

## Zenith Cosmetic Clinics Limited

# Zenith Cosmetic Clinic

### Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

We inspected Zenith Cosmetic Clinic in October 2016 before our legal duty to rate cosmetic services. There were no identified breaches during the inspection. However, recently the service informed us they wished to add an overnight bed for patients. We carried out a short notice announced comprehensive inspection of Zenith Cosmetic Clinic, in response to questions we had about the changes to the service.

At this inspection we rated it as Good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from those internal to the service as well as external services.
- Staff provided care and treatment which was better than expected when compared to similar services, met patients' individual nutrition and hydration needs and gave them pain relief or alternative therapies when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. The service was open six days a week and met individual requirements when needed.
- Staff treated patients with compassion and kindness, they truly respected their privacy and dignity, took a holistic approach to meeting their individual needs, with a strong, visible patient centred culture. Staff helped them understand their procedure and become partners in their care. They provided emotional support to patients and families. Feedback was consistently positive about the way they had been treated.
- The services were tailored to meet the individual needs of the patient and delivered in a way to ensure flexibility and choice. The service planned care to meet the needs of local people with a specific requirement for treatment, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. Complaints were low and were responded to in a timely manner when they arose.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and aligned themselves to it. 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 with patients and other professionals to plan and manage services and all staff were committed to improving services continually.

Heidi Smoult Deputy Chief Inspector of Hospitals (Central)

# Summary of findings

## Our judgements about each of the main services

### Service

### Surgery

### Rating

Good



### Summary of each main service

We rated this service as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, truly respected their privacy and dignity, took account of their individual needs and helped them understand their procedure. Staff provided emotional support to patients and families. Feedback was consistently positive about the way they had been treated. With many patients recommending friends and family and returning for further treatment.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and

# Summary of findings

accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

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# Summary of findings

## Contents

### Summary of this inspection

Background to Zenith Cosmetic Clinic

Page

6

Information about Zenith Cosmetic Clinic

7

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### Our findings from this inspection

Overview of ratings

8

Our findings by main service

9

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# Summary of this inspection

## Background to Zenith Cosmetic Clinic

Zenith Cosmetic Clinics Limited originally operated as Nottingham Laser Clinic (NLC) from August 2004. Zenith Cosmetic Clinic opened in 2010. It is a private clinic in Nottingham. The clinic primarily serves the communities of the East Midlands. It also accepts patient referrals from outside this area. The clinic is open Monday and Friday 9am-8pm, Tuesday/Wednesday/Thursday 9am-6.30pm and Saturday 9am-4pm. The theatre is operational for surgical procedures approximately one day per week. A registered manager has been in post at the clinic since 2010. The clinic also offers non regulated cosmetic procedures such as dermal fillers, laser hair removal and cosmetic dentistry.

Zenith cosmetic clinic is registered to provide the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury
- Services in slimming clinics.

The hospital's senior management team consists of the clinic director who is also the registered manager supported by the clinic manager and medical director. The medical director is the nominated individual. Our inspection was carried out as a result of information the registered manager had provided to consider the addition of an overnight room. We inspected the core service of surgery and slimming services, at the Zenith Cosmetic Clinic Nottingham, which also incorporated the consultations patients had with their surgeon prior to and after their operations. The clinic was last inspected in October 2016 prior to our legal duty to rate these services. During our inspection, we visited the recovery room and operating theatre. We spoke with 13 staff including medical staff, agency staff, managers, clinical staff and administrative staff; we spoke with five patients. We also reviewed 50 online compliments, which patients had completed. During our inspection we reviewed nine sets of patient notes.

Between November 2019 and November 2020, 101 patients underwent an invasive surgical procedure. Our inspection focuses on the quality of care experienced by these patients.

Five surgeons and six anaesthetists worked at the clinic under practising privileges. The clinic employed on bank contracts, four whole time equivalent (WTE) registered nurses plus receptionists, cosmetic therapists and administrative staff.

Track record on safety:

- No never events
- No serious injuries
- No incidences of hospital acquired MRSA
- No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (C.diff)
- No incidences of hospital acquired Escherichia coli (E-Coli)
- Zero complaints

Services provided at the hospital under service level agreement:

- Clinical and non-clinical waste removal
- Maintenance of medical equipment
- Pathology and histology

# Summary of this inspection

- Pharmacy

During the inspection the provider informed us that they were no longer going to be providing services in slimming clinics and had applied to remove this regulated activity from their registration.

## How we carried out this inspection

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>.



## Outstanding practice

Staff exceeded expectations in the way they provided emotional support and ongoing communication to patients. A dedicated member of staff personally followed each patient through their entire perioperative journey, from initial consultation to discharge from clinic post procedure. Specifically, they were called each day following surgery. They were proud of the professional relationships they built to ensure each patient received individualised care and their dedication to ensuring the very best experience for patients.

# Our findings






## Overview of ratings

Our ratings for this location are:

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



# Surgery

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

## Are Surgery safe?

Good 

We rated safe as good because:

### Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. Each member of staff completed an induction and mandatory training according to their specific role. However, to ensure staff understood each other's roles they were also inducted into other areas of the business. Staff maintained a comprehensive portfolio of competencies and completed all training on the services preferred on line training provider platform.

Mandatory training included: Infection control, safeguarding vulnerable adults and children, basic life support and defibrillator training was required to be conducted on an annual basis.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Mental capacity awareness training was also completed by all staff to help identify patients who were lacking capacity.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Sepsis training was provided to all staff who worked at the clinic.

At the time of our inspection all staff were compliant with all mandatory training requirements.

### Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff were required to complete vulnerable adults safeguarding, safeguarding children level two training, Prevent training and female genital mutilation

# Surgery

(FGM) training. Female Genital Mutilation/cutting is defined as the partial or total removal of the female external genitalia for non-medical reasons. Since October 2015, it is mandatory for regulated health and social care professionals to report known cases of FGM, in persons under the age of 18, to the police. There were four types of FGM which healthcare professionals were required to report.

At the time of our inspection all staff were compliant with all safeguarding training requirements. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had separate safeguarding vulnerable adults and safeguarding children policies to support staff knowledge and provide them with additional information and links to support groups and organisations if required.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The safeguarding lead at the service was the registered manager and they had received safeguarding children level three training. All staff we spoke with were aware they were the safeguarding lead and would approach them if they had any concerns

The service promoted safety through their recruitment processes and on-going employment checks. All staff had a Disclosure and Barring Service (DBS) check relevant to the role they were employed for.

## **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.

All clinical areas were clean and had suitable furnishings which were clean and well-maintained. Staff had strict cleaning procedures which they adhered to as well as cleaning equipment after patient use. We saw the service completed regular infection prevention and control audits of the environment. Which identified compliance in all areas.

Staff followed enhanced infection control principles including the use of personal protective equipment (PPE) in line with the National Institute for Health and Care Excellence (NICE) Covid -19 guidelines. Staff were observed using appropriate PPE when providing care and treatment to patients who attended the clinic. We observed adequate amounts of PPE in all clinical areas

## **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 service had suitable facilities to meet the needs of patients. There were toilet facilities available for all patients to use, including patients who may have accessibility issues. The reception area and consulting rooms were spacious and the theatre, where procedures were conducted, was maintained to a good standard. All equipment and consumable items were stored appropriately and did not present as trip hazards to patients. Monthly health and safety audits of the clinic environment were conducted to ensure the environment was as safe as possible for patients and staff.

We found cleaning products stored in line with the Control of Substances Hazardous to Health (COSHH) Regulations.

# Surgery

Annual electrical safety testing and servicing was conducted by an external company. All items which required testing and servicing had evidence of in-date tests and services. Equipment used to fight fires also had evidence of an in-date servicing.

The service had a resuscitation trolley with a defibrillator and oxygen cylinders stored on the walls outside of the theatre. This was checked daily and we saw evidence of these checks. The service had enough suitable equipment to help them to safely care for patients. We reviewed a selection of consumable items including dressings, syringes and needles and found them all to be in date.

Staff disposed of clinical waste safely. We observed staff correctly segregated clinical and domestic waste. Waste bins provided for the department were enclosed and foot operated. Sharps bins were correctly assembled and below the fill line. The management and disposal of sharps and waste was completed in accordance with policy. The service maintained records on all waste collections to ensure compliance with the legislation which covers waste disposal.

## **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.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly. All patients who had consultations at the clinic were required to undergo thorough risk assessments and in-depth past medical history reviews. All patients had a baseline set of observations recorded to ensure they were of suitable health to undergo the procedure.

Staff knew about and dealt with any specific risk issues. Staff provided patients with aftercare information following their procedure, which was supported by an aftercare advice leaflet. On this information leaflet was a 24-hour advice line for patients to use if they had concerns. Staff also talked through with patients the signs and symptoms for sepsis and venous thromboembolism (VTE). Sepsis is a life-threatening reaction to an infection and VTE are blood clots which form within vessels of the body.

Patients undergoing lesion removal surgery were informed of the histology reporting timelines and when to expect results. The surgeon would inform patients of histology results and discuss any cases of concern at their local dermatology multi-disciplinary meeting (MDT), in order that the patient could be followed up in a timely manner if further diagnosis or treatment was required.

Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of body dysmorphism. (A mental health condition where a person spends a lot of time worrying about flaws in their appearance. These flaws are often unnoticeable to others). Staff told us mental wellbeing was an important aspect when reviewing patient's suitability for the procedure. All patients had a psychological assessment completed during initial consultation. Any patients identified with mental health concerns through these assessments had an appointment arranged with a specialist service prior to being accepted for treatment.

There was a process for staff to follow in the event of a deteriorating patient or medical emergency. Staff would call 999 in the event of an emergency to transfer a patient to the nearest acute NHS hospital. Staff told us they have never had to escalate a patient care due to emergency circumstances. Staff were in the process of developing enhanced protocols for patients undergoing surgery that may require overnight stay. These included a policy for blood loss and a service level agreement for the use of blood products. The service had also sourced a training package for staff when this was required.

# Surgery

The service used the World Health Organisation (WHO) surgical safety checklist for all patients undergoing a surgical procedure. The service completed WHO checklist audits. We witnessed reminders throughout the theatre suite and saw completed checklists in five sets of patient notes.

## 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 staff to keep patients safe. The nurses and operating department practitioners were employed on a bank staff basis. All bank staff were regular to the service. The surgeons and anaesthetists were employed under practicing privileges. Plans for an overnight stay area were underway and in order to staff this area the service had identified the need for a registered medical officer on a full overnight shift this would also be on a bank contract. Surgeon and anaesthetic colleagues would also be available overnight and contracts had been amended to include that requirement.

The service had low vacancy, turnover and sickness rates. At the time of our inspection, there was one vacancy and no long-term sickness reported at the service. Managers made sure all bank and agency staff had a full induction and understood the service. All staff, regardless of status, were required to complete their induction to the service and mandatory training.

The surgeon who performed most of the procedures was employed at an alternative NHS provider, registered with the General Medical Council (GMC) and was listed on the specialist register for plastic surgeons. The surgeon's availability was provided to the service well in advance, to enable lists to be scheduled accordingly.

## 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.

Patient notes were comprehensive, and all staff could access them easily. The service had designed their own consultation booklets and patient operation booklets. The booklets contained all documents required for the patient journey. The registered manager told us they had designed these to ensure all documentation remained together and prevented the accidental loss of vital documents. We reviewed nine sets of records and found they were clear, legible, up-to-date and comprehensive.

Records were stored securely. All documentation booklets were locked away when not in use. In addition to the booklets, patients were required to have photographs taken. These items were stored electronically under a password system. If any photographs were printed, these were stored securely within the booklets. The service used separate documentation for discharge information. A copy of the discharge summary was forwarded to the patient's GP with their consent. Staff told us they had not experienced many patients refusing this.

## Medicines

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

# Surgery

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Medication was prescribed only by staff registered with the GMC. Any additional medicines required during surgical procedures were prescribed and delivered on the required day.

The prescribing of medicines for patients requiring services in a slimming clinic was seen to be safe. The provider showed us that they did not hold stock of the medicine and it was obtained when required for individual patients. This was obtained on an individual named prescription, on a day arranged with the patient. The provider told us that when prescribing these medicines that appropriate arrangements were in place for the disposal of the clinical waste generated. We saw that the provider had a clear policy about how criteria for being prescribed these medicines. They were also very clear that the prescribing of these medicines was only being carried out linked to lifestyle changes. On those occasions where lifestyle changes were not carried out the provider had ceased to make further supplies. We saw evidence from four patient records that when these medicines were prescribed that appropriate checks were carried out before this happened. We also saw that specific goals were set and that patients were kept under continuous review.

During the inspection the provider informed us that they were no longer going to be carrying on this service and were seeking to remove this regulated activity from their registration.

All appropriate checks were carried out prior to administering medication, including patient name, date of birth and allergies. The medication refrigerator was monitored by staff daily. They reviewed the minimum, maximum and current temperature to ensure medicines were stored correctly. All other medicines were stored in the theatre which was temperature checked daily to ensure cupboard medications were stored at the correct temperature.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff were knowledgeable about the medications involved with the procedures and therefore provided patients with detailed advice, including side effects and contraindications where applicable.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Staff regularly reviewed the most up-to-date Medicines and Healthcare products Regulatory Agency (MHRA) alerts which were distributed to ensure there were no complications with the medications they frequently prescribed. If there were any alerts applicable to the practice at this service, the registered manager ensured all staff were aware of this.

The service had a medicines' management policy and antimicrobial policy for staff to follow. We found the antimicrobial policy contained specific details about antimicrobial prescribing for the service according to local guidance.

Oxygen was available within the service and whilst it was stored correctly for use in the theatre, the storage of extra cylinders did not meet health and safety guidelines. The provider reviewed this during our inspection and identified an appropriate ventilated storage area with warning signage. A new stock control system was also put in place.

## 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.

# Surgery

We saw evidence of recorded incidents and learning identified to prevent a reoccurrence. For example, a repeat blood which meant a second appointment for the patient. A plan was immediately put in place to ensure this did not happen again. This learning was shared by managers with staff.

Staff knew what incidents to report and how to report them. There was a positive reporting culture within the service and staff received feedback on incidents raised. The service had an incident reporting policy which was in date and version control was in place on the services electronic policy system.

The service had no never events during the reporting period of November 2019 to November 2020. 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 patient harm or death but neither need have happened for an incident to be a never event.

There were no serious incidents reported for the service from November 2019 to November 2020. Serious incidents are events in health care where there is potential for learning or the consequences are so significant that they warrant using additional resources to mount a comprehensive response.

Staff understood the duty of candour. Staff we spoke with understood the duty of candour process and the need for being open and honest with patients when errors occur. Senior staff members were able to explain the process they would undertake if they needed to implement the duty of candour following an incident which met the requirements. Information provided by the service showed there were no incidents from November 2019 to November 2020 which required the duty of candour to be implemented in accordance with the regulation.

Staff met to discuss the feedback and look at improvements to patient care. Reviewing incidents was routinely completed at team meetings amongst all staff. The registered manager also completed reports on each incident report form for all staff to review and identify areas of improvement in their own practice if appropriate. There were no common themes or trends within the incidents reported.

## Are Surgery effective?

Good 

sts were We rated effective as good because:

### 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. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service ensured their policies, procedures and processes were compliant with the recommended clinical standards of the British Association of Aesthetic Plastic Surgeons (BAAPS) and the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS). The service had also implemented relevant aspects of the National Institute for Health and Care Excellence (NICE) guidance for a number of procedures including the recognition, diagnosis and management of sepsis (NG51).

# Surgery

Staff protected the rights of patient's subject to the Mental Health Act and followed the Code of Practice. All patients who attended a consultation for a surgical procedure had in-depth psychological assessment and an anxiety and depression assessment prior to any surgery being completed. Patients who required additional mental health input were then seen by a mental health specialist at another clinic. The service had implemented an audit plan and we saw evidence of audits being conducted. Audits which were regularly conducted included but were not limited to health and safety, hand hygiene, infection prevention and control and World Health Organisation checklist.

## **Nutrition and hydration**

Staff gave patients enough food and drink to meet their needs. They also had plans for provision of food and snacks for overnight patients. The service made adjustments for patients' religious, cultural and other needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods

Nutrition and hydration were an important aspect when undergoing a surgical procedure. Staff provided patients with regular drinks to maintain hydration which included water and hot drinks.

Prior to the procedure patients were asked what they would like to eat, and staff would provide this for them. Staff told us they were able to provide food for a patient with any dietary requirements. Snacks were also provided throughout the duration of the stay and a breakfast menu would be available when overnight patients were accepted. Staff were aware of the need to access food hygiene training in order to safely store food. This had already been added to the overnight stay policy and food refrigeration monitoring was taking place.

## **Pain relief**

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. For patients who did experience pain, they were appropriately managed. Staff told us post procedure pain was the most common reason why patients contacted them. All patients had a supply of pain relief to take home with them, and the after-care leaflet provided details of advised medication regime. If patients experienced pain despite following the recommended regime, they were offered an opportunity to attend the clinic for a review with the staff, where further advice could be given.

A plan was in place for the administration of medicines overnight for these patients on an individually prescribed basis according to further assessment post operatively by the surgeon and the anaesthetist.

## **Patient outcomes**

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

Staff regularly reviewed patients post procedure and took photographs of the patients' journey.

# Surgery

The clinic collected Quality Patient Reported Outcome Measures (Q PROMS). Q Proms 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. Q PROMS are recommended for the following procedures: abdominoplasty, mammoplasty, blepharoplasty, rhinoplasty, and rhytidectomy. We reviewed Q PROMS data which identified in all cases that patients were satisfied or very satisfied post operatively with the treatment they had received.

The clinic submitted data to the Private Health Information Network (PHIN) in accordance with legal requirements regulated by the Competition and Marketing Authority. The PHIN data is a defined set of performance measures and clinical quality indicators.

The service regularly audited both hand hygiene and the environment. All results had demonstrated high compliance, and this was reflected with zero post procedure infections.

The service used the WHO checklist when performing procedures. Audit results from May to July 2020 showed 100% compliance with this.

The clinic reported zero cases of unplanned transfer of a patient to another hospital. There were no unplanned readmission within 28 days of discharge and zero cases of unplanned return to the operating theatre between November 2019 and November 2020.

## **Competent staff**

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All staff involved in the patients' journey were able to demonstrate their extended knowledge and skills within the field of cosmetic surgery.

Managers gave all new staff a full induction tailored to their role before they started work. All staff, including those who worked under practicing privileges were required to complete the induction checklist. Once completed, these were stored in personal employment files. We saw evidence of completed induction checklists and competency files.

Managers supported staff to develop through, constructive appraisals of their work. Staff had the opportunity to discuss training needs with the manager and were supported to develop their skills and knowledge. We saw evidence of developmental meetings within all staff personal files we reviewed.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. (Subject to social distancing)

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff told us they were encouraged to complete further training.

Managers had the processes in place to identify poor staff performance promptly and would support staff to improve.



# Surgery

However, this had not been an issue since the clinic had opened and therefore the managers had not been required to use these processes.

Staff who worked under practicing privileges followed a specific recruitment process to ensure they were suitable and competent to work at the service. As part of this process, staff were required to provide evidence to the managers of their competence. We saw evidence of this in staff personal files.

There was a practicing privileges framework used for consultants wishing to practice at the clinic. The clinic director and clinic manager reviewed the practising privileges annually. If there were any concerns about an individual's performance or revalidation process these would be escalated to the nominated individual.

We reviewed the records of the consultants with practising privileges. We saw evidence of up to date revalidation, annual appraisal, General Medical Council (GMC) registration, indemnity insurance, Disclosure and Barring Service checks (to check if a person has a criminal record) immunisation status and relevant training such as mandatory training and cosmetic procedures. Each consultant with practising privileges also had a responsible officer. A nominated responsible officer is a requirement of the General Medical Council revalidation process who provides support with appraisal and revalidation.

We reviewed three staff records. There was evidence of one to one meetings with managers and annual appraisals. Staff told us they had regular meetings with the manager.

Each member of staff had a training folder. We saw evidence of relevant and up to date training such as cosmetic procedures and duty of candour.

Advanced life support training was up to date for staff involved in surgical procedures. Training was also booked for staff that would be onsite for the overnight stay patients.

## **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 worked across health care disciplines and with other agencies when required to care for patients. Staff communicated with the patients GP when consent had been given to ensure any additional care needs were met following the procedure.

Staff also told us they if they had patients with possible cancer histology results it was imperative the staff at the service engaged with the clinical teams who were involved in their care to ensure continued follow up and further treatment options.

Staff referred patients for further mental health assessments when they showed signs of mental ill health or depression after their initial consultation.

## **Seven-day services**

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

# Surgery

There was a 24-hour telephone service available to patients who had undergone a procedure. All patients were given this number after the procedure had finished. This member of staff was part of the patient journey from start to finish to ensure complete continuity.

## Health promotion

Staff gave patients advice to lead healthier lives.

The service gave relevant advice and information to promote healthy lifestyles at the clinic. The information given by staff was to ensure this gave patients the best opportunity for wound healing and prevention of complications.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff told us it was extremely rare a patient who lacked capacity would attend their service.

There was an in-date policy to ensure all staff acted in line with legislation and all staff completed electronic learning on this.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available and clearly recorded consent in the patients' record.

Staff at the service complied with the Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery by ensuring there was a minimum of two weeks between initial consultation and the procedure. To ensure patients fully understood they were seen twice preoperatively by the surgeon.

There was an in-date Deprivation of Liberty Safeguards policy at this service. However, staff told us they had never provided care and treatment to a patient who was deprived of their liberty, or who they thought needed depriving of their liberty.

## Are Surgery caring?

Outstanding



We rated caring as outstanding because:

## Compassionate care

# Surgery

Staff treated patients with compassion and kindness, truly respected their privacy and dignity, and took account of their individual needs. Patients were overwhelmingly positive about how staff had treated them with dignity and respect.

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. Each consultation was individual to the patient's needs. This included video calls when patients were unable to attend face to face. This gave staff the time to interact with them on a meaningful basis and patients we spoke with did not feel like they were being rushed.

We spoke with five patients and reviewed 50 online patient feedback submissions. All feedback was consistently positive, and patients used words such as 'professional', 'unique', 'fantastic staff', 'amazing', 'full of empathy' and 'very caring' being used to describe their experiences. Patients we spoke with told us they would highly recommend the service to their friends and family. Many patients returned for further procedures and many family members had also visited the service.

Patients said staff treated them extremely well and with true kindness. Sensitivity and kindness were essential when providing care and treatment to patients, and we were told staff displayed these characteristics and 'exceeded all their expectations'. Patients told us how 'staff went the extra mile'.

Staff followed policy to keep patient care and treatment confidential. Staff ensured blinds were shut and doors closed during the procedures and consultations.

The service provided chaperones to patients who required one. There were numerous signs around the clinic area promoting the assistance of a chaperone. All staff had completed a chaperone module on their electronic learning to ensure they were suitable to offer this role.

## **Emotional support**

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff told us patients often became emotional when they discussed problems, they had with confidence preoperatively. They told us it was important they provided them with support to enable them to go forward with their journey. They provided patients with realistic advice and support, which was important and were able to offer digital pictures of how patient would look post operatively. Patients told us this made a "massive" difference to their confidence in the procedure and how it might look afterwards. They were able to consider these pictures with family and friends prior to making a definitive decision.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff took a holistic approach to the care and treatment they provided for patients. All staff understood the personal, cultural and religious needs of the patient and ensured the appropriate advice and support was provided for them.

Staff were able to discuss examples where they had provided care and treatment specific tailored to meet patients' cultural needs due to the impact this had on their well-being.

The service had access to mental health support when required.

# Surgery

All patients we spoke with were particularly complimentary of the consistency of support throughout their journey. 'Nothing was too much trouble'.

Staff exceeded expectations in the way they provided emotional support and ongoing communication to patients. A dedicated member of staff personally followed each patient through their entire perioperative journey, from initial consultation to discharge from clinic post procedure. Specifically, they were called each day following surgery. They were proud of the professional relationships they built to ensure each patient received individualised care and their dedication to ensuring the very best experience for patients.

## **Understanding and involvement of patients and those close to them**

Staff supported and involved patients and families 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. Staff took the time to ensure all patients and any family members understood all the information given to them. They encouraged them to ask any questions about the care and treatment if they had not understood to begin with. Patients told us they understood the information they received, however would feel comfortable asking further questions if required.

Staff talked with patients in a way they could understand. Staff would also contact relatives or family members if required to answer questions with the patient's consent. Staff we spoke with told us of various approaches to ensure patients understood the treatment options on offer. This included the use of specific videos which explained the procedures in more depth and gave the patients chance to ask questions they may not have considered before.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service used online feedback tools for receiving regular patient feedback. We reviewed 50 reviews which were all overwhelmingly positive. We spoke with five patients by telephone in the days after the inspection and all patients were extremely positive about the staff and their experience. A number of patients had returned for further treatment and recommended the service to their family and friends.

Staff supported patients to make informed decisions about their care. Surgical staff ensured the discussions around physical changes to a patient's body/face were completed collaboratively between them and the patient. During this process, they discussed with the patient the best treatment options available to them to ensure a successful procedure took place. They were able to provide digital images to allow the patient to view almost exact images of what they may look like for a number of surgical procedures. People's emotional and social needs were seen as being as important. Staff demonstrated understanding of the impact a person's care or treatment or could have on them and those close to them, both emotionally and socially.

Staff had sensitive discussions with patients about the cost of the treatment at the consultation stage of the patient journey. They ensured all potential costs were covered to ensure patients had full payment details prior to deciding on whether to go ahead with surgery or not.

# Surgery

## Are Surgery responsive?

Good 

We rated responsive as good because:

### **Service delivery to meet the needs of local people**

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care

Managers planned and organised services so they met the needs of people accessing cosmetic procedures. The managers of the service understood the patient group well and had ensured the service offered a variety of procedures. There had been some consideration to the provision of a surgical procedure to meet the needs of a number of patient requests. However, the service leads had discussed this and felt as national guidance was not currently conclusive on the safety of this procedure they would not go ahead until further guidance and research was available. They explained that the safety of the patients in their care was most important. The clinic also offered patients a range of non-surgical procedures as they were aware not all patients who attended for a consultation would require surgery. These non-surgical treatments were not regulated by the CQC and therefore are not reported on.

Facilities and premises were appropriate for the services currently being delivered. The managers had ensured the environment was as comforting and calming for patients who attended for care and treatment. There was a large waiting area that allowed for social distancing measures. A private changing area with lockers for personal items and a room for post-operative recovery. This space was in the process of changing to accommodate an overnight area should patients request or require an overnight stay. There was also a shower and disabled toilet with availability of aids if required post operatively.

There was a free car park at the service for patients to use.

### **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. They coordinated care with other services and providers.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had an equality and diversity policy which staff followed which covered meeting the needs of individuals with a disability.

The service could provide patients with information leaflets in alternative languages if required and had access to language line.

Staff identified, during the booking process, if the patient had any additional needs. Staff ensured their needs were met during both the consultation and surgical phase, if the patient went forward with the procedure.

# Surgery

Patients were given a choice of food and drink to meet their cultural and religious preferences. Staff ordered meals in for the patient on the day of the procedure. Patients ordered from a range which covered dietary and cultural requirements. The service also had wireless internet in the reception area which could be accessed by patients.

The service had access to a mental health service for patients who required additional support. Staff also told us they could arrange for patients, who were anxious about a procedure, to be supported if required.

The service provided care and treatment for a diverse range of patients. All staff at the service ensured they understood the needs of each patient to enable them to offer the best treatment options to them.

## Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within the patient agreed timeframes. Patients were at the centre of the decisions made around appointments and dates for surgery. The service was open six days a week to ensure patients could access the clinic when it suited them. Surgical procedures were booked around patient preference and surgeon and anaesthetist availability.

The service had a website which patients could arrange their consultation through, or patients could contact the service over the telephone to arrange their consultation.

The service was also able to arrange for consultations to take place at alternative clinics if this suited patients. However, the surgical procedures would only take place at the location inspected.

Managers and staff worked to make sure patients did not stay longer than they needed to. On the day of our inspection, all clinic appointments ran on time. At the time of our inspection, there had been zero cases of staff at the service cancelling patients' appointments. Staff did tell us, if they ever did need to do this, they would ensure their appointments were rearranged as soon as possible.

Patients had their follow up appointments planned out for them. A follow up call was completed within 24 hours of the procedure, which was documented on the consultation booklet and in the online record. Further physical follow ups were completed according to individual patient requirements. Any further follow up appointments could be face to face or through a video call. Patients we spoke with found this extremely useful and were able to get increased reassurance in this way. Patients could arrange extra follow up calls with no extra cost.

## 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.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

# Surgery

Staff understood the policy on complaints and knew how to handle them. Front of house staff we spoke with would always take a patient into a private area if they wanted to raise any concerns. There was an in-date complaints policy available. The policy contained details about the Independent Healthcare Advisory Service (IHAS) who independently review complaints about the independent health sector. At the time of the inspection, no complaints had been forwarded to the IHAS.

Managers told us they would investigate complaints and identify themes. At the time of our inspection, the service had received no complaints.

## Are Surgery well-led?

Good 

We rated well-led as good because:

### 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.

The service was led by the registered manager with the support of a clinic manager and the governance lead. They were responsible for the governance of the service, as well as both providing care and treatment to patients.

All staff we spoke with were overwhelmingly positive about the leaders of the service. All leaders were visible and approachable and extremely knowledgeable about surgical and non-surgical cosmetic treatments.

All leaders maintained their skills and knowledge through continued learning and practice. This demonstrated to staff their commitment to patient care and demonstrated positive role modelling.

Staff told us they felt the leaders had a genuine interest in staff development. Staff were able to access a range of training at the service to enable them to develop their skills and progress in their roles.

### Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and development of the service for its patients.

The service had a vision and core values. These included excellence, innovation, expertise, honesty and care. Staff were aware of the vision and values and aligned themselves to them.

The service had a business plan which provided staff with a realistic strategy for achieving the vision and delivering high quality care. Within the business plan were aims and objectives for the service to achieve. This included providing a safe overnight service. Progress against these aims and objectives was measured through audits and risk reviews.

### Culture

# Surgery

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.

All staff we spoke with told us they felt supported, valued and respected by their managers and their colleagues. Staff told us they enjoyed working at the service and were proud to be associated with the service. “We pride ourselves on always offering a uniquely personal experience for all of our patients, our top priority is making our patients feel number one. The clinic is designed to ensure that all our patients feel comfortable and confident within a private and family atmospheric environment. I felt part of the team on the first day of starting.”

Staff told us they felt they could raise any concerns with the managers without fear of reprisal. The service had a whistleblowing policy to support this process. However, at the time of our inspection, there had been no internal whistleblowing incidents.

The culture of the service was one of transparency and honesty. The managers told us they reviewed patients’ needs and provided them with honest and accurate recommendations, which included at times, not to progress with the surgical option.

There was a process to manage staff who poorly performed, or whose practices were not consistent with the services vision and high expectations.

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 duty of candour is a regulation, which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds. The duty of candour regulation only applies to incidents where severe or moderate harm to a patient has occurred.

The service had an open and honest culture. Any incidents or complaints raised would have an open and honest ‘no blame’ approach to the investigation, however in circumstances where errors had been made, apologies would always be offered to the patients and staff would ensure steps were taken to rectify any errors.

Staff were aware of the duty of candour regulation; however, they had not had any incidents which met the criteria where formal duty of candour had been required to be implemented

## Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had an in-date clinical governance policy which provided a clear structure for governance processes. There was a clinical governance group that would meet on a monthly basis. This included infection prevention and control, learning from incidents and staff training and compliance.

The service had in-date policies for staff to follow. These were written by the managers and reviewed during clinical governance meetings. These were all in the process of being stored electronically to ensure timely updating and prevent printed policies being accessed that were out of date. These included version control and start dates.



# Surgery

Staff at all levels were clear about their roles and responsibilities and what they were accountable for. The service had an in-date practicing privileges policy to ensure any new staff were compliant with the requirements. We found all staff files complied with the Schedule 3 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. The service also had an in-date recruitment policy.

## 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.

Policies and procedures identified risk and provided actions and mitigations in order to ensure patient safety was considered.

During our inspection, we reviewed the local risk assessments and found they were detailed and had ownership. We also observed they were regularly reviewed, and the risks identified reflected the risks which staff spoke of. Examples of risk assessments completed were (but not limited to) Legionella, infection control and needle stick injuries, IT and governance, lidocaine toxicity and COSHH products.

The service conducted monthly health and safety audits to ensure the risk to patients and staff was minimal. This reviewed fire safety, the environment, electrical safety, first aid boxes and water safety. Any areas identified on these audits as non-compliant were rectified immediately. We saw evidence of where actions had been taken to address issues raised by these audits. The service had a health and safety policy which contained the procedures for staff to follow in unexpected events. The service also had emergency generators in case the main power supply failed. These were regularly tested.

## 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. These included Quality Patient Reported Outcome Measures (Q PROMS) and Private Health Information Network (PHIN).

The service had an audit programme to ensure performance was constantly reviewed and improvements to the care and treatment patients received could be implemented.

The service had introduced a computer system for patient records to be stored upon and intended to eventually use a paperless system as this reduced the risk of personal data breaches. These systems were currently being used to store photographs of patients' procedures and consent forms. These were password protected and locked when not in use. The service still used paper consultation booklets which were locked away securely with no risk of unauthorised access.

Staff were able to access some information systems from their own computers. This included the electronic training system. All staff received training on information governance and General Data Protection Regulations (GDPR).

The service had a detailed website available which was reviewed by staff. This enabled patients to complete thorough research on the procedures provided at the service as well as the service itself. Information about the terms and conditions of treatment and payment was provided on this website.

# Surgery

The service did not advertise the procedures and treatments they provided. Patients who attended the service had either completed a search on the internet or the service was recommended to them.

## Engagement

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

The service supported charities and organisations locally and nationally to 'put something back into the community'.

The service held regular team meetings (monthly) to engage with staff members who worked at the service. However, as a result of staff working from home during the pandemic these had often been through an electronic platform. In between these meetings, staff received regular emails, text messages and calls from the managers of the service.

The service had mechanisms to receive feedback from patients. This included leaving reviews on an online patient feedback system which also invited them to rate the provider, as well as an in-house feedback form.

The managers of the service had engaged with other providers and professionals who provided similar treatments to them. This was through local engagement as well as attending meetings where networking took place. Staff told us these meetings had been extremely beneficial to the way they plan and manage the service, as this had extended the non-surgical options, they provided patients.

## Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation. They supported staff to develop their skills and take on more senior roles.

Managers told us they continuously looked for ways in which they could improve the service they provided patients. Examples of this had been discussed which included reviewing significant events incidents and implementing processes to ensure this was prevented from happening again.

All staff were encouraged to contribute their ideas about improving the service. Staff told us when they had suggested ideas in the past, all staff listened to them and where possible, their ideas were taken on board and improvements made.

One staff member had suggested ways in which the fire marshal process could be managed within the service, and these had been listened to and implemented.

The registered manager had many ideas about the direction of the service and was keen to involve the service in future improvements and innovations and be a cosmetic service but always maintain patient safety as the paramount importance. There had already been innovations within their non-regulated activities which demonstrated the desire for continuous improvement and innovation.