Transform Hospital Group Limited

Transform Hospital Group Pines 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

This service has not been inspected before. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff 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. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait 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 accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff did not always have training or were up to date in key skills.
- The service did not always share data with national audit schemes which could help improve measurement of patient outcomes.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good	This service has not been rated before. 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 them. • 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. Key services were available seven days a week. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait 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.

Outpatients is a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.
We rated this service as good because it was safe, effective, caring, responsive and well led.

Surgery

Good 

The service had not been inspected before. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff 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.
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Summary of findings

Contents

Summary of this inspection

Background to Transform Hospital Group Pines Hospital

Transform Hospital Group Pines Hospital is a private hospital in Manchester, England, owned and operated by Transform Hospital Group Limited. The current provider has been delivering services from the hospital since 2019 and provides outpatients and surgical services for both self-paying and NHS patients.

The hospital has had a registered manager in post since 2019 and is registered to carry out the following types of regulated activity:

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

The hospital operates across three floors, offering patients cosmetic surgery treatments. The service does not treat or offer surgery to children.

The hospital has 22 beds, 16 of which are private. There are two fully equipped anaesthetic theatre suites and five consultation rooms.

For the period of June 2021 to May 2022, 2,714 patients had used the service.

We have not inspected Transform Hospital Group Pines Hospital previously, however we did inspect the same site, when the hospital was operated by a previous provider.

The main service provided by this hospital was surgery. Where our findings on surgery – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service.

How we carried out this inspection

We carried out an unannounced inspection (staff did not know we were coming) to enable us to observe routine activity. We inspected this service using our comprehensive inspection methodology. Two inspectors, and two assistant inspectors with support from an offsite inspection manager, carried out the inspection on the 15th and 16th June 2022.

We inspected two core services during this inspection; surgery and outpatients department.

During the inspection we visited the surgery and the outpatient departments. We also spoke with 12 staff members, three patients and reviewed seven sets of patient 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:

Surgery Core Service

- The service should ensure that all staff complete the mandatory training modules that are required by the provider – Regulation 18 (1)(2)(a)
- The service should consider that all bank and agency staff have a full provider induction.

The service should consider submission of relevant data as part of the Q-PROMS program.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Good	Good	Good	Good	Good
Surgery	Requires Improvement	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Outpatients

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

Are Outpatients safe?

Good

This service had not been inspected before. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. Overall compliance for mandatory training in the outpatient department was 84% this included the clinic manager, surgical assistant and three registered nurses.

Individual modules ranged from 100% compliance in manual handling to 74% compliance in infection, prevention and control. Sepsis awareness compliance was 100% as was mental health and deprivation of liberty safeguard modules meaning the mandatory training was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us they were given the option of completing the training modules in work or at home to suit their needs.

Medical staff submitted annual appraisal information to the service - please see competent staff domain.

Safeguarding

Staff understood how to protect patients from abuse. 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. 92% of the 13 staff members had completed level two adult safeguarding training this included all three registered nurses, two allied health professionals and one surgical assistant.

Children level two safeguarding had been completed by 62% of the 13 members of staff including the registered nurses withing the clinic.

Good

Outpatients

Staff knew how to identify adults and children at risk of, abuse or suffering and significant harm and how to make a safeguarding referral and who to inform if they had concerns. There was a team of seven designated safeguarding leads meaning that staff could always contact a safeguarding lead if they needed advice and support.

Safeguarding policies were in date, easily accessible and provided clear information on what to do if harm was suspected and posters displaying information about safeguarding were on display in various areas through the outpatient service.

Staff followed safe procedures for children accompanying adults visiting the service which included re-arranging appointments so that the children were not left alone in the clinic.

A central human resource team co-ordinated recruitment checks including a pre-employment Disclosure Barring Service (DBS) check. This was in line Schedule 3 requirements of the Health and Social Care Act 2008 in place to support safety in recruitment.

One safeguarding alert had been made within the last twelve months at the service. This case was also discussed at the wider safeguarding multidisciplinary meeting.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

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

Staff followed infection control principles including the use of personal protective equipment (PPE) and maintained hand hygiene in line with National Institute for Health and Care Excellence quality statement three which states that "people receive healthcare for healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care."

COVID-19 precautions such as PCR and lateral flow testing of patients were managed in line with government guidelines. The guidelines were monitored by the dedicated infection control nurse for the organisation who cascaded changes out to service leads so that they could be shared with all staff.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. These were audited by the service and demonstrated 100% compliance between May and June 2022.

Post-surgery wound management including wound swabbing was undertaken by registered nursing staff from the outpatient department in conjunction with the infection control nurse specialist.

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.

Good

Outpatients

Staff carried out daily safety checks of specialist equipment including emergency equipment which included resuscitation equipment which was easily located on one of the main corridors within the department.

Personal protective equipment was readily available for both staff and patients, including face masks, hand sanitizer and gloves.

Staff disposed of clinical waste safely.

A maintenance team were on site within hours and available outside of office hours. The reception desk was covered 24 hours a day, after 9pm this was by on site security.

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 responded promptly to any sudden deterioration in a patient's health. Emergency equipment was available and easily accessible which included a defibrillator used to deliver electric shocks to a patient whose heart had stopped beating.

A deteriorating patient policy was in place, this policy was in date, available for staff members electronically and detailed steps of action to take in an event such as a medical emergency.

A transfer policy was in place within the service for patients requiring urgent medical assessment or interventions

Emergency call bells were in each room of the service and checked daily.

Staff completed a COVID-19 risk assessment for each patient on arrival at the department including checking vaccination status and PCR testing for those unvaccinated.

A member of staff was always on duty with advanced life support training. This included the resident medical officer outside of office hours. This was in line with the Resuscitation Council (UK) Quality standards for cardiopulmonary resuscitation practice and training (Acute care).

Nurse staffing

The service had enough nursing and support 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 and agency staff a full induction.

The service had enough nursing and support staff to keep patients safe including a dedicated chaperone. No staff worked as lone workers.

The manager could adjust staffing levels daily according to the needs of patients.

The number of nurses and healthcare assistants matched the planned numbers.

Good

Outpatients

The service had low turnover rates at 4%.

The service had low rates of bank and agency nurses. Between January and June 2022 no bank or agency staff were used.

Managers made sure all bank and agency staff had a full induction and understood the service.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough medical staff to keep patients safe. Medical staff were not employed within the service but operated under practising privileges (discretionary personal licence to undertake clinical and non-clinical activities) Between June 2021 and May 2022, 50 medical staff had these privileges.

A resident medical officer onsite within the hospital was available out of hours and specified consultants were available inside office hours.

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.

Records were stored securely electronically. Five patient records were checked, all were legible, had the name and grade of clinician reviewing the patient, were signed and dated. Records contained details of a patients care and treatment including a management plan. This meant that staff accessing the records could easily find the relevant information relating to the patient.

Medicines

Medicines were not kept in or issued from the clinic, if antibiotics were required for wound management the resident medical officer would access stocks kept on the ward. Please see surgical core service.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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.

Good

Outpatients

Staff knew what incidents to report and how to report them. Staff we spoke to gave us examples of incidents they had reported which included wound infections. This was important because it meant the service could monitor for themes and trends and had oversight around the number and types of infections seen within the service. This indicated an incident reporting culture within the service.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

The service had no never events or serious incidents between June 2021 and June 2022.

Between May 2021 and June 2022 14 incidents had been reported. These included the cancellation of a procedure, missing notes and results of wound swabs.

Staff understood the duty of candour. They were open and transparent and knew how to give patients and families a full explanation when things went wrong. Formal duty of candour had not been required between June 2021 and June 2022.

Staff received feedback from investigation of incidents, both internal and external to the service. For example, information about an expired batch of COVID-19 pcr tests was shared with staff via videoconferencing.

Are Outpatients effective?

Good

This service had not been inspected before. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. There was a process in place within the service for important updates such as Medicines and Healthcare products Regulatory Agency (MHRA) notifications and the National Institute for Health and Care Excellence (NICE) guideline updates to be shared with staff via email and face to face. Regular audits and daily checks including hand hygiene audits, clinic checks and emergency equipment checks were undertaken.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Patient suffering from conditions which made them unsuitable for surgery were referred to their general practitioner for support and ongoing care.

Staff routinely referred to the psychological and emotional needs of patients, their relatives and carers which included matching the patient to a dedicated surgical assistant. This person acted as an individual point of contact to the patient and could support and signpost them appropriately throughout their episode of care.

Nutrition and hydration

Good

Outpatients

Staff gave patients enough food and drink to meet their needs.

Water and hot drinks were available within the outpatient clinic. Food was not routinely provided due to the short length of time patients were in the clinic however, food could be provided from an in-house canteen if required.

Pain relief

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

Staff from the outpatient department assessed post-operative patients' pain using a recognised tool. If patients required additional pain relief the resident medical officer for the hospital wrote a prescription and this would be sent to a suitable pharmacy location for the patient to collect. No pain relief was given within the outpatient clinic.

Patient outcomes

Information about patient outcome was monitored collectively by the clinical governance team - please see surgical core service.

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.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff we spoke to told us they felt meaningful staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Training was undertaken in protected time so that staff could attend.

Managers made sure staff received any specialist training for their role. An example of this was specialist wound management training and gastric band infill training which we heard some staff members had completed and others were due to start.

The service did not use volunteers.

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. This included district nurses for wound management.

Good

Outpatients

For further details please see surgical core service.

Seven-day services

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

Staff could call for support from doctors and other disciplines including diagnostic tests seven days a week. Clinics ran across the seven days. Between Monday and Friday, they ran until 8pm and over the weekend were morning or afternoon clinics.

Health promotion

Please see surgical core service

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.

Staff gained consent from patients for their care and treatment and clearly recorded consent in the patients' records in line with legislation and guidance. Five patient records were reviewed, and consent had been recorded in line with legislation in all five cases. This included informed consent, consent to sharing information with the general practitioner and consent to take photographs.

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes and safety of the procedure. Staff and managers told us the procedure would not be undertaken if there were concerns around capacity to consent.

The service had a Mental Capacity Act (MCA) and Deprivation of Living Safeguards (DoLS) policy. This policy should have been reviewed in January 2022 however contained in date guidance about best interest decisions and promoting independence. It contained information about what deprivation of liberty was, the principles of the Mental Capacity Act and assessing lack of capacity. This policy was available electronically so that staff had access to it.

Are Outpatients caring?

Good

This service had not been inspected before. We rated it as good.

Compassionate care

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

Good

Outpatients

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness we observed this to be the case with three patients during the inspection.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs including a chaperone policy, a dedicated surgical assistant who accompanied patients into their appointments and an after care session immediately after the consultation where important details such as costings, sizing of clothing following surgery could all be discussed.

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. The surgical assistant acted as a chaperone for each patient and additional time was given to patients that were anxious or distressed.

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.

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. This included risks relating to the procedure, pricing information and requirement for aftercare. A 14-day cooling off period was observed between consultation and surgery. Five patient records who had undergone surgery were reviewed; all indicated the cooling off period had been observed. This meant that patients had time to consider the information from the consultation and change their mind before the surgery was undertaken.

If surgical plans changed on the day of the patient's operation, then the patient could attend for a second outpatient consultation if required.

Staff talked with patients, families and carers in a way they could understand and had put in place additional opportunities for patients to talk with different members of the outpatient team. Staff told us this was because often patients felt more comfortable asking nursing staff rather than the consultants personal questions such as sizing of clothes post-surgery.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Posters informing patients how to give feedback were visible around the service.

Good

Outpatients

Patients we spoke to during the inspection gave positive feedback about the service.

Are Outpatients responsive?

Good

This service had not been inspected before. We rated it as good.

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 changing needs of the local population. This included increased demand generated from the COVID-19 pandemic. The service had worked with commissioners of NHS healthcare and had begun to offer NHS urology clinics to support the COVID-19 reset programme.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. Pre-op calls by dedicated team members were made to patients prior to their outpatient appointments this helped to assess the needs such as blood tests which may be required on or before the consultation.

Facilities and premises were appropriate for the services being delivered. There were suitable toilet facilities, a television screen, magazines and internet connection. A water machine was located within the department and car parking facilities on site.

Managers ensured that patients who did not attend appointments were contacted. The service had a did not attend policy in place, patients who did not attend were called by telephone by their surgical assistant point of contact to ensure their welfare and to make a rebooking if the patient still wished to. For all NHS patients if the patient did not attend then a notification to the referrer was made to ensure the patient was not missed.

Appointments ran on time, during the inspection we monitored the timeliness of two clinics and found they kept to their timings meaning that patients did not have to wait lengthy periods of time and that those making the journey by public transport were not likely to miss their mode of transport.

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.

The service had information leaflets which could be printed out in a variety of languages spoken by the patients and local community. There was an in-date interpreter policy within the service.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Good

Outpatients

Care was tailored around the patient including discussion about personal preferences, coexisting conditions and ensuring enough time and opportunity was given to patients so that they could ask questions.

Patients could enquire about services via the internet website, email address or telephone to request information or make an appointment. This meant people with varying sensory losses or communication needs were able to access the service. Carers could accompany patients if required.

The information request sheet completed by patients prior to their consultation asked whether they had a disability relating to hearing, mobility or sight.

Pronouns and gender did not feature on the patient forms at the time of our inspection however managers told us documentation was in the process of being updated to include pronoun and gender preferences.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss, hearing loop and large print leaflets were available to be printed if required. Braille information documents could be requested from the stationary provider so that it can be available for face to face appointments.

Access and flow

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

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

The service monitored the number of clinic appointments, cancelled and missed appointments. Information provided by the service demonstrated that between June 2021 and June 2022 9511 patients were seen in the outpatient department. Since January 2022 when the service began to provide services to NHS patients 182 patients had received outpatient consultations.

Managers worked to keep the number of cancelled appointments to a minimum. The manager told us of the challenges this had posed during COVID-19.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Staff supported patients when they were referred or transferred between services this included making post-operative care telephone calls, arranging additional pain relief if required and wound management.

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 clearly displayed information about how to raise a concern in patient areas and on its website meaning that patient could easily find the information.

Good

Outpatients

Staff understood the policy on complaints and knew how to handle them, this included escalating any concerns to the patient care team. The policy was available to staff electronically and also on the website publicly for patients to access.

Managers investigated complaints and identified themes and discussed them at various levels to ensure there was shared oversight and learning.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service was a subscriber to the independent sector complaints adjudication service which provided independent adjudication complaints which could not be resolved. This meant that patients could escalate complaints if they had not been appropriately addressed.

Managers shared feedback from complaints with staff and learning was used to improve the service. An example of this was extra time given for post-operative bra fitting.

Information provided by the service demonstrated that between January and June 2022 no complaints were received for the service.

Are Outpatients well-led?

Good

This service had not been inspected before. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders had skills, knowledge and understood the challenges to quality and sustainability. They were able to articulate challenges faced within the outpatient service such as mechanisms for capturing feedback and limitations of space.

Leaders were both visible and approachable to all staff who told us they knew who to go to for support and guidance, we saw that one leader met with all patients to offer support, guidance and reassurance.

Leaders were clear about their roles and accountabilities and there was a clear organisational structure which included all team members within the service. Succession planning was in place within the service and we saw how one member of staff had developed throughout various roles within the organisation to become a senior leader. This meant managers understood challenges faced by staff and that staff could aspire to progress into leadership within the organisation.

Vision and Strategy

Good

Outpatients

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 an emerging services strategy which related to expanding services to meet demand. The strategy was underpinned by key initiatives such as clinical leadership and operational capacity and then further broken down into focus areas. This meant that priorities were realistic, robust and measurable to achieving quality and sustainability within the service.

The service set out its core purpose, visions and values. These were widely displayed around the service and on the public website and staff intranet meaning patients and staff could see.

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 felt supported and valued. The culture was open and transparent and centred around the needs of the patient using the service for example expanding to support the COVID-19 reset programme, individual point of contact and chaperone for all patients and duty of candour policies supported by mandatory prompts on the incident reporting system.

Staff we spoke to were proud to work at the organisation we heard examples of staff seeking employment elsewhere but returning to the service. Staff described local leaders as "brilliant"

Staff wellbeing was a priority to leaders which included flexibility in working patterns, access to hot food and drinks and access to services such as counselling.

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.

There was a biweekly managers meeting which included managers from across the hospital. There was a standing agenda for these meetings which included mandatory training, appraisals, incident reviews, risks and shared services. Meetings were held consistently between April and June 2022. Information from these meetings were passed on to team leaders and staff members by monthly meetings emails, face to face discussions and a newsletter which was produced monthly. In addition, information was added to the video-conferencing group chat meaning that all staff could access the information regardless of whether they were able to attend the meeting or not.

In addition, managers from the service met externally with members of the surgical services initiative which was the NHS pathway that started at the service in January 2022.

All surgeons working in the service under both this pathway and for private patients operated under practicing privileges. The service had information detailing which personnel were operating under practicing privileges and an independent practicing privileges policy.

The policy was due for review in 2024, clearly set out roles and responsibilities including that of a responsible officer whose role was to support decision making of practicing privilege applications and how the privileges would be monitored and reviewed. A minimum medical malpractice indemnity was required and an individual or group service level agreement was also required. Medical advisory meeting minutes for June and August 2021 demonstrated practicing privileges was a standing agenda item.

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.

An outcome report was presented monthly to the safety, quality and risk committee. This report contained detail of cancellations, agency use, incidents, risk register and audits. In addition, a complaints report was also presented to the committee.

Audits were recorded upon an electronic system, actions were created and reported upon for monitoring. The service had a risk register which included the type of risk, controls in place, action and progress. Each risk was assigned a rating which was associated with a level of low, medium and high. Higher graded risks were reported at the safety, quality and risk committee meetings.

Managers were able to articulate their top three risks to the service. Ten risks sat upon the hospital wide risk register, three included risks to areas including the outpatient service. Actions and reviews were in place for each of these risks.

A major incident failure of utilities policy was in place within the service. This was due for review in 2024 and contained procedures to be followed in the event of failure for example, mains power, water supply or patient lift as well as emergency contact numbers for all relevant key contacts.

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.

Records were labelled with a data space sticker which had a bar code so that the service could identify and locate the records easily in the future if they needed to. Records were then loaded onto an external system and hard copies disposed of.

All NHS referrals were electronic including notes which were downloaded and kept securely.
Computers were password protected and had an automatic screen lock system.

Good

Outpatients

Data was collected and used for oversight and monitoring of themes and trends such as the number of complaints, how many had been resolved and at what stage. Information on quality and finance was also monitored including patient satisfaction and numbers of cancelled clinics and missed appointments.

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.

Managers engaged staff within the service. Initiatives such as infection of the month were shared with staff to support learning, celebration of events such as pride month and nursing day were included within the dedicated weekly staff newsletter to raise awareness and promote feelings of inclusion and team working.

Electronic patient experience questionnaires were being developed so that patients could access a tablet and leave feedback. The service featured upon trust pilot an electronic review platform. Out of 3827 reviews 86% had rated the service as excellent or good, although it was not possible to narrow the reviews to the outpatient core service only.

Learning, continuous improvement and innovation

Please see surgical core service.

Good

Surgery

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

Are Surgery safe?

Requires Improvement

This service has not been inspected before. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff, however not all staff completed it.

The mandatory training was comprehensive and met the needs of patients and staff. We noted that there were twenty modules of mandatory training to complete, including about sepsis. This meant that staff could have a good level of knowledge and information about the provider's policies and procedures.

Managers monitored mandatory training and alerted staff when they needed to update their training, however they did not ensure that all staff kept up to date.

Overall mandatory training figures for the core service was 75%. This was against a target of 80% compliance. This meant that a proportion of staff had not completed or renewed the mandatory training.

Some mandatory training modules had a significantly lower percentage of compliance that the required target.

Sepsis had a training compliance percentage of 64%, however the provider told us that 13 out of the 14 staff who were non-compliant, had only been required to complete this training module since April 2022.

Immediate Life Support (ILS) had a training compliance percentage of 66%, however the provider told us that this had been due to issues with training facilitation, for example sickness, given that the course had to be carried out face to face. The service had scheduled a training session to be held in July 2022, which would likely result in all staff being compliant with the training.

Blood transfusion training had a compliance percentage of 40%, however the service told us that there was always access to a resident medical officer (RMO) who was fully trained and integral to any blood transfusion procedure carried out.

Good

Surgery

Staff did tell us that managers were focussed on ensuring that mandatory training was completed and how this was achieved. For example, staff training compliance rates were displayed within the staff room and were colour coded to alert staff at a glance.

Safeguarding

Staff understood how to protect patients from abuse and the service alerted other agencies, where needed. Staff had training on how to recognise and report abuse however training completion rates were low.

Staff received training specific for their role on how to recognise and report abuse. We reviewed information which evidenced staff completed safeguarding adults training. The level of training undertaken, corresponded with their role. For example, leaders and managers had completed safeguarding training at level 3.

Safeguarding training compliance rates for the service were; 66% for safeguarding adults level 2 and 100% for safeguarding adults level 3. This meant that at a compliance rate of 66%, a large portion of the service's staff had not completed or renewed adult safeguarding training relevant to their role.

Safeguarding children training was provided by the service and had a compliance rate of 73%. The service however, did not carry out surgery on anyone under the age of 18.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service carried out male to female and female to male gender affirmation surgery and staff were well informed about individual rights and freedoms.

Staff knew how to identify adults at risk of, or suffering, significant harm and knew how to make a safeguarding referral and who to inform if they had concerns.

Staff gave us examples of where adult safeguarding alerts had been raised and how this would happen. Staff would report concerns to their line manager and this would be escalated to the designated safeguarding lead within the service. Staff were well focussed on types of harm and abuse, especially which could be related to cosmetic surgery.

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.

We observed that all ward areas were clean and had suitable furnishings which were clean and well-maintained.

We observed staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Staff followed infection control principles including the use of personal protective equipment (PPE). We noted that face masks were used and stored in line with national guidance and that hand sanitising gel was present in appropriate areas.

Good

Surgery

Staff worked effectively to prevent, identify and treat surgical site infections. We noted an Infection Prevention and Control (IPC) lead was in post. This meant that staff had a designated colleague to approach for any learning or practice issues. Side rooms were available for patients to promote infection control.

There had been no instances methicillin-resistant Staphylococcus aureus (MRSA), Escherichia coli or Clostridium difficile in the service, within the last twelve months. We reviewed the incident log for the service for the period of June 2021 to May 2022. During this period there were five readmissions that were due to infection and four readmissions due to surgical site infections.

Staff told us that infection incidents were tracked and reported using an internal electronic system. All infection matters went to the ward manager for oversight. There were bi-monthly infection prevention and control meetings, led by a consultant microbiologist and the Group Infection Control Nurse, to discuss any thematic trends or patterns.

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.

We observed that patients could reach call bells and staff responded quickly when called. Call bells and emergency cord pulls were located in appropriate areas and had the right amount of length so that they could be used properly.

Staff carried out daily safety checks of specialist equipment. We reviewed information which evidenced that daily checks were undertaken. This ensured that all equipment worked safely and as it should. We observed that important clinical equipment such as oxygen and suction devices were appropriate and in date.

We noted that the designated resuscitation trolley was checked daily, contained appropriate equipment and had a seal in place. This ensured that staff had access to the right equipment, in the event of a significant patient emergency.

The service had suitable facilities to meet the needs of patients' families. The service had a dedicated discharge area, where families could spend time with patients prior to leaving the hospital. We noted that drinks machines were available for refreshments, for patient's family or friends.

The service had enough suitable equipment to help them to safely care for patients. We reviewed the stock inventory of the service and noted that it contained all required and appropriate items. A dip sample of items and equipment noted that all, were within dates of use.

Staff disposed of clinical waste safely. Colour coded bins and bags were used for different types of waste and sharps bins were correctly labelled and used.

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

Good

Surgery

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff told us that the service used the National Early Warning Score (NEWS) system to identify and escalate patients who were becoming more unwell. The escalation procedure was described as; a staff member would raise with the ward or theatre manager, who would then review the patient with the resident medical officer (RMO).

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

We reviewed the service's patient selection policy, which was clear and detailed. It included inclusion and exclusion criteria based on both clinical and other circumstances. This meant that staff could screen patients effectively and ascertain quickly, if they were suitable for surgery or not.

We reviewed patients records that detailed risk assessments were carried out on admission. This specifically included venous thromboembolism (VTE), pressure area care and also, Sepsis Six. Sepsis Six is a specific pathway to treat and manage patients with possible sepsis, to improve patient outcomes.

The service completed World Health Organisation (WHO) checklists, appropriately. The WHO Surgical Safety Checklist aims to decrease errors and adverse events, and increase teamwork and communication in surgery.

Staff knew about and dealt with any specific risk issues that the service faced. We reviewed the service's transfer out policy, which was detailed and included clear staff responsibilities and procedures to follow.

Staff told us about what would happen if a patient had to return to surgery and if this had to happen overnight. Staff told us that a resident medical officer provided 24-hour cover for the service were this to be required. This potentially limited patients having to be transferred to another hospital setting.

We were informed during our inspection that there had been one instance of a return to theatre over the previous 12 months, during which the major haemorrhage protocol had been activated. Management told us that they were pleased with how the service had managed the return to theatre, commenting on the success of the incident.

Depending on the severity of major or significant blood loss, a patient could be transferred to an NHS facility. This was described within the 'Patient Transfer from Pines Hospital' policy. When appropriate and required blood transfusion services were provided by another independent healthcare organisation, under a service level agreement.

Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at higher risk of mental health issues.

Staff told us that were a patient to present at consultation for cosmetic surgery and they made disclosures about their certain reasons for elective surgery, the patient could be referred to a psychologist to help ensure informed consent.

Shift changes and handovers included all necessary key information to keep patients safe. We observed patient handovers from theatre staff to the ward where full information was provided to the receiving staff member. Staff told us about the daily safety huddle which took place on a morning. This highlighted any important case issues for the day and it was an opportunity for leaders to promote a topic of learning.

Nurse staffing

Good

Surgery

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 departmental induction.

The service had enough nursing and support staff to keep patients safe. Staff told us that the service had a usual ratio of five patients to one nurse, with additional health care assistants as required. Staff told us that staffing levels felt comfortable and did not impact on patient safety at any time.

Managers told us that the service had low vacancy rates, however acknowledged that theatre nurses were difficult to recruit, which in their view was a national theme or trend. Where gaps in staffing were identified bank or agency staff were sourced.

Bank staff were 'blocked booked' for a period of up to three months. The service only utilised agency staff as a contingency measure, for example to cover theatre staff, which the service said there was a national shortage.

Managers limited their use of bank and agency staff and used staff familiar with the service, however these staff only had a departmental induction.

Bank and agency staff training compliance data were below the services target of 80%.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough medical staff to keep patients safe. We noted that medical staff were booked to perform elective cosmetic surgery on a date and time convenient to the patient.

We were advised that should a consultant surgeon be unable to perform the surgery on the date agreed upon, for example due to illness, the surgery would be postponed until a later date. This was also the same for the two elective surgical procedures that the service provided for NHS patients.

The service provided us with information which demonstrated that there were 91 anaesthetists within the service under practicing privileges. In addition, we were provided with minimum staffing levels, which the service implemented. For any surgery, this included a registered assistant anaesthetic practitioner. The service provided us with information which detailed that an on-call rota for anaesthetists was in place each day, to provide cover for any readmission or emergency situation

The service always had a consultant on call during evenings and weekends. We noted that the service had a on call resident medical officer 24 hours a day, seven days per week.

Arrangements for surgeons were evidenced as follows; surgeons remained responsible for their patients in the hospital until discharge and they were required to stay within 1-hour distance of the hospital following completion of surgery.

Where this was not be possible, surgeons were required to delegate responsibility to a nominated surgeon colleague to provide cover, in the event of an emergency.

Good

Surgery

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.

We reviewed patient notes which included appropriate information about their surgery and care. This included relevant risk assessments, consent forms and general patient notes.

The notes were sufficiently detailed and signed by staff. This meant that key patient information was easily accessible to a new member of staff who would take over patient care.

We observed records were stored securely, in staff only areas.

Staff told us that patient surgery details were routinely communicated to their GP, however this was not done for any cosmetic surgeries. The service reported relevant surgeries to the Breast and Cosmetic Implant Registry.

The Breast and Cosmetic Implant registry records the details of any individual who has breast implant surgery, so they can be traced in the event of a product recall or other safety concern relating to a specific type of implant. It also allows the identification of possible trends and complications relating to specific implants.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely.

We observed medicines checks which were completed correctly and included a patient's allergy status. We noted that staff reviewed a patient's medicines on admission.

Staff completed medicines records accurately and kept them up-to-date. Staff stored and managed all medicines and prescribing documents safely.

Medicine charts were completed correctly and were appropriately signed at prescription and administration.

General medicines were locked away within a secure trolley and controlled drugs were locked within a cupboard that conformed to agreed standards.

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.

Good

Surgery

Staff knew what incidents to report and how to report them. Staff told us that the service used an electronic incident report system and told us about the procedure of how to do this. Staff reported any incident to the theatre or ward manager, which was then escalated to the attention of the hospital manager. Staff told us they completed this as soon as practical after the incident.

Staff raised concerns and reported incidents in line with provider policy. Staff told us where the relevant policy and procedure could be found. For support and ease of access, staff told us a computer station had been set up for staff to access as a 'learning station', where all policies and procedures were electronically stored.

The service had no never events on any wards. Hospital management told us that the service had no never events within the previous 12 months.

Staff understood the duty of candour. We spoke with staff who told us that they understood the duty of candour and were open, honest and apologised to patients where necessary. The staff felt this was part of the culture of the organisation.

Staff received feedback from investigation of incidents. We spoke with staff who told us about the daily safety huddles, which happened each morning. The daily safety huddles were an opportunity for staff to discuss surgical cases on the daily list, discuss learning from any incidents and also to discuss a particular or certain theme, for example safeguarding.

Managers investigated incidents thoroughly and patients were involved in these investigations. We reviewed samples of incident reports, which contained appropriate content, inquiry and conclusions. This demonstrated the service was proactive in identifying issues, responding to concerns and developing and sharing outcomes.

Are Surgery effective?

Good

The service had not been inspected before. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

We reviewed a selection of policies and noted they were up to date and were accountable to the appropriate governance processes and committees. Policies were developed, in line with national legislation and relevant guidance such as the Mental Capacity Act 2005 and National Institute of Clinical Excellence (NICE).

The service had clear corporate policies, which were available on an electronic policy library. Staff knew how to access these policies and could also do so using a dedicated 'learning corner' computer station within the hospital.

Good

Surgery

Staff routinely referred to the psychological and emotional needs of patients, prior to their surgery. Staff told us that they were focussed and aware of the psychological needs and motivations of elective cosmetic surgery. Staff could articulate about potential concerns that could arise, which would relate to a patient's psychological wellbeing. This meant that staff could appropriately identify patients who may need additional support with their needs.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. We observed that patients were offered a number of choices to eat from a menu. Meal options including vegetarian, vegan and gluten free choices. Religious needs were catered for patients, for example kosher compliant meals were available.

Staff fully and accurately completed patients' fluid and nutrition charts where needed. We observed that fluid balance charts were maintained appropriately. This meant patients would not be at risk of dehydration.

Staff used a nationally recognised screening tool to monitor patients at risk of malnutrition. We reviewed patient records which evidenced that a patient's weight and height were recorded on admission, which corresponded to a body mass index score. This allowed the service to make relevant decisions. For example, a body mass index above a specific number, could exclude a patient from surgery.

Patients waiting to have surgery were not left nil by mouth for long periods. We reviewed a patient's record which evidenced that where nil by mouth was required, oral and intravenous fluids were prescribed when needed.

Pain relief

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

Staff assessed patients' pain using a recognised tool and prescribed, administered and recorded pain relief accurately.

We reviewed patient drug charts which evidenced pain relief actions were appropriately documented and noted that pain relief was administered after surgery, where required. Anaesthetic charts were completed to reflect any medicines or pain relief provided in theatres.

This meant that patients had pain relief when required and that all pain relief documentation was competed correctly.

Patient outcomes

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

The service had some participation in relevant national clinical audits. The service told us that it submitted data to the Private Healthcare Information Network (PHIN), however the PHIN website described that data received from the service as incomplete.

The PHIN is an independent organisation publishing performance and fees information about private consultants and hospitals.

As part of our inspection, we requested Patient Reported Outcome Measures (Q-PROMS) data, which the provider had submitted. The provider was unable to supply us with any data about this. The Royal College of Surgeons of England states that it would like cosmetic surgery service providers to routinely collect and report on Q-PROMs for all patients receiving specific surgeries.

The service also submitted data to the breast implant registry. The registry is designed to capture all breast implant surgery carried out both privately and by the NHS.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. We reviewed the audits carried out by the service. The audits covered important areas such as patient care pathway, WHO checklists, theatre medicines audits and Venous thromboembolis maudits. This demonstrated the service measured key areas that could affect patient safety.

Managers used information from the audits to improve care and treatment. The audits we reviewed scored well against the service's targets. Where any issues were identified, we observed evidence of an action which was assigned to a specific member of staff to drive improvement. This meant the service could identify areas for improvement and implement positive change where required.

Competent staff

The service ensured 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.

For the period of June 2021 to May 2022, no doctors were employed by the service, however 50 surgeons worked under practising privileges. Practicing privileges are granted to doctors who treat patients on behalf of an organisation, without being directly employed by that organisation.

We reviewed documentation which showed the service had a process in place to ensure staff with practicing privileges had the relevant credentials, skills and competencies.

We also reviewed personnel records which contained applicable staff qualifications and professional registrations, for example those registered with the General Medical Council or Nursing and Midwifery council.

We noted that Disclosure and Baring Service (DBS) checks were carried out upon commencement of employment and periodically thereafter.

All other required and relevant pre-employment checks and recruitment processes were evidenced in the personnel records we sampled.

Good

Surgery

Managers gave most new staff a full induction tailored to their role before they started work.

We were told by staff that all employed staff were provided with a full induction to the service, however bank and agency staff were provided with only a departmental induction. This meant that bank or agency staff may not have a full knowledge of the wider hospital or corporate policies and procedures.

We reviewed information from the service that evidenced signed competencies of employees, following the start of their employment.

Managers supported staff to develop through constructive appraisals of their work. Staff told us that they had six monthly appraisals, which also included clinical supervision.

We reviewed information which evidenced an appraisal schedule which included the name of the employee, the month of the appraisal and line manager responsible for carrying this out.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers and staff told us about team meetings and a daily safety huddle which took place every morning. In addition to this, a weekly newsletter was sent by email to all staff which included information about the service, clinical updates and a section on a particular topic for example infection prevention and control.

This meant that staff had good opportunities to be part of team meetings and make themselves aware of any cascading information or requirements.

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 effective multidisciplinary meetings to discuss patients and improve their care.

We reviewed copies of meeting minutes from multidisciplinary teams (MDT) in the service. The meeting minutes were structured, with a clear agenda and included relevant professionals specific to the formation of the MDT. For example, the 'Cosmetic MDT' included hospital management, governance leads, surgeons and anaesthetists.

The minutes demonstrated a clear focus on relevant issues which when identified as an improvement, led to actions to improve patient safety and outcomes.

Seven-day services

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

The service was available 24 hours a day, seven days a week. Staff could call for support from the on-call resident medical officer at any time if this was required. Staff told us that services were available to patients, at a time of their choosing.

Consent and Mental Capacity

Good

Surgery

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance with clearly recorded consent in the patients' records. We reviewed a sample of consent audits which showed a high level of compliance to legal consent requirements.

We observed a sample of patient files which evidenced that consent was properly obtained from patients. This meant that patients had provided express and signed for consent, for the procedure to take place.

Staff made sure patients consented to treatment based on all the information available. Staff told us that some patients could be eager to have the elective cosmetic surgery as soon as practicable, however the service was very focussed and stringent in upholding a 14 day cooling off period for all surgeries of this type.

Staff understood the relevant consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005. We reviewed the services Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS) policy. The policy was clear, detailed and included all relevant references to legislation and guidance

This meant that staff had access to a resource that would provide them with relevant guidance about the applicable law and the services procedures.

The service advised however, that it was unlikely that they would provide surgery to a patient who may fall within the scope of the Mental Capacity Act 2005. This was due to both the cosmetic nature of the surgery provided and also a defined exclusion policy of providing surgery for any patients with complex mental health or capacity needs.

The service did not provide any surgical procedures for anyone under the age of 18, therefore issues relating to child consent were not applicable

Are Surgery caring?

Good

The service had never been inspected before. We rated it as good.

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

Staff excelled with patient interaction and cared for them in a respectful and considerate way. Patients said staff treated them well and with kindness.

We spoke with patients who commented that contact between them and the staff had 'been great', all their questions 'had been answered' and they were asked if they had any concerns or questions about the surgery or process.

Good

Surgery

In speaking with other patients, we were told that communication between them and the hospital had been 'excellent' and they could 'not find any fault'. Patients told us that they had been treated 'well' and 'with kindness', stating further that they had been fully involved in 'making decisions surrounding [their] care'.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude. We spoke to staff who were aware of and promoted patient rights. Staff told us that the service carried out a significant number of gender affirmation surgeries for patients who identify as transgender. We reviewed the provider's website which detailed as part of the commitment to equality and diversity, their support of a national transgender charity.

Emotional support

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

Staff supported patients with their privacy and dignity. We observed that staff treated and spoke to patients with dignity and respect. We observed that patient's privacy was respected and upheld, by having their own private rooms, within the ward.

Staff took into consideration patient's families. Staff told us that it was not unusual for two members of the same family to have cosmetic surgery at the same time. On these occasions, the service was able to utilise double rooms, so that family members could be together pre and post-surgery if they wished.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing. Staff were acutely aware and focussed on the reasons behind a patient's wish to have cosmetic surgery.

If the staff felt that it would be appropriate for a particular patient, they could be referred to the hospital's psychology liaison for input and support.

The service told us that on one occasion, the service declined to carry out any surgery, due to a patient's unrealistic expectations of the surgery outcome.

Understanding and involvement of patients and those close to them

Staff supported patients to make decisions about their care and treatment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback given by patients was good.

Staff told us that the service had recently implemented an electronic feedback capturing form, which had improved patient participation and feedback.

The service had also created the role of a patient flow coordinator. Part of this role was to support and request that patients provided feedback on the service and their experience once they were at the point of discharge.

The service was aware of and noted their 'score' on a well-known national reviewing website.

Good

Surgery

We reviewed information relating to patient feedback. The information evidenced a trend of positive comments about the caring nature of the staff service and hospital.

Are Surgery responsive?

Good

The service had never been inspected before. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of 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 the services demographic. The service was part of a larger provider which provided different types of cosmetic surgery.

To better cater to the needs of the potential patients, the service had started to offer weight loss surgery from the second half of 2022. This meant that patients would have a more geographically convenient location to access weight loss surgery with the hospital group, if they were within the North of England.

Hospital management told us that the service had supported local NHS partners during the Covid-19 pandemic, by carrying out less complex surgeries to clear a backlog of patients awaiting hernia and clinical circumcision procedures.

Managers monitored and took action to minimise missed appointments. Staff told us that surgery cancellations were rare but did occur for example, due to surgeon sickness. If this happened, then patients were advised as soon as practical and offered the soonest available date after.

Managers ensured that patients who did not attend appointments were contacted. Staff advised that due to the nature of the service being predominantly cosmetic surgery procedures, non-showing patients were rare. If this did occur, staff told us that patients were contacted by the service to enquire about their attendance.

Meeting people's individual needs

The service was mostly 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.

Patients were given a choice of food and drink to meet their cultural and religious preferences. We reviewed food menus which provided patients with vegetarian and vegan meal choices, however there were no indication that patients could choose a halal meal for example. This meant that patients may have to ask for cultural adaptions, rather than being proactively offered.

Staff had access to communication aids to help patients become partners in their care and treatment.

The service told us that, where patients required interpretation services, interpreter services were used to enable independent professional interpretation.

We spoke with staff who told us that the service had previously supported patients whose native language was other than English. In this instance, staff used an internet-based translation service to communicate effectively with the patient and meet their needs.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from consultation to treatment were in line with expected standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Hospital management told us that patients were able to book a convenient time for their cosmetic surgery dependent on consultant availability and subject to a 14 day 'cooling off period'. Often, this meant that any surgery could take place from 15 days, if the patient wished.

The referral to treatment time for the two NHS procedures that the service carried out; hernia and clinical circumcision surgery, was in the region of three to four weeks.

Managers and staff worked to make sure patients did not stay longer than they needed to. We reviewed information from the provider which evidenced that extended stays could occur however, from the information provided to us by the service, this was never longer than one additional night.

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 knew how to complain or raise concerns. As part of the patient flow coordinator role, the service actively sought feedback from the patient prior to discharge. This provided an opportunity for any concerns or complaints to be escalated at that time.

In addition, there was a link to the complaints procedure, accessed by the 'contact us' section of the providers website.

Staff understood the policy on complaints and knew how to handle them.

We reviewed the services complaints policy. The policy was clear and structured into three levels, with the third level being the opportunity for a complainant to refer the matter to the Independent Sector Complaints Adjudication Service (ISCAS). ISCAS provides independent adjudication on complaints about ISCAS subscribers. This meant there was clear guidance and timeframes for staff to deal with complaints appropriately, where received.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We reviewed a sample of responses to patient complaints. Complaints were responded to by a relevant level of management, which included review of the complaint, investigation, outcome and where relevant, a suggested resolution.

Good

Surgery

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

We reviewed the services complaints register, which highlighted the complaint issues and resolution offered. The register contained a specific section dedicated to whether there was a shortfall in service. This meant that staff could easily identify any relevant trends and identify learning opportunities for the service and staff.

Staff told us that daily safety huddles included a different topic or point of learning and there was also the weekly newsletter. This meant that service leaders had opportunities and forums to cascade learning from complaints to staff on a regular basis.

Are Surgery well-led?

Good

The service had never been inspected before. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

We observed that the senior management team had a clear structure. Each person within the structure had a clearly defined role and responsibilities. Staff told us they felt senior leaders were visible and approachable, at all times.

Hospital management told us that the service was rigorous in the recruitment and selection process, which included competency-based interviews, DBS checks and references.

We were told there was a strong focus on leadership skills of candidates and also organisational skills over the hospital as a whole. The service looked to grow organically and from within for leadership potential and development where possible.

Hospital management could articulate the main challenges the service faced and had developed actions to overcome these. For example, leaders identified patient experience could be improved and recognised feedback was key to understanding how this could happen. As a result, electronic means of capturing feedback was devised and implemented, for ease of and to promote patient experience feedback.

Leaders were focussed on service sustainability, of which they identified that; the expansion of the hospital into more areas of cosmetic surgery was key. The service had actioned this by starting to offer weight loss surgery, in the second half of 2022.

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.

Good

Surgery

We reviewed information from the provider which included the services mission statement, vision and corporate values.

Hospital management told us about the five-year strategy for the service, which included growing the service by introducing new types of surgery, continuing and promoting a quality service and to achieve commercial stability, which would be achieved by growth.

Leaders told us that a key part of the future strategy was the consideration of providing bariatric surgery, in addition to cosmetic surgery which would bring development and sustainability through revenues.

The strategy had been developed in partnership with relevant stakeholders. For example, the service had listened to patients and had responded, to provide a choice of weight loss surgery, within the locality of the north of England.

Development of the service was in collaboration with the NHS and a local Clinical Commissioning Group (CCG). This resulted in the hospital providing less complex surgical procedures. The service had further collaborated with the NHS for transgender services relating to breast surgeries.

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.

The service measured whether staff felt positive and proud to work for the service by an employee survey, which utilised a 'you said, we did' approach. This meant that staff could feedback and directly see responses and actions to issues raised,

The service encouraged a culture of openness and ensured staff were able to raise concerns without fear of retribution. The service achieved this by the appointment of an overall freedom to speak up guardian and also trained 'champions'. A freedom to speak up policy was available for staff to access electronically.

The service attempted to ensure a strong emphasis on the safety and well-being of staff. Leaders told us that staff concerns could be primarily escalated through their line management structure. In addition, there was a specific wellbeing section within the weekly newsletter sent to staff and during the Covid-19 pandemic, the provider organised virtual exercise classes for staff.

Leaders told us that the service promoted equality and diversity, by way of recognising and supporting protected characteristics at recruitment and also through the equal opportunities and diversity policy. We reviewed the policy and noted that it gave clear processes and information on what responsibilities employees and the hospital had.

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.

Leaders described to us the governance structures of the hospital. The structures were clear and relevant to operations, providing a direct link between the ward and theatre departments to corporate board level.

Where service level agreements were in place, the governance structure included reporting to that partner organisation.

We reviewed the hospitals governance policy which detailed the responsibilities of different levels of staff and described the governance structure in place. This broadly corresponded to how leaders had described this to us.

At the base of the governance structure were MDT's for specialist areas such as cosmetic surgery and managing deteriorating patients. These MDT's were the first and main opportunity for issues to be highlighted and escalated, through the governance channels, to ultimately, board level. The MDT's were also an opportunity for decisions made at board level, to be cascaded down to the relevant staff and committees.

The Governance and Compliance Committee had overall responsibility for ensuring compliance to the practicing privileges policy and procedure. We reviewed the policy which provided clear guidance on roles and responsibilities of both individuals and groups or committees within the hospital. We noted that the policy required any surgeons practicing under privileges, were required to hold a specific amount of indemnity cover.

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.

Leaders told us about the most prevalent risks to the service and how they effectively managed these, for example the service had recently held a recruitment day, which had in part hoped to attract theatre practitioners.

Risks were escalated by staff to the relevant manager. This could then be escalated further within the weekly management meetings. The weekly managers meeting reviewed the risks that were present on the services risk register.

Risks are managed by the Hospital Management team, reporting or escalation to MAC and Clinical Governance and Compliance Committees forms part of the governance framework within which the hospital team are fully participative. Risk register entries were assigned a score and if this was above a certain number, the risk was escalated further to clinical governance and compliance.

During inspection, we requested a copy of the service's risk register. On review of the documents received, we noted that the risk register had a description of the risk, a score based on the likelihood of the risk occurring and the impact, who was responsible for the risk and an action plan to mitigate.

The service measured itself against other locations within the provider corporate group, for example by comparison of internal audit. This benchmark could assist staff to focus on specific areas of improvement.

The service had a major incidents policy which set out responsibilities and procedures for loss of key amenities or infrastructure.

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.

Good

Surgery

We observed electronic computer systems were password protected. General Data Protection Regulation (GDPR) was included as a module of mandatory training. This meant staff could understand how to properly use and protect individual's data within the relevant law.

We observed that patients care files were appropriately secure and located, so that staff could easily access information or data when this was needed. Notifications were sent to relevant organisations using an electronic system in line with requirements.

Relevant data such as audits or customer satisfaction surveys were processed into an electronic format so that data could be easily interpreted and actioned upon, by hospital management.

Engagement

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

Leaders told us about the use of an electronic service for patient surveys which gathered feedback, noting that there was an improving response overall, to this medium. The service used this feedback to helps identify any trends or patterns for improvement. The service had created the role of a patient flow coordinator, so that patients had a direct point of contact at all times pre and post-surgery during their stay within the hospital.

Integral to the role of the patient flow coordinator was the gathering of feedback from patients prior to discharge. This meant that the role had a dual benefit; it was created from patient experience and feedback to greater develop patient experience and feedback.

The service had collaborated with and assisted a local CCG to carry out two types of surgery for patients, where there was a significant backlog within the local NHS hospital trusts.

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.

To achieve the support that was provided to a local CCG, the service had expanded and implemented new staff skills, knowledge and experience, specifically for hernia and circumcision surgeries.

In addition, the service had identified, as a key part of its sustainability model, that provision of weight loss surgery would be a key factor. To achieve this the leaders implemented a learning and development program to undertake weight loss surgery, in collaboration with another hospital under their corporate brand.