

Canova Medical

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	

Overall summary

This service is rated as Good overall. (Previous inspection May 2018 where the provider was compliant, but not rated).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

Canova Medical is a private clinic specialising in cosmetic and orthopaedic surgery related consultations, treatment and surgery based in Wilmslow, Cheshire.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Canova Medical provides a range of non-surgical cosmetic services which are not within CQC scope of registration. Therefore, we do not inspect or report on these services. Canova Medical was registered in respect of the provision of treatment of disease, disorder or injury and surgical procedures. This includes, blepharoplasty and labiaplasty carried out onsite using local anaesthesia.

A registered manager is in place. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an announced comprehensive inspection at Canova Medical as part of our inspection programme. At the time of the inspection there were no patients attending or receiving regulated services and we were unable to ask them about the service.

Our key findings were:

The service provided care in a way that kept patients safe and protected them from avoidable harm.

- Patients received effective care and treatment that met their needs.
- Risk assessments had been completed to assure the provider of the safety of the premises.
- The clinician received appropriate training to carry out their roles.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording incidents.
- The clinician maintained the necessary skills and competence to support the needs of patients.
- The clinician was up to date with current guidelines.
- The clinician was aware of, and complied with, the requirements of the Duty of Candour.

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Canova Medical

Canova Medical is registered with the Care Quality Commission to provide the regulated activity treatment of disease, disorder, or injury (TDDI) and surgical procedures from one registered location at the following address: 36A Alderley Road, Wilmslow, Cheshire SK9 1JX.

The clinic is open from 9am to 6pm Monday to Saturday.

<https://www.canovamedical.com/>

The service has a reception area and two clinical treatment rooms. The service is centrally located and there is on street and pay and display parking nearby.

The service is provided by a medical team, which includes an Orthopaedic Surgeon, Aesthetic doctor's and consultant plastic surgeons, supported by a service manager and therapist, who provide non-regulated activities. Canova Medical offers patients a range of services including; blepharoplasty and labiaplasty. In addition to the surgical cosmetic procedures which take place onsite under local anaesthetic, they also provide pre- and post-operative consultations for patients electing to have other surgery including orthopaedic, aesthetic and reconstructive surgery. The surgery is carried out within surgical facilities at private hospitals where the doctors have practising privileges.

Treatments are provided for adults aged 18 and over with appropriate consent. These services are available on a pre-bookable appointment basis. Patients can book appointments directly with the service by phone or online. The service is open for face-to-face and online consultations Monday to Saturday 9am to 6pm.

How we inspected this service

Before visiting we reviewed a range of information we hold about the service and information which was provided by the service before the inspection.

During the inspection:

- we spoke with the provider/clinician
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from
- reviewed a sample of treatment records
- looked at information the service used to deliver care and treatment plans

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

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

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard vulnerable adults from abuse.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The service had a policy to carry out Disclosure and Barring Service (DBS) checks for all staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control, this included regular audits.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.

Track record on safety and incidents

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. The provider understood their duty to raise concerns and report incidents and near misses. There was a process to review and investigate if things went wrong. At the time of the inspection there were no examples of learning because there had been no incidents recorded.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make informed decisions as to whether a person was suitable for surgery. It was evident the service would reject treatment that would be unsafe or unsuitable for any patient.
- Patients had consultation prior to any procedure being performed which included a full medical history and detailed outline of the proposed procedure, risk and benefits. All patients seeking treatment were given a cooling off period prior to treatment taking place and for those patients undergoing blepharoplasty and labiaplasty, they had a consultation with a psychologist prior to treatment.
- The clinicians kept up to date with current evidence-based practice and had established a peer group as a means of sharing learning, keeping up to date and having discussions with clinical colleagues, and hospital management.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Some patients came back to the clinic for different procedures.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements and had access to peers and specialists in the field to review work and discussion of complex cases.
- The service made improvements through the use of audits. These included audits of patients record and consent forms, patient satisfaction survey and reviews.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The provider who undertook all procedures, was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, when surgical procedures were taking place with the independent hospital.
- Before providing treatment, clinical staff ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

Are services effective?

- Where appropriate, patients were asked for consent to share details of their consultation and any procedure with their registered GP.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- We saw formal written consent was obtained for each procedure provided and included discussion around benefits, risks and any possible complications before any procedures were undertaken. Patients were asked if they consented to information, if appropriate, being shared with their GP and this was documented.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The feedback forms asked questions about the quality of care received. Feedback from patients was positive about the way staff treat people and this was consistent with the five-star reviews seen online. Please note the reviews covered all treatments including those not regulated.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were arranged for patients who did not have English as a first language.
- Feedback sought by the provider and online reviews showed patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Please note that the online reviews were not specific to regulated activities, but all treatments offered.
- Staff communicated with people in a way that they could understand.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Patients were seen in the privacy of the consulting room to maintain privacy and dignity during consultations or treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard and there was a policy in place to ensure there was sufficient time between patients coming in for surgery and for some surgery there would be only one patient onsite at any one time..
- A chaperone was available at all appointments.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

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

- Patients had timely access to initial assessment and any on-going treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

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

- At the time of the inspection the service has not received any complaints relating to regulated activities. The one complaint the service had received which wasn't related to a regulated activity, had been managed appropriately in line with good practice.
- The service had complaint policy and procedures in place, and they had system in place to keep patients informed of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

Culture

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

- Openness, honesty and transparency were demonstrated, and the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

Are services well-led?

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work, including the development of multi-disciplinary meetings with other surgeons to share learning and good practice.