

# Natural Look Clinic







## Quality Report

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

### Ratings

|                                  |  |      |   |
|----------------------------------|--|------|---|
| Overall rating for this location |  | Good |  |
| Are services safe?               |  | Good |  |
| Are services effective?          |  | Good |  |
| Are services caring?             |  | Good |  |
| Are services responsive?         |  | Good |  |
| Are services well-led?           |  | Good |  |

### Overall summary

Natural Look Clinic is operated by NLK Limited. The service has four day-case beds and an operating theatre.

The service provides cosmetic surgery and slimming clinics for adults. We inspected cosmetic surgery only. The business was currently seeking to engage a dentist and so hoped to begin providing this service soon. The provider also told us that the service intended to cancel its registration for services in slimming clinics, as it was not carrying out this regulated activity. Overall, the

service provides a range of surgical and cosmetic procedures, with a focus on breast augmentation, under local anaesthetic or sedation, to fee-paying patients who are over 18 years old.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the premises on 21 November 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

# Summary of findings

are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement, or inadequate.

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

We rated this service as **Good** overall. We found good practice in relation to surgery:

- 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, learned lessons from them, and used this learning to improve the service.
- Staff provided good care and treatment. They gave patients 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. Post-operative support was 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 procedures. They could describe how they would provide emotional support to patients, families, and carers if need be.
- The service planned care to meet the needs of potential patients, 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 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 staff, and all staff were committed to improving services continually.

We found an area of outstanding practice in surgery:

- Although the service did not use any general anaesthetic, and its surgeons were qualified to administer sedation and/or local anaesthetic themselves, no surgery was performed without an anaesthetist.

We also found areas of practice that require improvement:

- The service did not provide shower facilities for patients or staff.
- Theatre scrubs were laundered by a local company between each usage. The service did not provide assurance that this met standards described by guidance from the Department of Health and Social Care for the decontamination of linen for health and social care management.
- The service had not yet kept any formal records of its staff meetings or governance meetings.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

**Ann Ford**

Deputy Chief Inspector of Hospitals (North)

# Summary of findings

## Our judgements about each of the main services

### Service

### Surgery

### Rating

Good



### Summary of each main service

Surgery was the main activity of the service.

We rated this service as good because it was safe, effective, caring, responsive to people's needs, and well-led.art here...

# Summary of findings

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Good 

# Natural Look Clinic

## Services we looked at

Surgery

# Summary of this inspection

## Background to Natural Look Clinic

Natural Look Clinic is operated by NLK Limited. The service opened in 2013. It is a private hospital in Doncaster, South Yorkshire, providing cosmetic surgery for adults aged 18 years and above. It primarily serves the communities of the South Yorkshire area. It also accepts patient referrals from outside this area.

The service has had a registered manager in post since opening; the current registered manager has been in post since 2016 and is the owner of the business and its main surgeon and clinical lead.

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

- Diagnostic and screening procedures
- Services in slimming clinics

- Surgical procedures
- Treatment of disease, disorder or injury.

However, the registered manager told us that he intended to apply to cancel the registration for services in slimming clinics, as the service had never provided this regulated activity.

We have previously inspected this service, in February 2014, and the service met each of the standards that we inspected at that time.

We inspected this service during an unannounced visit to the premises on 21 November 2019.

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## Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in surgery. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

## Information about Natural Look Clinic

The service provides day-case procedures under local anaesthetic and/or conscious sedation. It has an operating theatre, with clean and dirty utility-rooms, and four day-case beds. It does not have facilities for patients to stay overnight; it has an agreement with another local, private hospital, at which its surgeons and anaesthetists have admitting rights, for admission of patients who require overnight monitoring. It is registered to provide the following regulated activities:

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

However, the registered manager told us that he intended to apply to cancel the registration for services in slimming clinics, as the service had never provided this regulated activity.

During the inspection, we visited the premises, including the theatre and each of the recovery rooms. We spoke with six staff, including a registered nurse, a health care assistant, reception staff, an operating department practitioner, and the senior manager, who was also the lead clinician and main surgeon. We spoke with one patient and, with permission, observed that patient's surgery and pre and post-operative care. We reviewed five sets of patient records.

There were no special reviews or investigations of the service ongoing by CQC at any time during the 12 months

# Summary of this inspection

prior to this inspection. The service had been inspected once before, in February 2014, when we found that the service was meeting all standards of quality and safety it was inspected against.

Throughout this report, our findings apply to all the regulated activities, with the exception of services in slimming clinics, unless expressly stated otherwise. However, the prime focus of our inspection was on the activity of surgical procedures. This was so because the other regulated activities were ancillary to that main activity.

## Activity (July 2018 to June 2019)

- In the reporting period July 2018 to June 2019 there were 204 day-case episodes of care recorded at Natural Look Clinic; none of these was NHS-funded. The episodes of care were:
  - 117 breast augmentation operations
  - 39 breast augmentations with uplift
  - 11 breast reduction and uplifts
  - six operations to remove breast implants
  - 12 episodes of liposuction
  - two upper lid blepharoplasty operations
  - four mini abdominoplasty operations
  - one gynaecomastia operation
  - 12 adjustments/revisions
- No patients stayed overnight during this reporting period.

Three surgeons, four anaesthetists, 13 nurses and operating department practitioners, and five health care assistants worked at the hospital under practising privileges. The service also employed three administrative staff (one full time and two part time) and one cleaner. The accountable officer for controlled drugs (CDs) was the full-time administrative staff member.

## Track record on safety

- No never events
- No clinical incidents
- No serious injuries

No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),

No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

No incidences of hospital acquired Clostridium difficile (c.diff)

No incidences of hospital acquired E-Coli

No complaints

## Services provided at the hospital under service level agreement:

- Clinical and non-clinical waste removal
- Laundry
- Maintenance of medical equipment
- Decontamination of theatre trays and equipment

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as **Good** because:

**Good**



Safety was a clear priority of the service.

- Mandatory training in key skills had been provided to and completed by all who worked there.
- < > had training on how to recognise and report abuse, and they knew how to apply it.  
The service controlled infection risk well. It 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.
- The design, maintenance, and use of facilities, premises, and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service 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.
- There was evidence of reflective and reflexive practice through changes made in response to learning from incidents.
- The service used only local anaesthetic and/or sedation but did not carry out surgery without an anaesthetist, to promote patient safety.

However:

- There were no shower facilities for patients or for staff.

It was not clear that the process for laundering scrubs met standards expected by guidance from the Department of Health and Social Care.

### Are services effective?

We rated effective as **Good** because:

**Good**



- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.



# Summary of this inspection

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Post-operative telephone contact was available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff took good care to support 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.

However:

- The service was yet to introduce a formal appraisal process.

## Are services caring?

We rated caring as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff could describe how they would provide emotional support to patients, families, and carers to minimise their distress if need be.
- Staff supported and involved patients to understand their procedures and make decisions about their care and treatment.

**Good**



## Are services responsive?

We rated responsive as **Good** because:

- The service planned and provided care in a way that met the needs of the communities served. It also worked with others in the wider system and local organisations to plan care.
- 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.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care

**Good**



# Summary of this inspection

However:

- Staff told us that the lead clinician sometimes made changes to planned clinics and surgery times at relatively short-notice so that he could attend conferences and courses.

## Are services well-led?

We rated well-led as **Good** because:

- Leaders had the integrity, 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.
- The service's vision was to provide high-quality and safe services for all patients, using up-to-date surgical skills. Safety and increasing effective techniques were its priorities. Staff understood these priorities and supported leaders to achieve this vision.
- Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care.
- Leaders operated effective governance processes throughout the service. 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 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 could find the data they needed, in easily accessible formats. The information systems were secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients and staff to help improve services for patients.

All staff were committed to continually learning and improving services.

**Good**








# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

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

# Surgery

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

## Are surgery services safe?

Good 

We rated safe as **good**.

### Mandatory training

**The service ensured that mandatory training in key skills had been provided to and completed by all staff who worked there.**

- Each of the clinical staff who worked for the service did so under practising privileges and also worked with the main surgeon within a nearby NHS trust. The service relied on the NHS trust to provide all mandatory training, including in respect of sepsis, for these staff. We examined the service's staff records folders for all members of clinical staff and found that each bore evidence demonstrating that their training was up-to-date.
- The service also ensured that other members of staff were trained in fire safety, basic life support, clinical waste management, safeguarding adults, and The General Data Protection Regulation 2016 (GDPR).
- The full-time administrator monitored mandatory training and alerted staff when they needed to update their training, to maintain 100% compliance with training requirements.
- We examined staff records for all three administrative staff members and one cleaner and saw that each was up-to-date with her mandatory training programme.

### Safeguarding

**Staff understood how to protect patients from abuse. Staff had undertaken training on how to recognise and report abuse, and they knew how to apply it.**

- The service had a policy for safeguarding adults and a policy for protection of children and young adults, both of which were comprehensive and up-to-date.
- The provider told us that all staff were required to undertake safeguarding training at least annually. Each of the clinical staff had trained in safeguarding as part of their mandatory training within their NHS trust. The lead clinician was trained to level 2 in safeguarding adults and children. The administrative staff were each trained to level 1 in safeguarding adults.
- The service did not permit anyone under the age of 16 to enter the premises and did not provide treatment for anyone under the age of 18, preferring patients to be at least 23 years old at the time of surgery. Staff told us that they checked patients' ID documents at their initial consultations to ensure that they were not treating anyone under the age of 18.
- We observed staff carrying out three points of ID check at reception, again in the day-case room, and again in the theatre before surgery went ahead.
- Staff understood how to identify adults at risk of, or suffering, significant harm. The safeguarding lead at the service was the registered manager, and he knew how to make a safeguarding referral if he or any of the staff were to have concerns about a patient or visitor to the service. All staff we spoke with told us that they would approach the safeguarding lead if they were to become concerned about any individual.

### Cleanliness, infection control and hygiene

# Surgery

**The service controlled infection-risks well. Staff kept equipment and the premises visibly clean. 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.**

- The service had policies for infection prevention and control (IPC), general cleaning and hygiene, handling general and clinical waste, risk reduction from Legionella, health care workers and blood borne viruses, hand hygiene, the control and prevention of Methicillin-resistant Staphylococcus Aureus (MRSA), and the control and prevention of Creutzfeldt–Jakob Disease(CJD), each of which was comprehensive and up-to-date.
- Patients were screened for MRSA at their pre-operative assessments.
- The premises were visibly clean and in good order, with no apparent damage or wear.
- All clinical areas were clean and had suitable furnishings, which were clean and well-maintained. The service IPC and general cleaning and hygiene policies outlined strict cleaning procedures, which staff adhered to. They used a nationally-recognised system for identifying when equipment was clean and ready-to-use.
- We observed the theatre being cleaned prior to surgery and the process being documented appropriately.
- The service adhered to National Institute for Health and Care Excellence (NICE) guidelines for the prevention and treatment of surgical-site infections.
- There had been one instance of surgical-site infection within the service during the period July 2018 to August 2019. This comprised a delayed wound-healing for which a swab taken indicated Pseudomonas species which were sensitive to Ceftazidime and Ciprofloxacin. The implant was therefore removed under antibiotic cover, and the wound healed completely.
- Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff using appropriate PPE in theatre and when providing patient care and treatment before and after surgery.

- We observed adequate amounts of PPE in all clinical areas for staff to use. All clinical staff wore disposable PPE, which was changed between each treatment episode, over theatre scrubs.
- Theatre scrubs were laundered by a local company between each usage. We asked for assurance that the process for laundering scrubs met standards described by guidance from the Department of Health and Social Care for the decontamination of linen for health and social care management and provision, but we did not receive any further information from the provider.
- The service had a contract for cleaning of theatre trays and equipment with an independent provider of infection-prevention products and services. All other items were for single use and therefore disposed of following an episode of care.
- There were handwashing facilities within the clinical environment, and staff had access to these and to alcohol hand-gel at the point of care. We observed staff performing hand decontamination in accordance with the World Health Organisation's (WHO's) 'five moments for hand hygiene'.
- There were no shower facilities for staff or patients on the premises. However, the staff changing room had hand-washing facilities, as did each of the day-case bedrooms. We observed staff following good hand-hygiene practice, including washing their hands and using hand-gel between instances of patient contact. Staff who provided direct patient care adhered to the bare-below-the-elbow rule.
- The service conducted monthly hand-hygiene audits. We reviewed these for each of the six months prior to our inspection and found that compliance was 100%.

## Environment and equipment

**The design, maintenance, and use of facilities, premises, and equipment kept people safe. Staff were trained to use the facilities and equipment. Staff managed clinical waste well.**

- The service was based in a large former residential building which had been adapted for use as a day-case hospital. On the ground floor it had a reception, a waiting-room, toilets, a consultation room, offices, a staff kitchen, and a dental suite, which was not currently

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in use. On the first floor were an operating theatre, with clean and dirty utility-rooms and four day-case bedrooms with handwashing facilities, toilets, and a staff changing room.

- The reception and waiting areas were comfortable and spacious, with adjacent toilets, drinks machines, and plenty of seating.
- There was free parking for staff, visitors, and patients in the grounds of the service, and the area was served by several bus routes. The premises were adjacent to the local NHS trust acute hospital and a private hospital with overnight-stay facilities, at which the service's consultants had admitting rights.
- The premises were in good repair. The reception area and consulting room were spacious, and the theatre was maintained to a high standard. There was sufficient storage space, and all equipment and consumable items were stored appropriately. All areas were tidy and free from clutter.
- The premises were secure, because patients and visitors were required to ring a bell to gain admission. However, once inside the building, some internal rooms were not lockable. We raised this with the registered manager during our inspection, and he told us that patients and visitors would be unable to access these rooms without staff knowledge and, therefore, challenge. However, he undertook to review security and fit locks to any internal doors that might present a security risk.
- The theatre had a clean-air system, which constantly exchanged and cleaned the air in the room. Facilities in the theatre included a resuscitation trolley with emergency drugs kit, automated external defibrillator (AED) and oxygen. These were checked each day that the clinic was open, and we saw evidence of daily checks for the preceding 12 months. The trolley also bore an inventory of items with expiry dates listed for each. Each item on the resuscitation trolley was within-date.
- Equipment was serviced and maintained by external companies, who attended the premises annually to service and safety-check the medical and electrical equipment. Each item of equipment we examined had

been serviced within the timeframe required by the manufacturer and the service's equipment maintenance policy. Equipment used to fight fires also bore evidence of up-to-date servicing.

- We checked a range of consumable items in the theatre and storage areas, including dressings, swabs, needles, cannulas, and syringes. We found that each of these items was within-date.
- Cleaning materials subject to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 were kept in a locked cupboard within the staff kitchen.
- Staff disposed of clinical waste safely. We observed staff segregating clinical and domestic waste correctly. Waste bins were enclosed and foot-operated. Sharps bins were correctly assembled and not filled beyond the fill line. The service maintained records of all waste collections to ensure compliance with waste-disposal legislation.
- The electricity supply to the theatre was supported by a battery-pack which would provide an hour of electricity in the case of a power failure. This would give the surgical team time to make the patient safe and arrange an emergency transfer should there be an electrical failure or interruption.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

- The service took care to assess the suitability of patients for treatment. At first contact with the service, patients were required to complete a questionnaire covering past medical history, current medicines, psychological wellbeing, and consent to share information with their GPs.
- This information was then discussed at an initial consultation with the appropriate surgeon. The registered manager told us that the initial consultation would not go ahead without this information.
- Pre-operative consultations were carried out in line with Royal College of Surgeons (RCS) guidance. Each comprised a risk assessment of the patient's suitability for the procedure, including past medical history, general health, age, existing diseases or disorders,

# Surgery

current medicines, psychological wellbeing, and other planned procedures. Psychologically vulnerable patients were identified and referred for appropriate psychological assessment, in line with RCS Professional Standards for Cosmetic Surgery 2016.

- We observed staff carrying out three points of ID check at reception, again in the day-case room, and again in the theatre before surgery went ahead, to ensure that the right person was to receive treatment.
- Although the service did not use any general anaesthetic, and its surgeons were qualified to administer sedation and/or local anaesthetic themselves, the registered manager told us that, to ensure patient safety, no surgery was performed without an anaesthetist.
- We observed one theatre session during our inspection. Each patient was discussed separately, and the team was briefed appropriately about each. The team complied fully with the World Health Organization (WHO) Surgical Safety Checklist, including marking of the surgical site. All appropriate documentation was completed.
- There were clear patient pathways for the service, including an escalation policy for the deteriorating patient and a policy for the management of sepsis.
- The registered manager told us that there were arrangements in place for emergency transfer to the adjacent NHS hospital should this be required. However, there was no written transfer-protocol for emergencies. We raised this with the provider during our inspection and the service subsequently produced a comprehensive, written policy for inter-facility transfer of patients, which included emergency transfer procedures.
- There had been one unplanned return to theatre in the period July 2018 to June 2019.
- There had been no unplanned, urgent transfers of patients to another health care provider during the period July 2018 to June 2019.

## Nursing and support 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.**

- All clinical staff who worked at the service did so under practicing privileges. The service used 13 nurses and operating department practitioners and five health care assistants, all of whom also worked with its surgeons in the local NHS trust acute hospital.
- Surgeons planned ahead to bring their preferred teams to the service on theatre days to work with them and care for patients before and after surgery.
- During our inspection we saw there were enough appropriately-qualified staff on site to provide the appropriate level of care for patients during surgery and recovery.
- The service also employed three administrative staff (one full time and two part time) and one cleaner.

## 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 registered manager was the main surgeon at the service. He carried out most of the breast augmentation surgery undertaken by the service.
- One other surgeon attended under practising privileges around once each month to carry out more complex cases.
- A third surgeon attended to carry out liposuction procedures whenever required.
- Each surgeon used his own preferred anaesthetist and surgical team, each member of which worked at the service under practising privileges.
- Surgery usually took place around one day each week, and an anaesthetist was always present during surgery. Patients received treatment under local anaesthetic and/or sedation.



# Surgery

- Due to the nature of the service there were no handovers or shift changes. Each patient seen at the clinic received consultant-led care. The surgeons and anaesthetists remained on the premises until their patients were discharged.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely, and easily available to all staff providing care.**

- Staff told us that they always had access to up-to-date, accurate, and comprehensive information on patients' care and treatment.
- Patient records were paper-based. We reviewed five sets of patient records for the service; we found that these were clear, compliant with service policies, and well-organised. Records bore clear dates, times, and designations of the persons completing the documents.
- All sets of notes recorded informed consent, current medicines, allergies, medical history, and an anaesthetics record. Care pathways were completed clearly.
- Patient information and records were stored safely and securely in lockable cabinets, in line with the Data Protection Act 2018.
- Record-keeping and documentation audits were carried out quarterly by an independent clinician. We reviewed the most recent audits prior to our inspection and found that compliance was 100%.
- The service used separate documentation for discharge information. A copy of the discharge summary was forwarded to the patient's GP, with the patient's consent.
- Medicines were prescribed by patients' consultants. Prophylactic antibiotics were prescribed in line with Royal College of Surgeons (RCS) guidelines, where applicable.
- All appropriate checks were carried out prior to administering medicines, including checking the patient's identity and reviewing any allergies.
- Local anaesthetic and sedation were administered only by the attending anaesthetist.
- Prescription charts were kept within patients' records. We checked five sets of records, and the prescription charts within each were clearly written, signed, and dated. Allergies were clearly documented.
- We checked a sample of stored medicines and found each to be within-date and stored appropriately. The registered manager carried out a monthly audit of stored medicines. We checked a sample of these audits and found compliance to be 100%.
- The accountable officer for controlled drugs (CDs) was the full-time, administrative staff member. CDs were stored as per pharmacy regulations and were checked both before and after each surgery list.
- Staff regularly reviewed the minimum, maximum, and current temperatures of the service's medicines refrigerator.
- The registered manager and an independent clinician carried out quarterly audits of medicines. We reviewed the audits from the most recent four quarters prior to our inspection and saw that compliance was 100%.

## Medicines

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

- The service had a clear, comprehensive, and current medicines-management policy. Staff adhered to this policy when storing, managing, and prescribing medicines and related documents.

## 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. Staff understood the need to apologise and give patients honest information and suitable support when things went wrong.**

- The service had a clear, comprehensive, and current incident-reporting policy. Staff we spoke with knew how to recognise a clinical or other incident or near miss and how to report these. They understood the importance of learning from incidents.



# Surgery

- There were no never events reported by the service during the period from July 2018 to June 2019. Never events are serious patient-safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death, but neither need have happened for an incident to be a never event.
- There were no serious incidents reported by the service during the period from July 2018 to June 2019. Serious incidents are events in health care where there is potential for learning or the consequences are so significant that they warrant using additional resources to mount a comprehensive response.
- Staff told us that they were encouraged to report incidents, including where no harm had resulted, and that there was a positive reporting culture within the service. They told us that they had received feedback when incidents had been reported and that there had been changes to practice as a result.
- The clinical lead shared with us an example of a clinical incident at the service outside of the reporting period July 2018 to June 2019 that had led to a change in practice and to shared learning. This involved a suspected, non-visible puncture of the parietal pleura in a very thin patient who was undergoing breast augmentation surgery. The service had been open and honest with the patient about the concern, had arranged for immediate follow-up including X-ray with the local NHS trust acute hospital, and had reported the incident correctly. The clinical lead told us that the incident had prompted a change in practice when operating on very thin patients, and the introduction of a chest drain to be used in recovery, if required. Learning had been shared with other clinicians both within the service and beyond.
- Although information provided by the service showed that from July 2018 to June 2019 there had been no incidents which required the duty of candour to be implemented, staff we spoke with understood the duty of candour process and the need to apologise and to be open and honest with patients if mistakes should occur.

## Are surgery services effective?

Good 

We rated effective 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 saw that the service's policies, procedures, and processes were compliant with clinical standards recommended the Royal College of Surgeons (RCS) and relevant aspects of National Institute for Health and Care Excellence (NICE) guidance, including the diagnosis and management of sepsis.
- The service ensured that cosmetic pre-operative assessment included appropriate and relevant psychiatric history and discussion about body image before surgery was carried out. Surgeons asked each of their potential patients about his/her past medical history, including in respect of mental health, via pre-consultation questionnaire and during the initial consultation appointment. The surgeon then liaised with the patient's GP and, for any patient who had disclosed a history of mental ill-health, with the relevant mental-health professional, before accepting the patient for surgery.

### Nutrition and hydration

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

- Patients who would need to fast were given clear advice prior to the procedure, in accordance with national protocols in respect of fasting.
- Light snacks and drinks were offered to patients following their procedures.

### Pain relief

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

- The service used local anaesthesia and/or sedation during surgical procedures. This was administered by an anaesthetist.
- Pre and post-procedural pain relief was prescribed for all patients using the service, where required.
- The service used a pain-assessment scale. Patients records for the service showed that pain had been assessed in each case and pain relief offered where appropriate.
- Staff regularly assessed patients for pain, both during and following surgery.
- All patients were given pain-relief medicines to take home following their surgery.

## **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 collected information about the volume of procedures undertaken, infection rates, readmission rates, and revision surgery rates, and submitted to the Private Healthcare Information Network (PHIN), in accordance with legal requirements regulated by the Competition Markets Authority (CMA).
- The service collected questionnaire-based patient-reported outcome measures (Q-PROMs) for all patients undergoing abdominoplasty, augmentation mammoplasty, liposuction, rhinoplasty, and rhytidectomy, as requested by the Royal College of Surgeon (RCS). A questionnaire was given to each patient for completion pre and post-operatively, and the scores derived from these were compared. We reviewed nine sets of Q-PROMS completed by patients and found that each showed that the patient experience was positive.

- The provider did not participate in the Anaesthesia Clinical Services Accreditation scheme (ACSA), but each of the anaesthetists working at the service was a fully-accredited, NHS, consultant anaesthetist and was an educational supervisor within the NHS.
- Staff told us that the service produce good outcomes for patients and that there was a very low revision rate. This was supported by the fact that, in the period from July 2018 to June 2019, there had been only one unplanned return to theatre and no unplanned or emergency transfers out of 204 surgical procedures.

## **Competent staff**

### **The service made sure staff were competent for their roles.**

- To acquire and maintain practising privileges with the service, the clinicians who worked there had provided evidence of annual whole-practice appraisal and an up-to-date disclosure and barring service (DBS) report.
- Clinicians provided evidence to show that they had the skills, competence, and experience to perform the procedures they provided. Each of the clinicians who worked within the service also carried out similar work within the NHS. Evidence provided by surgeons and anaesthetists included that of having performed the requisite minimum numbers of procedures to demonstrate sufficient operative exposure in their fields.
- The service always used qualified anaesthetists who also worked for the local NHS trust to administer sedation.
- The service provided indemnity cover for all clinical staff who worked there under practising privileges via its insurance policy.
- Staff had defined roles and responsibilities, and the service ensured that they had the skills, competence, and experience to carry out their roles. Staff we with spoke with were knowledgeable about the service and their roles within it.
- There were no formal appraisals for staff, but regular, informal conversations about roles and expectations were held between the registered manager and the

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administrative team. The registered manager told us that he was considering implementing a formal appraisal system but had not yet set this up or identified a start date.

- The administrative staff we spoke with told us that they were supported to carry out additional, appropriate training. Training and professional development needs were identified through regular, informal discussions with the registered manager.
- We examined Human Resources (HR) folders for all staff. Each contained appropriate employment checks and training certificates.

## Multidisciplinary working

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

- Clinical and non-clinical, staff told us that they worked well together as a team and that the service had clear lines of accountability. We observed good team working in the theatre during our inspection.
- The service had agreements with an adjacent NHS acute trust hospital and a private hospital at which its surgeons also held practising privileges to allow them to transfer patients to one of these hospitals in case of medical or surgical emergency.

## Seven-day services

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

- The service was open from 9am from Monday to Friday, with staff remaining on the premises on surgery days until after the last patient was discharged. Administrative staff told us that they were often at work until around 8pm.
- Consultation appointments were available every weekday from 9am until 8pm. Clinics were usually held on Tuesday and Friday, but the service was flexible to meet patients' needs. Surgery was usually scheduled on Mondays and/or Thursdays.

- Following surgery, patients were given a telephone number to contact in case of questions or concerns. Patients could contact their surgeon via the on-call staff member on this number at any time during their recovery period.
- The clinic-booking and general-enquiries telephone number was answered by administrative staff on a roster basis from 9am until 9pm seven days per week.

## Health promotion

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

- Questions about lifestyle, including smoking and drinking alcohol, were part of the initial assessments that patients completed. This was then discussed at the initial consultation.
- Patients were advised to stop smoking at least six weeks before surgery and to continue to refrain for at least two weeks afterwards. They were also advised to avoid alcohol for at least one week before and two weeks after surgery. Patients were also given written information about potential risks and side-effects of continuing to smoke and drink alcohol.
- Staff provided advice to patients on managing their care after discharge. They encouraged patients to contact the service if they had any questions or concerns.

## 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, and they did not treat these patients, but referred them to suitable support services or their own GPs.**

- Following an initial consultation and assessment with a surgeon, each potential patient was given information about the planned procedure both verbally and in writing. The patient was then required to review the information over at least two weeks before returning to

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see the surgeon again, to confirm the decision to proceed with surgery and undergo a full pre-operative assessment. This was in line with guidance from the Royal College of Surgeons (RCS).

- Consultations included an assessment of the patient's psychological wellbeing. Psychologically vulnerable patients were identified and referred for appropriate psychological assessment, in line with RCS Professional Standards for Cosmetic Surgery 2016.
- Staff told us that the lead surgeon was clear and firm with patients whose expectations of surgical outcomes were unrealistic and/or whose preferred surgical intervention. They told us that he would explain the most viable option to patients and would decline to carry out inappropriate procedures.
- The service used the two-week 'cooling-off' period to liaise with the patient's GP and any other relevant healthcare professional, such as a counsellor or psychologist, given the patient's consent to do so. The registered manager told us that the service preferred not to treat anyone who did not consent to this process.
- The service ensured that, as well as the operating surgeon obtaining consent to proceed two weeks in advance and on the day of surgery, further consent was taken by another healthcare professional on the day of surgery, so that the patient had an additional opportunity to withdraw consent and decide not to proceed.
- Staff were aware of their responsibilities under the Mental Capacity Act 2005.
- Consent forms were audited regularly by an independent clinician. Audit records demonstrated that the service was following its consent procedure.

- Staff described to us how they treated patients with compassion, kindness, dignity, and respect.
- We observed staff introducing themselves to a patient and explaining their roles. They interacted with the patient in a respectful and considerate way. We also observed staff respecting and protecting the privacy and dignity of a patient attending theatre during our inspection,
- The patient we spoke with told us that staff were kind and helpful and gave her time to ask questions and make decisions.
- We examined six patient feedback surveys. Each showed that the patient had had a very positive experience when using the service and had found staff friendly, helpful, and compassionate.
- Feedback on the service's social media site was very positive.

## Emotional support

### Staff described how they provided emotional support to patients, families, and carers to minimise their distress.

- There were no incidences of patient distress during our inspection. We were therefore unable to observe the way staff dealt with this. However, they were able to explain to us what they would do in such a situation and how they would support anyone who was concerned or worried.
- Staff told us that they would answer any queries and offer support during the recovery period following surgery.

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

### Staff supported and involved patients and their chaperones to understand their surgical options and make decisions about their care and treatment.

- Information about fees was available on the service's website, and patients were provided with additional, clear, written information about the full charge for their proposed procedures at their initial consultations with the service.

## Are surgery services caring?

Good 

We rated caring as **good**.

### Compassionate care

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

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- Staff told us that a member of administrative staff would always be present during consultations and examinations and that patients could also bring their own chaperones.
- Although we were unable to observe any initial assessments or consultations, the lead clinician told us that he explained the available methods of achieving what they wanted to each potential patient. He would offer as much choice as possible within the bounds of what was appropriate and achievable.
- The records we reviewed recorded post-discharge support available for patients; they were given written information about accessing support in the 24 hours following their procedure.

## Are surgery services responsive?

Good 

We rated responsive 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 the communities served. It also worked with others in the wider system and local organisations to plan care.**

- Consultation appointments were available at a variety of times across weekdays.
- The service had links with an adjacent NHS trust acute hospital and a neighbouring private hospital and could refer people to those services if it was unable to provide the procedure that they required.
- The lead clinician had spent time researching rates of recovery in patients who had had cosmetic surgery procedures under general anaesthetic and comparing them with rates for those who had used local anaesthetic and/or sedation. He had analysed his findings and determined that use of local anaesthetic and/or sedation was far preferable for breast augmentation procedures, and he was keen to offer this service as a safe and less expensive alternative to surgery under general anaesthetic.

### 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 treated fit and healthy patients without any unstable medical condition. Those who did not meet these criteria were referred to their GPs or other appropriate NHS provider to ensure that they received the support they required.
- No one aged under 18 years was treated by the service, and the registered manager and administrative staff told us that the service would be very unlikely to treat anyone under 23 years old, so that it could be certain that its patients were fully-developed physically and emotionally mature enough to understand the implications of cosmetic surgery before going ahead.
- At initial consultation, those attending the service were given information leaflets about different options available and potential risks. This information was available in other languages and accessible formats if required.
- Following surgery, patients were given leaflets which explained what to expect as they recovered, to support the verbal information that they had already been given. These leaflets were also available in other languages and accessible formats if required.

### Access and flow

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

- Consultation appointments could be arranged via telephone call, request for call-back (via the service's website or social media site), or completion of an online webform. Consultations were available on weekdays from 9am to 8pm.
- Surgery was arranged at a date and time to suit the patient, so long as a surgical team could be assembled. The service was as flexible to patient preference as possible.
- There was no waiting list for surgery, and arrangements could be made quickly following the two-week 'cooling-off' period and the decision to proceed.



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- Staff told us that the lead clinician sometimes made changes to planned clinics and surgery times at relatively short-notice so that he could attend conferences and courses. Although no patient had complained about this to date, they felt it was unhelpful to the smooth running of the service.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated the possibility of concerns and complaints seriously and had processes to investigate them, to include patients in that investigation, and to share lessons learned with all staff.**

- The service had a clear and up-to-date complaints policy. Staff we spoke with were aware of the policy and of how to guide any patient who might wish to make a complaint.
- The complaints process appeared robust, with any concern identified being marked for review by the clinical lead. Actions to be taken, outcomes, and lessons learned were to be shared with all clinical teams and staff.
- Staff we spoke with told us that patients would be given opportunity to raise concerns with any staff member whilst at the service; all staff would know how to help a patient to access the complaints process. Staff said that they felt empowered to attempt to resolve situations themselves where appropriate.
- Leaflets explaining how to give feedback, and including the complaints policy, were available in reception, the waiting room, the consultation rooms, and day-bed rooms.
- The service had not received any complaints in the period from July 2018 to June 2019.
- Staff told us that they would expect to receive feedback following a complaint and to see changes to practice where appropriate.

## Are surgery services well-led?

Good



We rated well-led as **good**.

## Leadership

**Leaders had the integrity, 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.**

- The service was led by the registered manager, who was also owner of the business and its main surgeon and clinical lead. He was responsible for the governance of the service, as well as providing care and treatment to patients. His management of the service was supported by a full-time member of administrative staff.
- Staff we spoke with described the registered manager in positive terms. They said that he was visible, approachable, and would listen to their ideas and concerns. He spent some time at the service almost every day that it was open, even if it was not a clinic or theatre day. Whenever he was not on the premises, he was available by telephone.
- Administrative staff felt that the registered manager was somewhat resistant to change, even when they believed it could improve the service. Nonetheless, they accepted this as his right as the responsible individual for and owner of the service.
- Staff told us they felt that the registered manager had a genuine interest in staff development and they were supported to take up training opportunities.

## Vision and strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.**

- The registered manager told us that the service's vision was to provide high-quality and safe services for all patients, by constantly updating surgical skills and introducing increasingly effective techniques. He told us that he invested heavily in keeping his own surgical skills up-to-date and refreshed.
- Staff we spoke with understood the vision to provide high-quality and safe services for patients and were

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clear that the service's priorities were patient safety and practice-improvement through development of techniques and skills. They told us that these were the overriding focus of the service.

- The service's stated aim on its website and in its literature was to provide top quality services and advice from trusted and qualified sub-specialised medical professionals.

## Culture

**Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families, and staff could raise concerns without fear.**

- Staff told us that there was an open culture and they were comfortable with raising ideas and concerns with the registered manager. They also told us that they felt valued and that they were supported to carry out additional, appropriate training.
- Leaders, clinicians, and staff we met with and observed were welcoming, friendly, and helpful. All staff we spoke with were focused on the needs and experience of people using the service.
- Staff we spoke with expressed pride about and commitment to working for the service. They said that patient care and safety were priorities, and they worked well together to provide the best possible experience for patients.
- The registered manager told us that he would take action to address any behaviour or performance that was inconsistent with the vision and values of the service immediately.
- Administrative staff told us that they had some concerns about resistance to change in their areas of work, even though they felt that this might improve the service. They felt that they were the experts in their aspects of work and both they and the service would benefit from allowing them a degree of autonomy.
- Administrative staff also told us that they were often expected to work excessively late. However, they were always paid for their extra hours, and they enjoyed working at the service, so they felt that the long hours were a compromise that they had to accept.

- Marketing for the service appeared honest, responsible, and compliant with Committee of Advertising Practice (CAP) guidance.
- Every patient of the service was provided with a statement of terms and conditions and the amount and method of payment of fees.

## Governance

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

- The service had an up-to-date clinical governance policy, which provided a structure for governance processes. The policy referred to the production of a quarterly report for regular clinical governance meetings. However, at the time of our inspection, clinical governance meetings were ad hoc and there had been no written quarterly reports.
- Each clinician and member of staff reported directly to the registered manager. Staff told us that there was clear direction from the registered manager that everything must be done correctly and according to service policies and rules. Staff were clear about where to find and how to follow policies and procedures and understood their responsibilities in respect of these.
- The registered manager held weekly meetings with the administrative team to discuss and learn from the performance of the service. These were not being recorded at the time of our inspection, but the registered manager told us that he planned to keep minutes of future governance meetings.
- The registered manager granted practising privileges to surgeons inviting external first assistants, NHS staff, and others into theatres. All surgeons and other theatre staff were known personally to him. We examined staff folders for everyone currently working at the service and saw that each bore evidence of checks required by the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The service provided indemnity cover for all clinical staff who worked there under practising privileges via its insurance policy.

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## Managing risks, 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.**

- The service kept a risk register which detailed the main risks and issues it might face, along with appropriate mitigating actions. The main items on the register were inappropriate access to medicines, sharps injuries, clinical waste disposal, and medical emergencies. The register was reviewed regularly and kept up-to-date.
- An independent, risk-assessment contractor had carried out a health-and-safety audit of the service in February 2019. Its outcome report was positive, and there had been no remedial actions listed for the service to take.
- The service had a business continuity plan to be followed in the event of a severe threat or interruption to the service. The focus of the plan was to cancel all forthcoming activity and communicate as widely as possible with staff and patients until the service could be restored.
- The electricity supply to the theatre was supported by a battery-pack which would provide an hour of electricity in the case of a power failure. This would give the surgical team time to make the patient safe and arrange an emergency transfer should there be an electrical failure or interruption.
- The service was registered with the Medicines & Healthcare products Regulatory Agency (MHRA) Central Alerting System (CAS) so that it received medical-device and medicine alerts that may be relevant to its practice.
- We examined a sample of implants and found these to be compliant with MHRA requirements. All implants were documented in patient care-plans, the implants register, and the operations register. Each register contained patient contact detail and the site and side of each implant.

## Managing information

**Staff could find the information they needed, in easily accessible formats. The information systems were secure. Data and notifications were consistently submitted to external organisations as required.**

- Staff told us that they always had access to up-to-date, accurate, and comprehensive information on patients' care and treatment. Patient records were paper-based and well-organised.
- The services' policies and procedures were stored on the services' computers and in hard copy in the administration team's office. Staff were clear about where to find and how to follow the policies and procedures.
- Patient information and records were stored safely and securely in lockable cabinets, in line with the Data Protection Act 2018.
- Staff told us that there had never been any breach of data security at the service.

## Engagement

**Leaders and staff actively and openly engaged with patients and staff.**

- The service asked all patients to complete a post-surgery survey. We examined six of these surveys. Each showed that the patient had had a very positive experience when using the service and had found staff friendly, helpful, and compassionate.
- The registered manager held weekly meetings with the administrative team and was available daily for informal conversations.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services.**

- All staff we spoke with told us that the lead clinician was focused on patient safety and practice-improvement through development of techniques and skills. The lead clinician told us that he travelled extensively to attend conferences and workshops at which he could learn new skills and pick up innovative practice. This continuing exposure to the latest techniques and research had made him determined to offer as wide a range of cosmetic procedures as possible using local anaesthetic and/or sedation, rather than general anaesthetic, to promote increased safety, quicker recovery time, less pain, and fewer side effects for his patients.



# Outstanding practice and areas for improvement

## Outstanding practice

- Although the service did not use any general anaesthetic, and its surgeons were qualified to administer sedation and/or local anaesthetic themselves, the registered manager told us that, to ensure patient safety, no surgery was performed without an anaesthetist.

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should consider providing shower facilities for patients.
- The provider should consider providing shower facilities for staff.
- The provider should ensure that the process for laundering scrubs meets standards described by guidance from the Department of Health and Social Care for the decontamination of linen for health and social care management and provision.
- The provider should consider introducing formal staff appraisals for administrative and ancillary staff.
- The provider should implement its plan to keep minutes of its staff and governance meetings.