronic systems. Staff informed us about how and who would submit data, alerts or notifications and could demonstrate secure access to these systems.

All staff demonstrated they could locate and access relevant information and patient records easily, which enabled them to carry out their day to day roles. Staff informed us they were General Data Protection Regulation (GDPR) compliant and that patient information was managed in line with data protection guidelines and legislation. The service stored data safely.

Good

Surgery

Engagement

Leaders and staff actively and openly engaged with patients. They collaborated with partner organisations to help improve services for patients.

Staff collected patient feedback after every appointment. We saw evidence that patient feedback was discussed at quarterly governance meetings. Detailed patient feedback was attached to the minutes of the governance meeting as a separate appendix.

The service completed regular staff surveys to collect feedback from staff. The results were discussed at governance meetings to identify areas for improvement. Staff also told us that they felt able to raise concerns or share ideas with leaders when needed.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

All staff were committed to continual learning and actively engaged with the appraisal and professional registration process. The service had engaged with local training providers. The registered manager told us the service was not involved in any clinical research. We did not see any evidence that the service participated in any accreditation schemes.