

Southwest Veins Limited

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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?

Requires Improvement



Summary of findings

Overall summary

We had not inspected or rated this service 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 usually controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Not all medicines were managed well.
- Staff provided good care and treatment and gave patients pain relief when they needed it. Managers did not always monitor the effectiveness of the service. Staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care and took account of patients' individual needs, making 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. 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. Governance processes did not operate effectively throughout the service. There was not a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken. The provider was not compliant with Schedule 3 regarding recruitment.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

We had not rated this service 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. 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 accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

However:

- The provider did not seek assurance younger people seeking treatment were over the age of 18. The service did not perform hand hygiene audits. The service should store all medication in a locked cupboard. The provider immediately rectified this issue. The fridge temperature should be monitored daily while Glucagon was stored in there.
 - The service should review its policies to ensure they are fit for purpose. This includes formulating a training policy and management of sepsis policy and reviewing the recruitment and incident reporting policies. The records relating to people employed did not all contain information relating to the requirements under Schedule 3. The provider does not have systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken.
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Summary of findings

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Summary of this inspection

Background to Southwest Veins Limited

Southwest Veins Limited is the registered provider and is based at the Royal William Yard in Plymouth, which is the location for the management of the regulated activities. Southwest Veins provides Ultrasound Guided Foam Sclerotherapy (USGFS) for varicose veins and Microsclerotherapy for spider veins. Only USGFS is a regulated activity.

This is the first inspection of this service since registration in 2021. The service undertook 214 USGFS procedures and 357 'top up' procedures from September 2021 to September 2022 for adults over the age of 18 years. The service was provided for patients mainly in the south west, but patients from other areas are welcome. Patients paid for their treatment as no NHS care is provided for varicose veins for cosmetic reasons. The premises comprise of a reception and waiting area, consultation room and treatment room in a Grade 1 listed building.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led

The provider is registered to provide the following regulated activity:

- diagnostic and screening procedures
- treatment of disease, disorder or injury.

The location had two registered managers in post since 2021 and 2022. Registered managers have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

The provider employs two permanent staff and eight members of staff on zero hours contract, on a sessional basis.

We inspected this service using our comprehensive inspection methodology. We carried out the short notice announced inspection on 12 October 2022.

How we carried out this inspection

The inspection team of this location comprised of a CQC inspection manager and one CQC inspector. During the inspection, we spoke with two members of staff and five patients. We reviewed documents, procedures, records kept by the provider and inspected the premises.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Outstanding practice

We found the following outstanding practice:

- The batch number for each medicine used for individual patients was photographed and filed in their records. This meant there was a clear audit trail of medicines used for each patient and could not be misinterpreted.
- The information systems had excellent connectivity and bespoke software to enable good communication between systems.

Summary of this inspection

- Extensive follow up of patients by the provider was above and beyond the expectations for this type of procedure.

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 **MUST** take to improve:

- The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The provider did not do any formal auditing of the service provided therefore did not have a strategic overview of the quality of the service provided. Regulation 17 (2) (a)
- The provider must only employ 'fit and proper' staff. The provider must operate robust recruitment processes including undertaking any relevant checks. The provider did not have any employment records relating to people employed in the service relating to the requirements under Schedule 3. Regulation 19 (1) (a) (b) (c) (2) (3)

Action the service **SHOULD** take to improve:

- The service should ensure they have proper assurance younger people seeking treatment are over the age of 18 years.
- The service should measure the fridge temperature to ensure medication is stored at the correct temperature.
- The provider should review its policies to ensure they are fit for purpose.






Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are Surgery safe?

Good 

We had not rated this service before. We rated it as good.

Mandatory training

The service ensured staff completed mandatory training in key skills, however mandatory training was not provided by the service.

Staff received and kept up-to-date with their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training through their human resources electronic package. However, the provider did not have a training policy but listed the mandatory training to be undertaken which staff completed through their substantive posts within the NHS and private. Mandatory training was referred to in the recruitment policy but not state how often it should be repeated. Please see Well-led domain. Mandatory training achieved was 95%.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Mandatory training met the needs of patients and staff. Staff received annual training on sepsis management, including the use of sepsis screening tools, in immediate life support training through their substantive post in the NHS. These records were kept by the provider.

The provider was planning to hold scenario training for staff to manage emergency situations which could arise.

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 on how to recognise and report abuse at the correct level for their role. Staff knew how to make a safeguarding referral and who to inform if they had concerns. This was detailed in the providers safeguarding policy. The provider did not treat any patients under the age of 18 years. However, they did not seek assurance younger people seeking treatment were over the age of 18 years relying on three points of identification of name, date of birth and email address.

Surgery

Cleanliness, infection control and hygiene

The service usually 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.

The reception and clinical area were clean and had suitable furnishings which were clean and well-maintained.

The service generally performed well for cleanliness. The provider did not formally audit cleanliness but kept detailed records of all cleaning. The service did not perform hand hygiene audits and could not assure themselves that all staff adhered to the '5 points' of hand hygiene, please see well led domain. General cleaning was outsourced to an external company, but the nurses cleaned the treatment room. Staff cleaned equipment after every patient contact. Most of the equipment used was single use and disposable. Staff followed infection control principles including the use of personal protective equipment (PPE). The provider had not had any incidents of post procedure infections.

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. Staff carried out daily safety checks of specialist equipment. The service had suitable facilities to meet the needs of patients' families. The service had enough suitable equipment to help them to safely care for patients. Staff disposed of clinical waste safely and was disposed of by a specialist company.

Resuscitation equipment was checked regularly and kept in the treatment room. A defibrillator was available on the complex and was situated close to the provider premises.

The facilities and premises were appropriate for the services delivered. Although the building was Grade 1 listed, the internal layout was designed and tailored to requirements of the service and treatment delivered.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The service made sure patients knew who to contact to discuss complications or concerns.

Staff completed risk assessments for each patient at consultation, using a recognised tool, and patients were treated accordingly. Staff knew about and dealt with any specific risk issues especially the risk of venous thrombosis and allergic reactions. All patients had a risk assessment for venous thrombosis and prophylactic medication given before the procedure when identified to be at risk. Patients were asked if they had any allergies.

The clinic has an agreed criterion for selection and treatment of patients.

The service ensured the consultation took account of the Royal College of Surgeons professional Clinical Standards for Cosmetic Surgery. All consultations were recorded on the electronic system using a proforma. The providers website contained information and patient stories about the procedure and outcome and all patients were provided with a comprehensive patient information leaflet outlining the risks and possible complications.

Surgery

The provider completed the World Health Organisation (WHO) surgical checklist prior to each session of treatment. Surgical site marking was not considered necessary as the patient was awake and the procedure completed under local anaesthetic and ultrasound guidance. A debrief session was held for staff after treatments sessions.

There was no policy for sepsis management. However, Staff in the department received training on screening and management of sepsis through their NHS substantive posts. Treatment of sepsis was considered an emergency and staff were to follow resuscitation policy. It should be noted the provider had not reported any surgical site infections since registration.

Staff shared key information with patient's GP only with the patient's permission. The service ensured patients had contact details of a named suitably qualified person if they experienced complications or had concerns outside of normal working hours.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Bank and agency staff were not used.

The service had enough staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of staff needed for each treatment session. Staff rostered themselves on shifts and all shifts were covered. The service had no vacancies. If there were not enough staff to safely undertake treatments, patients would be cancelled and re-booked.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. Staff recorded all cosmetic implants on the Breast and Cosmetic Implant Registry (BCIR).

Patient notes were comprehensive and electronic. All staff could access them easily. All records were stored electronically and were highly encrypted.

Medicines

The service used systems and processes to safely prescribe, administer and record medicines. However, not all storage was appropriate.

Staff followed systems and processes to prescribe and administer medicines safely. All prescribing and re-ordering of medicines was completed electronically. Staff completed medicines records accurately and kept them up-to-date. The batch number for each medicine used for individual patients was photographed and filed in their records. Allergies were clearly documented.

While the sclerotherapy foam medicine was stored in a locked cupboard, the lignocaine (local anaesthetic), saline and water for injection were stored in an unlocked cupboard in the treatment room. These should also be stored in a locked cupboard. This was rectified immediately when brought to the attention of the provider.

The service used carbon dioxide medical gas during the procedure. This was stored and used appropriately.

The temperature of the fridge storing Glucagon (in case of an emergency situation of low blood sugar) was not monitored.

Surgery

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 actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents in line with the service's procedure. However, the incident procedure lacked detail, such as what constituted an incident or a near miss. It did not state how incidents should be managed or how learning was to be shared with staff and/or outside organisations.

Staff understood the duty of candour. There was evidence in a serious incident investigation, duty of candour had been applied. Staff received feedback from investigation of incidents.

Surgical site infection rates for the procedure were monitored. Patients received a follow up email after two weeks, a post-operative appointment after six weeks (this could be a video consultation if the patient wanted) and yearly follow up emails to check cosmetic results. Phlebitis (inflammation of a vein) was part of the healing process and does not constitute a surgical site infection. There were no surgical site infections reported since the company started.

The provider had signed up to receive patient safety alerts.

Are Surgery effective?

We had not rated this service 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. The service met cosmetic surgery standards published by the Royal College of Surgeons.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The provider ensured cosmetic surgery was managed in accordance with professional and expert guidance as published by the Royal College of Surgeons. Photographs were taken before the procedure and at six weeks post procedure to illustrate success. All patients had the necessary two weeks 'cooling off' period between consultation and the procedure being performed.

Patients were told when and how they needed to seek further help and advice if their condition deteriorated or if they were concerned. This was discussed at consultation and contained in the comprehensive patient information leaflet they were given.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

Patients received local anaesthetic before the procedure. If required, patients were provided with a 'rescue pack.' This contained pain relieving gel, an ice pack and compression stockings.

Surgery

Patient outcomes

Staff monitored the effectiveness of care and treatment.

Outcomes for patients were positive, consistent and met expectations of the patients. This was due to the extensive follow up of patients by the provider. They were followed up at two weeks, six months and yearly thereafter by email.

Patients were closely followed up post procedure. The provider was considering auditing the number of patients returning for 'top up' procedures when other veins became varicose.

Competent staff

The service made sure staff were competent for their roles.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers made sure staff attended team meetings or had access to full notes when they could not attend.

The surgeon was on the appropriate GMC specialist register for the area of cosmetic surgery they performed. There were no requisite numbers of procedures required for re-certification. The surgeon carrying out cosmetic surgery undertook relevant continuing professional development activities including in the area of professional behaviours through the NHS appraisal system annually.

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 to care for patients when necessary.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance and ensured patients gave consent in a two-stage process with a cooling off period of at least 14 days between stages. They understood how to support patients.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The surgeon carrying out the cosmetic surgery explained the expected outcomes and ensured the patient understood the expected outcomes and risks before agreeing to go ahead with surgery. Consent forms and speaking with patients provided evidence this was happening in practice. Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records.

The service provided evidence there was a minimum of two-week cooling off period between the patient agreeing to undergo cosmetic surgery and the surgery being performed (as set out in the Royal College of Surgeons Professional Standards for Cosmetic Surgery).

Surgery

Are Surgery caring?

Good 

We had not rated this service 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.

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.

During a consultation and a treatment clinic, we saw patients who used the service were active participants in their care. Individual preferences and needs were always reflected in how care was delivered. Feedback from patients to us was continually positive about the way they were treated. Patient feedback also included 'amazing first-class treatment', 'completely satisfied with the service and the team' and 'well done, have already recommended you to my work colleagues'.

Staff followed policy to keep patient care and treatment confidential.

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. We saw patients were respected and valued as individuals and empowered partners in their care. There was no pressure to undergo the procedure if the patient was hesitant.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. During treatments, all staff reassured patients throughout the whole procedure and would stop if the patient requested.

Staff understood the emotional and social impact 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. Staff talked with patients, families and carers in a way they could understand.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback was always positive.

Surgery

We saw staff supported patients to make informed decisions about their care. If patients were not experienced with electronic devices, all consultation and information were given face to face and by letter. Patients gave positive feedback about the service including 'it has been a very positive experience'.

There were appropriate and sensitive discussions about cost of the procedure. The cost was fixed even if further follow up treatment was required, with discount given if both legs were treated. The provider offered easy payment terms through a finance company. The provider also paid parking fees to keep patients costs down.

Are Surgery responsive?

Good 

We had not rated this service before. We rated it as good.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

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

The service cared for people with extra needs. All areas of the clinic were accessible by wheelchair and a ramp was available if required. There was a wheelchair accessible toilet and disabled parking close to the clinic within the complex.

Arrangements took account of individual needs of people being discharged. For example, if a patient had a long journey home, they were advised to break the journey up and stopping to walk for a few minutes, keeping mobile and active.

Services were delivered in a way to ensure flexibility, choice and continuity of care for patients. Patients could access services in a way and at a time to suit them.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. Managers worked to keep the number of cancelled appointments to a minimum. The service operated a 'cancellation of appointment' waiting list to ensure the clinic remained efficient.

There were details for patients to access advice, help and appropriate treatment in cases where they developed problems or concerns following discharge. This was contained in the patient information leaflet and explained at the initial consultation and after treatment.

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

Surgery

Technology was used to support timely access to care and treatment. Patients were able to make or change their own appointments online. Patients were also offered a video consultation to reduce travelling times.

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, would plan investigate them and share lessons learned with all staff. The service also planned to include patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern on their website. Staff understood the policy on complaints and knew how to handle them.

The service had not received any complaints regarding consultation, treatment or after care.

Are Surgery well-led?

Requires Improvement 

We had not rated this service before. We rated it as requires improvement.

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.

Leaders had the capacity and skills to deliver high-quality, sustainable care. The surgeon was knowledgeable about issues and priorities relating to the quality and future of services and understood the challenges. Leaders were visible and approachable and worked closely with staff, patients and relatives.

Vision and Strategy

The service had a vision for what it wanted to achieve developed with all staff. The vision and strategy were focused on the needs of the patient and capacity of the clinic.

The service had a clear vision to deliver high quality care for patients with the vision and values written in consultation with all staff.

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 felt respected, supported, valued and were proud to work for the service. The service focused on the needs of patients. There were positive working relationships between the different staff.

There was a system to ensure people using the service were provided with a statement of terms and conditions of the services being provided to the person, the amount and method of payment of fees.

Surgery

Governance

The governance processes did not operate effectively 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.

The arrangements for governance did not always operate effectively. There were no governance meeting notes to show governance was discussed. There was no assurance or auditing of systems or processes. The provider was unable to assure themselves how they assessed, monitored, and where required, improved quality and safety.

The providers policies were not always fit for purpose. The provider did not have a training policy to specify its mandatory and statutory training requirements and frequency of completion. The recruitment policy did not refer to compliance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and recruitment practices did not meet the requirements imposed by Schedule 3. The surgeon invited NHS staff and private hospital staff he worked with to work at the clinic. However, no checks were completed as required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

The surgeon carrying out cosmetic surgery has an appropriate level of valid professional indemnity insurance.

Management of risk, issues and performance

Leaders 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.

There was not a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken. The service did not have an audit programme.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions, recorded on the risk register. Risks were taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. The service also had a business continuity plan.

The provider was registered with the Medicines and Healthcare products Regulatory Agency Central Alerting System (CAS) to receive medical device and medicine alerts relevant to the services being provided.

The service had back up emergency generators in place in case of failure of essential services and water testing for Legionella provided by the Landlord.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed in easily accessible formats. The information systems were integrated and secure.

There were good arrangements which ensured the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards. The information systems had excellent connectivity and bespoke software. There had been no data security breaches.

Engagement

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

Surgery

The service encouraged and heard views and concerns from patients and staff. They ensured people considering or deciding to undergo cosmetic surgery were provided with the right information and considerations to take account of, to help them make the best decision about their choice of procedure.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services.

The service made use of an internal review of an incident and its learning. The surgeon was a member of the Venous Forum of the Royal College of Medicine and attended annual meetings.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Surgical procedures

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider must only employ 'fit and proper' staff. The provider must operate robust recruitment processes including undertaking any relevant checks. The provider did not have any employment records relating to people employed in the service relating to the requirements under Schedule 3. Regulation 19 (1) (a) (b) (c) (2) (3)

Regulated activity

Surgical procedures

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The provider did not do any formal auditing of the service provided therefore did not have a strategic overview of the quality of the service provided. Regulation 17 (2) (a)