Linia Bristol

Quality Report

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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

Summary of findings

Letter from the Chief Inspector of Hospitals

The clinic provides cosmetic surgery and outpatient services from Litfield House Medical Centre twice a month. The clinic carries out a limited number of surgical procedures under local anaesthetic. These procedures include breast augmentation, face and neck lifts and scar revision surgery.

We inspected Linia as part of our programme of comprehensive inspections of all independent healthcare providers on 11 and 12 October 2016. We did not carry out an unannounced inspection.

This inspection was a comprehensive inspection covering the domains of safe, effective, caring, responsive and well led.

We do not currently have a legal duty to rate cosmetic surgery services or the regulated activities they provide but we in our report we highlight good practice and issues that service providers need to improve.

We inspected and reported on the following core service:

- Surgery (cosmetic)

Our key findings were as follows:

Are services safe at this hospital/service

- There was a clear paper based incident reporting process at the clinic which staff were familiar with. There had been no incidents reported at the clinic between July 2015 and June 2016.
- Staff were familiar with the duty of candour regulation and had recently received training however, the clinic incident policy had not been updated to recognise the duty of candour regulation.
- There was comprehensive recording of all implants used during surgery on each individual patient.
- All staff at the clinic were 100% complaint with mandatory training.
- The operating surgeon carried out a comprehensive psychological assessment on patients at their initial consultation in line with best practice guidelines.

However

- There was no risk assessment to identify how safe staffing levels were determined in theatre according to the case mix and workload.
- The WHO checklist was not recorded contemporaneously when it was carried out in theatre.
- The clinic did not use an early warning system to identify a deteriorating patient however, the new patient pathway was due to include this.

Are services effective at this hospital/service

- The clinic followed evidence based guidelines for surgical site infection, pre-operative tests and venous thromboembolism.
- The Breast and Cosmetic Implant register was set up and ready for use at the clinic. The aim was to fully implement this into practice within three months.
- The clinic was engaged with the Private Healthcare Information Network to submit data in accordance with best practice guidelines however, the clinic were working through challenges with data inputting and were organising further training for the administration team.

Summary of findings

- A quality of life outcome measure was used both pre and post operatively with patients to monitor patient quality of life outcomes.
- The Medical Advisory Committee oversaw, granted and reviewed consultants practicing privileges.

However

- The clinic was not using the pre-operative checklist as recommended by the Royal College of Surgeons professional standards guidelines 2016.
- Q-PROMS outcome measures had not yet been implemented by the clinic as recommended by the Royal College of Surgeons professional standards guidelines 2016.
- The competency matrix lacked quality about how staff had met their competencies and who had signed them off as competent.

Are services caring at this hospital/service

- We received consistent positive feedback from patients we spoke with who had been to the clinic.
- Patients told us staff treated them as individuals and with compassion, respect and dignity.
- Staff provided patients with support before, during and after their procedure.
- Staff communicated well with patients. Patients we spoke with told us they were encouraged and given time to ask questions.
- The clinic encouraged patients to be supported by friends and family and welcomed them into consultations.
- Staff recognised patients who were anxious and tried to ensure they were first on the list for a procedure.
- There was a chaperone service available for patient use at the clinic.

Are services responsive at this hospital/service

- Services were planned and delivered to meet individual patient needs and in line with the facilities available at the location where the clinic was held.
- Operations were scheduled according to demand. There was always an hour between morning theatre sessions and afternoon outpatient consultations to ensure the clinic ran on time.
- The clinic operated a staggered admission process for patients coming in for procedures.
- There was a translation policy and staff had access to translators who could translate for patients whilst listening into consultations over a loudspeaker.
- There was a system to monitor and deal with complaints. There had been no complaints made about the clinic between July 2015 and June 2016.

Are services well led at this hospital/service

- There were plans to expand the Bristol service and recruitment for this was already underway.
- The clinic had started looking into moving towards the use of specific clinic coding as recommended by the Royal College of Surgeons Professional Standards in Cosmetic Surgery 2016 guidelines.
- Staff spoke highly of their leaders.
- The clinic engaged staff by using completing a yearly staff satisfaction survey.

Summary of findings

However

- Internal audits lacked quality and depth and were not providing effective assurance of safe and quality care.
- There was no risk assessment to demonstrate how staffing guidelines had been followed and there were adequate numbers of staff to cover the case mix and workload at the clinic.

However, there were also areas of where the provider needs to make improvements.

The provider must:

- Ensure the audit programme effectively assesses, monitors and improves the quality and the safety of the service. Ensure local audits are completed comprehensively and action plans are produced identifying how actions are to be implemented, monitored and within what timeframe
- To take action to ensure the incident and accident policy is update to include the duty of candour regulation.
- Ensure that staff at the clinic undertake a fire drill to ensure that all staff are aware of their role and responsibility in the event of a fire.

In addition the provider should:

- Ensure the MRSA screening policy reflects the procedure and practice at the clinic.
- Ensure the safety sharps closure mechanism remains closed when not in use.
- Ensure all staff decontaminate their hands in line with clinical guidelines.
- Ensure the cleaning checklist for the equipment is completed at the time the cleaning procedure takes place.
- Review the current system used to demonstrate equipment is cleaned prior to use due to the clinic sharing the facilities with other clinics.
- Ensure that a check of the resuscitation equipment and oxygen is carried out by the clinic on the day that clinics are held at Litfield House to provide assurance that equipment is available, in date and ready for use in the event if an emergency.
- Ensure that records are audited to ensure completion and compliance with all sections.
- Review the deteriorating patient policy to ensure it reflects the procedure followed at the clinic to call 999 in an emergency which all staff were familiar with.
- Ensure that competency matrix are completed thoroughly and provide detail to show the clinician had been observed as safely completing the activity or any comments or recommendations made for the member of staff.
- Ensure there is a risk assessment to identify how safe staffing numbers are determined by the case mix and workload of patients seen at the clinic.
- Ensure that the policy of recording of implanted prosthesis in patients is updated to include the Breast and Cosmetic Implant Register.
- Ensure staff complete the sign out section of the Five Steps to Safer Surgery WHO checklist contemporaneously and at the time the checklist is verbally completed in theatre and not at the patient bedside following surgery.
- Review the patient pathway to include a designated place to record pain monitoring
- Implement the pre-operative checklist is in use as recommended by the Royal College of Surgeons pre-operative checklist professional standards guidelines 2016.

Summary of findings

- Ensure regular audit of sedation used in theatre as recommended by the Royal College of Anaesthetists 2016.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery		We inspected, but did not rate the service. We found that: • Staff understood their responsibility and the system used to report incidents. • The clinic maintained records of implants used during surgery. • All patient records we reviewed were complete, legible, dated and signed. • Evidence base guidelines were followed to ensure effective care and treatment for patients. • The clinic was engaged with the Private Healthcare Information Network and working towards collecting the clinical datasets as recommended by the Royal College of Surgeons, but was experiencing challenges with data submission. • The clinic adhered to the Royal College of Surgeons professional standards for cosmetic surgery by ensuring a two week cooling off period prior to treatment. • Patients were treated with dignity, compassion and respect, staff took time to interact with patients and treated them as individuals. • Services were planned and delivered to meet people's needs. • The clinic operated a staggered admissions process. • Leaders were visible and approachable. • Staff completed a yearly staff satisfaction survey. **However** • We observed poor handwashing and use of personal protective equipment. • The WHO checklist was not completed contemporaneously. • There was no risk assessment to justify the numbers of staff required for theatre. • The clinic was not using the pre-operative checklist as recommended by the Royal College of Surgeons.

Summary of findings

- The clinic had not implemented the Q-PROMS quality of life questionnaires for specific cosmetic procedures as recommended by the Royal College of Surgeons.
- Internal audits lacked quality and depth and audit work was not providing effective assurance of safe and quality care.

Summary of findings

Contents

Linia Bristol

Services we looked at
Surgery (cosmetic)

Summary of this inspection

Background to Linia Bristol

Linia Bristol clinic is an independent cosmetic surgery clinic and part of Linia Limited. It provides privately funded surgical cosmetic treatment for adults. The clinic provides services under its trading name of Harley Health Village. The clinic is one of only two clinics registered under Linia Limited. The clinic sees patients from around Bristol however, not all patients would undergo their procedure at the clinic. Some patients would travel to the main clinic in London for this.

The clinic provides cosmetic surgery and outpatient services from Litfield House Medical Centre in Bristol twice a month and carries out a limited number of surgical procedures under local anaesthesia only.

The registered manager is also the Chief Executive Officer and has been in post since July 2015.

Our inspection team

Our inspection team was led by:

Inspection Lead: Stephanie Duncalf, Care Quality Commission inspector.

The team of two included CQC inspectors.

How we carried out this inspection

To carry out this inspection, we used a variety of sources of information. The organisation provided us with data, statements and evidence prior to our inspection. This followed a request to the organisation from CQC for a range of information which we request from all our independent healthcare organisations to be provided before our inspection.

We visited the clinic on 11 and 12 October 2016. We met and spoke with six patients. We talked to the staff running the Bristol clinic including the registered manager, the business manager, theatre manager, patient support officer, consultant surgeon and nurses.

We inspected all areas of the clinic and reviewed policies, procedures, training records, staff records and patient records. We also spoke to a sample of four patients over the telephone. We also reviewed comment cards the clinic had been handing out to patients in the weeks leading up to the inspection.

Information about Linia Bristol

Linia Bristol clinic is an independent cosmetic surgery clinic and part of Linia Limited. It provides privately funded surgical cosmetic treatments for adults. The clinic does not treat children or young people under the age of 18 years old.

The clinic provides cosmetic surgery and outpatient services from Litfield House Medical Centre twice a month. The clinic carries out a limited number of surgical procedures under local anaesthetic only. The clinic has performed 21 days case procedures and 124 outpatient consultations between July 2015 and June 2016. These procedures include 12 breast augmentation procedures, five face and neck lifts and four scar revision surgeries.

Summary of this inspection

Litfield House offers private consulting rooms and a day surgical suite which enables the clinic to perform a maximum of three surgical procedures during a morning clinic and an outpatient clinic during the afternoon.

The clinic has one consultant working under practicing privileges who attends the clinic with two nurses and a health care assistant. The business manager also attends the clinic.

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?

Summary

We found:

- Staff understood their responsibility to report incidents and were familiar with the reporting system
- There had been no incidents at the clinic between July 2015 and June 2016.
- There was a system in place to clean equipment in theatre.
- The clinic maintained records of implants used during surgery.
- There was a policy setting out safe and agreed criteria for selection and admission of patients and the clinic only operated on low risk, healthy patients.
- All five sets of patient records we reviewed were complete, legible, dated and signed.

However:

- Staff were not always observed to decontaminate their hands when moving between clinical areas. Personal protective equipment was not worn by staff on all occasions where it was required.
- The sign out section of the Surgical safety checklist was not completed contemporaneously.
- The deteriorating patient policy did not reflect what staff told us they would do in an emergency.
- There was no risk assessment to assess and determine numbers of staff required for theatre.

Are services effective?

We found:

- Evidence base guidelines were followed to ensure effective care and treatment for patients.
- The clinic was set up to start using the Breast and Cosmetic Implant Register
- The clinic was engaged with the Private Healthcare Information network and working towards collecting the clinical datasets as recommended by the Royal College of Surgeons.
- Pain was managed effectively.
- There was a specific induction checklist for the clinic.
- The clinic adhered to the Royal College of Surgeons professional standards for cosmetic surgery by ensuring a two week cooling off period prior to treatment.

Summary of this inspection

- Staff of all skill levels and mix worked well as a team.

However:

- The clinic was not using the pre-operative checklist as recommended by the Royal College of Surgeons.
- The clinic had not implemented the Q-PROMS quality of life questionnaires for specific cosmetic procedures as recommended by the Royal College of Surgeons

Are services caring?

We found

- Patients were treated with dignity, compassion and respect.
- Staff took the time to interact with patients and patients found staff to be supportive.
- Privacy and dignity was respected in all aspects of care.
- All the patients spoke very highly of the clinic, the staff and the care they received.
- Staff communicated with patients so they understood the care they received and were encouraged to ask questions.
- Patients were treated as individuals and their family and friends were involved with consultations.
- Staff understood the impact of the treatment on the patents wellbeing and actively supported patients with anxiety.

Are services responsive?

We found:

- Services were planned and delivered to meet people's needs.
- The operating schedule was arranged according to demand.
- There was good access to patient records.
- There was a translation service available at the clinic.
- The clinic had received no complaints between July 2015 and June 2016.

Are services well-led?

We found:

- The clinic was looking in setting up specific clinical coding for cosmetic procedures as recommended by the Royal College of Surgeons Professional Standards guidelines.
- There was a strategy to expand the service provided at the Bristol clinic and use locally based staff.
- Leaders were visible and approachable.
- Staff spoke highly of their leaders.
- Staff completed a yearly staff satisfaction survey.

However:

Summary of this inspection

- Internal audits lacked quality and depth and was not providing effective assurance of safe and quality care.
- There was no written risk assessment to provide assurance that theatre staffing was adequate.

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

Linia Bristol clinic is an independent cosmetic surgery clinic and part of Linia Limited. It provides care and treatment to privately funded patients. The clinic provides treatment for adults and not children.

The clinic provides cosmetic surgery and outpatient services from Litfield House Medical Centre in Bristol once or twice a month. This was determined by demand and if required for follow up consultations following surgery. The clinic carries out a limited number of surgical procedures under local anaesthesia only. The clinic had performed 21 days case procedures and 124 outpatient consultations between July 2015 and June 2016. These procedures included breast augmentation, face and neck lifts and scar revision surgery. The most common procedure carried out was 12 breast augmentations, followed by five scar revision surgeries and four face and neck lifts between July 2015 to June 2016. The clinic treats adults over the age of 18 years of age but does not treat children or young people.

Litfield House offers private consulting rooms, three beds for patients following their procedure and one day surgical suite which enabled the clinic to perform a maximum of three surgical procedures during a morning clinic and an outpatient clinic during the afternoon.

During our inspection we spoke with six staff including, the registered manager, business manager, theatre manager, consultant surgeon, nurses and six patients. We reviewed patient records. We also spoke to a sample of previous patients over the telephone. We also reviewed comment cards the clinic had been handing out to patients in the weeks leading up to the inspection.

Summary of findings

We inspected, but did not rate the service.

We found that:

- Staff understood their responsibility and the system used to report incidents.
- The clinic maintained records of implants used during surgery
- All five sets of patient records we reviewed were complete, legible, dated and signed.
- Evidence base guidelines were followed to ensure effective care and treatment for patients.
- The clinic was engaged with the Private Healthcare Information network and working towards collecting the clinical datasets as recommended by the Royal College of Surgeons.
- The clinic adhered to the Royal College of Surgeons professional standards for cosmetic surgery by ensuring a two week cooling off period prior to treatment.
- Patients were treated with dignity, compassion and respect.
- Staff took the time to interact with patients.
- Patients were treated as individuals.
- Services were planned and delivered to meet people's needs.
- The clinic operated a staggered admissions process.
- Leaders were visible and approachable.
- Staff completed a yearly staff satisfaction survey.

Surgery

However

- We observed some lack of adherence to policy for hand washing and use of personal protective equipment.
- The Five steps to safer surgery, World Health Organisation (WHO) checklist was not completed contemporaneously, at the time it was completed verbally.
- There was no risk assessment to identify how the clinic determined safe staffing numbers and skill mix required for theatre.
- The clinic was not using the pre-operative checklist as recommended by the Royal College of Surgeons.
- The clinic had not implemented the Q-PROMS quality of life questionnaires for specific cosmetic procedures as recommended by the Royal College of Surgeons.
- Internal audits lacked quality and depth and did not provide effective assurance of safe and quality care.

Are surgery services safe?

Incidents

- The clinic had a policy available for all staff on reporting incidents, accidents and critical incidents. These were available to staff in paper form at the main site in London where they also worked. All staff signed a form to state they had read the policies. Staff could go to the business manager for advice regarding policies and procedures whilst working at the Bristol clinic, however, policies were not accessible via the computer at the Bristol clinic. We observed paper copies of policies and procedures during our inspection which had been brought from London. There were no paper copies of the policies that remained at the Bristol Clinic The Business manager attended every clinic in Bristol.
- Staff were aware of their responsibilities to raise concerns and understood the process of how to log incidents. These were to be reported to either the theatre manager when he was working at the Bristol clinic or the business manager who would be at the Bristol site in his absence. The system used to report incidents was paper-based. All incidents were reviewed and investigated if required by the registered manager. There was a policy and system for staff to use to report incidents. The reporting system was paper-based requiring staff to complete a form, which was passed to the management team who had oversight of the incidents.
- The had been no clinical incidents or serious incidents reported at the Bristol clinic between July 2015 and June 2016.
- Feedback and learning from incidents was shared. Staff were able to give us an example of an incident which had happened in another clinic within the organisation and how practises had been changed as a result of this.
- There had been no never events and or surgical site infections recorded at the clinic between July 2015 and June 2016. Never events are incidents determined by the Department of Health as serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented correctly.

Duty of candour

- Staff were familiar with their responsibilities under the Duty of Candour regulation. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.This Regulation requires the provider to notify the relevant person that an incident causing moderate or serious harm has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology. Staff demonstrated an understanding of this and the actions that needed to be taken when patient treatment and care had gone wrong or not been satisfactory. There had been no requirement to implement the duty of candour at the clinic. However, the incidents and accident policy and the critical incident policy had not been updated to include reference to the duty of candour. The registered manager had made duty of candour theme of the month in August 2016 and had provided a presentation which we saw evidence of, to ensure staff awareness of this requirement.

Cleanliness, infection control and hygiene

- Staff were not consistently following procedures outlined in the hand hygiene policy with regards to handwashing and preventing the spread of infection.
- There was an infection, prevention and control policy that had been provided by an external company. The policy covered all aspects of infection prevention and control such as training, governance and audit required to meet regulations. There was not specific policy to determine the infection, prevention and control arrangements for the Bristol clinic, however, there was a hand hygiene policy specific to the clinic. The clinic could contact the external company for advice about infection control issues if required.
- The clinic was 99% compliant with their yearly infection prevention and control audit. The audit was carried out by a third party organisation in July 2016 and looked at 11 areas covering infection prevention and control. The clinic scored 100% for hand hygiene, decontamination of the clinical environment and waste management, whilst the clinic scored 92% for minimising the risk of cross contamination in clinical practice and 94% for sharps management. We observed an action plan from July 2016 identified the need for an automated process for cleaning operating theatre footwear in line with Standards and Recommendations for Safe Perioperative Practice (AfPP) 2011. There was no clog washer in place and the business manager confirmed cleaning the clogs with disinfectant wipes was acceptable. The action plan had not been amended to reflect this.
- We observed some staff were not consistently adhering to the policy for hand washing during our inspection and the infection control processes we observed did not correlate to the 100% achieved in the hand hygiene audit. There were sinks, hand gel and personal protective equipment such as gloves and aprons available in all clinical areas, However, we observed members of staff of all skill mix leaving patients rooms following intervention with patients without washing their hands. We also observed a member of staff leaving a clinical area without removing gloves. We also observed a member of staff leave a patients room without following hand washing procedures or using gel provided and returning to theatre whilst surgery was in progress. When we asked the staff member about this, we were told 'I have not touched the patient.' The clinic did not carry out their own local audits looking at hand washing.
- Disposable curtains were used in the clinic. During our inspection, we saw these were clean and in good condition, however, on checking a sample of the curtains, not all of them had the date they were last changed written on them. These were changed as part of the facilities maintenance programme by Litfield House, however due to there being no date recorded on the curtains detailing when they were last replaced. The clinic had no assurance that they met with infection, prevention and control requirements.
- The clinic did not routinely screen patients for Methicillin resistant Staphylococcus aureus, this was in line with guidance about MRSA screening from the Department of Health expert advisory committee on Antimicrobial Resistance and Healthcare Associated Infection. The clinic had a clear policy for MRSA screening and control, outlining the responsibilities around screening at the main London site but there was no rational as to why patients treated at the Bristol clinic were not routinely screened.
- There were systems and processes to reflect the use of the National Institute for Health and Care Excellence (NICE) CG74 guidelines for surgical site infection. The patient pathway contained a section for completion to

ensure pre-operative guidelines were followed. This had been modified as the clinic performed three specific procedures. We observed completed patient pathways containing this information from the five sets of notes we reviewed. The scrub nurse or theatre manager, depending on who was present on the day at the Bristol clinic completed the patient pathway. We also observed the information provided to patients about wound care following discharge from the clinic.

- There was a system to ensure the cleaning of equipment in theatre such as the operating table and the patient observation monitor. Equipment was cleaned between each patient. We saw completed equipment cleaning checklists from February 2016 and we observed this process taking place in theatre during our inspection. However, when we reviewed the checklist on the second day of our inspection, this had not been completed for the procedures completed the previous day. During our inspection, the theatre manager carried out these tasks, however in his absence, cleaning of equipment and recording this was the responsibility of the scrub nurse.
- There was a service level agreement which stated environmental cleaning of the clinic was provided by Litfield House. We inspected all areas of the clinic including the dirty utility room, clean utility room, store room, recovery areas and theatre. All areas were visibly clean. We saw the schedule of cleaning undertaken and it included the clean and dirty utility, theatre, recovery rooms, toilets, consulting rooms, offices, sluice, kitchen and the corridors. All schedules had been completed and signed daily since January 2016. This was available at reception of Litfield House for the Linia staff to access to gain assurance of cleaning of the building.
- The flooring in the clinic was in good condition and visibly clean. It was made of a hard-wearing material and extended partially up the wall which enhanced effective cleaning and decontamination.
- There was a system in place to manage service level agreements regarding building maintenance and cleaning, as Linia rented the facility from Litfield House. We observed service level agreements Litfield house had with various third party providers such as, maintenance for the main house and surgical suite, clinical waste, control of hazardous substances to health, certificates from the health and safety executive, for example fire door, electrical testing and buildings insurance. We saw the original copies of the agreements kept on file at Litfield House and were told, as these were updated and renewed, the practice manager for Litfield House would send a copy centrally to the main Linia site in London.
- Audit of decontamination management, linen management and waste management had scored 100% in July 2016. Waste was disposed of in the correct bags and the waste bins were clean, foot operated and had lids to close the bins..

Environment and equipment

- The environment and equipment at the clinic were well maintained however we did not see evidence that all the appropriate checks to ensure patients safety was checked each time the clinic ran at Bristol.
- Adult resuscitation equipment was available in the clinic and there was good access to this outside of the theatre if a patient deteriorated and an emergency situation arose. The equipment was checked daily by Litfield House and we saw evidence the checks had taken place however, the equipment was not tamper-evident. We saw no evidence of a checklist competed by the linia staff to demonstrate that they had checked the resuscitation equipment on the day they held a clinic at the Bristol location to provide assurance that equipment was available, in date and ready for use in the event of an emergency.
- Equipment was serviced, maintained and tested for electrical safety. All electrical equipment we saw during our inspection had an in-date safety check sticker attached to it. Servicing and maintenance of equipment was provided by Litfield House. We observed the service level agreement held by Litfield House managing these checks
- The recliners and chairs used in the clinic were made of a wipe clean material. They were visibly clean and in good condition at the time of our inspection. The chairs were used for the duration of our inspection over the course of the day by the same patient.
- The storage of equipment kept people safe. The store room was shared with different providers and we found it to be well organised and clean. All items were kept in

boxes on shelves with no items on the floor ensuring effective decontamination of the area. We carried out a check on items in the store belonging to Linia and found them all to be in good condition and in-date.

- The clinic recorded all implants used in an implant book to ensure the safety of the patient. We observed the implant book which recorded the implant used, the date the implant was used which recorded along with the individual patients details. Therefore, if an implant was recalled due to a fault, the clinic would be able to locate the patient and their details to inform them and take the appropriate actions required.
- Equipment, instruments and implants complied with the Medicines and Healthcare products Regulatory Agency (MHRA). The breast implants used at the Linia Bristol clinic were approved by the MHRA. Both the business manager and the registered manager would receive safety alerts from the MHRA and circulate these to staff as required.
- The clinic scored 94% for their audit in the management of sharps. This included the use of needles and their storage and disposal. We observed the action plan following this audit to ensure temporary closure of sharps bins when not in use. This mechanism was used to keep people safe from avoidable harm by preventing items from falling out. We observed poor compliance with the action plan relating to the sharps bins in theatre and the patient consultation rooms remaining open. Best practice guidelines state, when a sharps bin are not in use the box should be shut and the safety mechanism secured in place.
- The instruments and equipment used during surgery were all disposable. Disposable instruments were ordered centrally at the London site and delivered to the clinic location in Bristol. There was one set of single use general theatre instruments available in the store room. We were informed these were for emergencies only and there had not been an occasion where they had been required. If they were used, the equipment would be taken back to London in a locked box and sent for sterilisation. We were told that stock and the expiry dates were checked by the business manager on each visit to the Bristol location either once or twice monthly. We did not see any evidence of a checklist completed to demonstrate that stock check took place.
- Linia provided clinics at Litfield House twice a month. Theatre lists were provided one month in advance and staff ordered equipment as required. Stock was checked monthly by staff at the clinic to ensure the correct levels were maintained and the correct equipment was available. Excess or equipment not required was returned to one of the other clinic locations. The clinic had not cancelled any procedures due to unavailability of equipment.

Medicines

- Medicines were stocked and stored appropriately and safely in the theatre and there was a system in place to check the medicine stock at the clinic.
- Linia had their own lockable cupboard in theatre where medicines were stored. No controlled drugs were administered by the clinic.
- We observed complete medicine stock checks and expiry date checks which were carried out on every occasion the clinic visited the Bristol location. We observed completed records of checks from February 2016 until October 2016. There were no completed records for January and September 2016 as there was no clinic held in Bristol during these months. This was confirmed by the manager and also matched the other records of omitted checks we observed for the same months.
- Medicines were ordered centrally to replenish stocks and this was carried out by the theatre manager. Medicines to replenish stock would be brought to the Bristol clinic in a locked box by the business manager. There was an up-to-date medicines management policy which staff were familiar with.
- Allergies were clearly documented in the patient pathway. If a patient reported an allergy, a red allergy sticker was placed at the top of the front page in the pathway and the allergies handwritten onto the sticker.
- Medicines used on patients during surgery were brought to Bristol on the day of surgery. These would travel with the business manager in a locked medical box. None of the medicines transported to the clinic in Bristol for use in surgery required refrigeration.
- We checked the oxygen cylinders for use in an emergency. They were full, in good condition and we observed records that these had been checked daily by

Litfield House. They were stored with other emergency equipment and there was good access to them. There was no evidence to demonstrate that these had been check on the day of the clinic by the Linia staff. Records of all checks carried by Litfield House out were available at the reception at Litfield house.

- The clinic used a Diaemuls, an intravenous infusion for patients whilst they underwent their procedure. Diazemuls are a type of medication which relieve anxiety and had sedative and muscle relaxant properties during medical procedures. One of the licensed indications for use of Diazemuls is sedation during medical procedures. The clinic stated that Diazemuls were used for their muscle relaxant properties rather than sedation; however the use of Diazemuls would also cause sedation. Patients were having their physical observations such as blood pressure and oxygen saturations monitored throughout their procedure and staff were communicating with the patient throughout the procedure to monitor levels of conscious sedation in line with best practice guidelines from the Royal College of Anaesthetists 2016. Best practice guidance from the Royal College of Anaesthetists 2016 guidelines states oxygen should be given to sedated patients. The clinic was not providing oxygen to patients during their procedures. However, there were guidelines available which detailed when oxygen would be given to patients. The guidelines also detailed the close monitoring of the patient during their procedure. The clinic was not auditing the use of sedation in patients, which was a recommendation by the Royal College of Anaesthetists 2016 best practice guidelines.

Records

- The clinic kept an electronic record of patient details, appointments log and any communication or contact with the administration team on a central system held at the Peterborough base. The system was user and password protected to comply with information governance regulations and to maintain patient confidentiality. We were unable to observe this system during out inspection..
- During our inspection we did not see any unattended patient care records.
- All paper clinical records were completed on were held in the patient's medical file. These files were stored centrally at the London base. Medical files were brought to the Bristol clinic to ensure they were ready for use for patient appointments. These were transported in a locked suitcase which we saw. Staff we spoke with said patient care records were always available and they had not seen any patients without their care record.
- Records of implants used during surgery were held by the clinic. We observed the implant book where implants were recorded along with the individual patient's details. This information was also recorded in the patient's operative notes and a record in the form of a plastic card provided to the patient on discharge.
- All patient records from pre-operative consultations, operation records and follow up records were maintained in one single patient record. These records were kept in paper form. The clinic had a specific preoperative assessment booklet which was completed by the patient and reviewed by the surgeon at the pre-operative consultation and a peri-anaesthetic and peri-operative record and follow up consultation notes. We were told they were looking into electronic records however, at the time of out inspection this was in the early stages.
- All five sets of patient records we reviewed were complete, legible, dated and signed.
- The clinic did not audit patient records to ensure completion and compliance with all sections.

Safeguarding

- The clinic had clear systems and processes about safeguarding adults to ensure the safety of patients. This was displayed and clearly available for staff at the clinic.
- The safeguarding lead at the clinic was the business manager. Staff we spoke with could identify the safeguarding lead.
- The clinic had a safeguarding policy in place which set out clear guidance about the procedure staff needed to follow if they suspected any safeguarding issues. The policy also set out roles, responsibilities and clear lines of accountability.
- Staff were aware of their responsibilities about safeguarding and understood the processes for

reporting safeguarding concerns. We saw the policy and flow chart available to help staff with decision-making and reporting when they had concerns and there was access to this in the waiting area at the clinic. This information was also visible in the waiting area to patients.

- There had been no safeguarding alerts raised by any staff members at the clinic between July 2015 and June 2016.
- Compliance with adult and children safeguarding training at the clinic was 100%. This was renewed every three years. Staff we spoke with confirmed their safeguarding training was up to date and we saw evidence of this in their personnel files.

Mandatory training

- All staff received mandatory training. Mandatory training, depending on the requirement of the topic, was completed either yearly or three yearly. Staff completed annual training in basic life support, fire safety, infection prevention and control and information governance. Safeguarding adults and children, mental capacity and equality and diversity was carried out every three years. Manual handling was updated every two years.
- Mandatory training was provided by an external company. Training for staff was carried out during face to face teaching sessions at the main site in London. Staff unable to attend the training on the day were required to complete the training via e-learning to ensure they were compliantin all areas.
- Mandatory training compliance was 100% for all staff working at the Bristol clinic. We saw records of mandatory training and the date of completion recorded in the individual staff members human resources file. An electronic copy was also held centrally at the London site by the business manager. We were unable to observe the electronic record as this was held centrally at the London site. All staff we spoke with confirmed they had received mandatory training.
- All staff were trained in basic life support, with the operating surgeon trained in advanced life support. We observed certificates for all staff demonstrating their training was in date.

Assessing and responding to patient risk

- The clinic had a policy setting out safe and agreed criteria for selection and admission of patients and only operated on low risk, healthy patients. This was because the clinic did not have the facilities to manage patients with a higher level of risk for surgery. The policy listed patient groups who would not be accepted to the clinic due to other medical or health conditions which posed an increased risk associated if they underwent a procedure.
- Patients were risk assessed for VTE as part of the pre-operative consultation pathway. All patients wore anti-embolism stockings which were fitted and monitored in accordance with the NICE QS3 guidelines for VTE. The clinic also had a clear policy regarding VTE assessment and management.
- The clinic had a deteriorating patient escalation policy however, it did not reflect what staff informed us would happen in this situation. Staff told us if a patient deteriorated, they would call 999 for them to be transferred to the local NHS trust. The policy did not reflect this was the procedure.
- There was a policy for transferring patients in the event of a medical emergency.. Staff we spoke with said if a patient required transfer to a nearby NHS acute hospital with an emergency department they would call for an emergency ambulance. There was a policy for transferring patients in the event of a medical emergency. Staff we spoke with said if a patient required transfer to a nearby NHS acute hospital with an emergency department they would call for an emergency ambulance. However, the hospital also had a service level agreement with the local ambulance service for the transfer of patients if required. The clinic reported they had never had to transfer a patient to an acute NHS hospital.
- Patients were monitored by the nursing staff for a number of clinical and physiological markers during and following surgery. This included for example, patients' blood pressure and respiratory measures. However, the National Early Warning Score (NEWS) system to detect patients who may be at risk of deterioration, by allocating scores according to observations such as blood pressure, pulse rate and temperature was not used. The NEWS system assists staff in recognising unwell or deteriorating patients. If the scores trigger concerns, depending on what it is there are different

protocols to follow. The system was used in another clinic within the Linia group but not at this location as staff told us the risk was less due to the type of surgery offered. We were told the patient pathway was currently being updated to include a version of the National Early Warning Score system. The pathway was due to be reviewed by the Medical Advisory Committee at the next meeting in October. We were unable to see a copy of the updated pathway during the inspection however we were told it was due to be implemented in the next three months.

- The clinic assessed all patients to ensure their psychological wellbeing was considered in line with the Royal College of Surgeons recommendations for cosmetic surgery. All patients were seen by the operating surgeon prior to any procedure being carried out. All patients underwent a full comprehensive psychological assessment in the pre-operative assessment which was reviewed and discussed with the operating surgeon. We observed a new patient consultation where this was discussed with the patient. Patients also completed a psychosocial questionnaire which helped to elicit psychosocial symptoms and obsessive behaviour and ensured patients were able to make an informed decision about going ahead with treatment. Patients who demonstrated vulnerable psychological symptoms would be referred back to their GP for further assessment and treatment if they consented to this. This situation had never occurred at the clinic.
- The internationally recognised Five steps to safer surgery, World Health Organisation (WHO) surgical checklist was used to ensure patient safety throughout the patient journey. The checklist formed part of a process carried out to scrutinise all safety elements of a patient's operation/procedure before and after. This included, for example, checking it was the correct patient, the correct operating site, consent had been given, and all the staff were clear in their roles and responsibilities. The review checked all equipment was present and functioning, and all used instruments and swabs accounted for. This included marking of the surgical site which we observed prior to surgery taking place. The clinic used a modified version of the WHO checklist, tailored to the procedures carried out under local anaesthetic. We observed the WHO checklist being verbally completed by the theatre team during our inspection. However, we saw on two occasions the WHO checklist was not completed contemporaneously at the time the verbal check was carried out in theatre. On one occasion, we observed the sign out take place at the patient's bedside after they had left the operating theatre. We observed five sets of archived patient notes where the WHO checklist had been completed. An audit carried out by the clinic of 10 patient notes completed between July 2015 and June 2016 had demonstrated 100% compliance with the WHO checklist.
- There was a 24 hour emergency telephone line patients could call following discharge from day surgery. We observed the list of contact numbers provided to the patient on discharge. These were explained to the patient. The patients had the direct contact number of the operating surgeon, the business manager, who also acted as patient support officer and the telephone number for the main Linia location in London. We spoke with one patient who had called the consultant late one evening with a concern, they informed us the surgeon was very helpful and did not try to rush her off the telephone despite the fact she had called late in the evening. The consultant routinely telephoned all patients the day after their surgery to check their progress and to see how they were.
- The clinic had a procedure in place in case an unplanned return to theatre was required, however, we were told, due to the low risk procedures were performed on patients this situation was unlikely to arise. There had been no unplanned returns to theatre between July 2015 and June 2016. However, there was a procedure whereby the clinic had a service level agreement with a local ambulance company who would bring the patient up to the main clinic in London for unplanned, non-emergency surgery if this situation ever arose.
- There were arrangements in place to respond to emergencies when patients were in theatre. There was an emergency call bell available which would ring and the location would be displayed on be displayed on a screen on located on the same floor. This would alert other staff in the area of the emergency who would then go to help. There was also a telephone for use where

reception staff could be called if extra help was needed. We saw records which demonstrated all Litfield house staff were trained in basic life support and this training was in date. This situation had not arisen at the clinic.

- In the case of an emergency, staff told us they would press an emergency bell for assistance and telephone for an ambulance. All staff were trained in basic life support and one member of staff was trained in advanced life support.

Nursing staffing

- There was no risk assessment to demonstrate how staffing levels and skill mix were planned to ensure the safe care and treatment of patients.
- There was no standard operating procedure available to demonstrate how the clinic had determined staffing levels were safe for the types of patients undergoing surgery and anaesthesia. The clinic followed the Association of Perioperative Practice and the British Society of Day Surgery guidelines to determine theatre staffing levels. The theatre staffing rota was completed by the theatre manager. All procedures at the clinic were carried out under local anaesthesia using a mild sedative. Theatre lists consisted of mainly two or rarely a maximum of three patients per session. We observed the staffing rotas from April to July 2016 which demonstrated there was one registered nurse and a healthcare assistant on duty at each clinic. The business manager could also attend theatre in capacity as a healthcare assistant if required. This was confirmed verbally by members of staff. However, in June and August, there was only one nurse and the business manager on the rota to work at the Bristol clinic. The clinic carried out informal risk assessments using the pre-operative questionnaire and on the day of inspection to ensure there were a safe number of staff to carry out procedures; however, there was no formalised risk assessment documentation available, to demonstrate the staffing numbers had been risk assessed as safe for the case mix and workload for theatre during a specific clinic. Staff told us the safe staffing level in theatre was decided by the operating surgeon using the pre-operative risk assessment however, there was no formal documentation of this.
- The nursing staff at the clinic were multi skilled and worked across theatre and recovery. The healthcare assistant at the time of our inspection was new to the clinic and was there in a shadowing capacity. During our inspection, the healthcare assistance (HCA) was observing practice and the business manager was working in her capacity as a HCA which occurred frequently at the Bristol clinic.
- No agency or bank staff were used at the Linia Bristol Clinic between July 2015 and June 2016. All the staff working at the clinic were employed by Linia and worked at a different Linia location when they were not attending the Bristol clinic.

Surgical staffing

- The clinic was consultant led and they were responsible for all patients who attended the clinic.
- There was one consultant who held practicing privileges to work at the Bristol clinic who was trained to carry out procedures under local anaesthetic.
- The consultant was available to contact 24 hours a day seven days a week. On discharge, each patient was given the direct mobile number of the surgeon and we observed this being provided as part of the discharge pack. Once all patients had been discharged from the clinic, the team would return to the main base in London. Although the consultant was not available in person, if patients had any concerns they were able to take pictures and send these to the consultant via text message to a designated work mobile phone for him to review. There was a service level agreement with a local ambulance company to transport a patient up to the main clinic in London for an urgent consultation if required. This situation had never arisen.

Major incident awareness and training

- Fire training took place on a Wednesday at the location of the Bristol clinic however, the clinic never ran on a Wednesday. The staff working at the Bristol clinic had participated in fire training and had been issued with the protocol for Litfield house and trained to comply with the protocol. The business manager told us the practice manager would inform Linia of any changes or updates in regards to there being a fire at the location and this information would be passed on to the staff.

Staff working at the Bristol clinic told us they had never physically practised an emergency fire drill. Practising this ensured staff knew their role and responsibilities in the event of a fire.

Are surgery services effective?

Evidence-based care and treatment

- Evidence-based guidelines were used to develop how services, care and treatment were delivered. Care was provided in line with guidance from the National Institute for Health and Care Excellence (NICE). For example, routine pre-operative tests for elective surgery (NG45) and surgical site infection (CG74) were followed. Surgical site infection guidance was included in the patient peri-operative pathway. We also observed the clinic policy for preoperative tests in line with NICE best practice guidelines. The clinic followed evidence based guidelines regarding the assessment of venous thromboembolism (VTE). Patients were risk assessed for VTE as part of the pre-operative consultation pathway. All patients wore anti-embolism stockings which were fitted and monitored in accordance with the NICE QS3 guidelines for VTE. The clinic also had a clear policy regarding VTE assessment and management.
- Each patient had a full comprehensive psychological assessment in line with the Royal College of Surgeons Professional Standards guidelines. Patients also completed a psychosocial questionnaire which helped to elicit psychosocial symptoms and obsessive behaviour. Further questioning during the pre-operative consultation helped to determine the patient's psychological wellbeing to ensure they were a stable candidate for cosmetic surgery. The assessment and questionnaire helped to identify episodes of
- The clinic was prepared to start using the Breast and Cosmetic Implant Register. At the time of our inspection, the register had only been live for two weeks. We observed the new consent form required for patients to complete prior to having their details entered on the register and the information leaflet which accompanied this. At the time of our inspection, we were told by one member of staff at the clinic had started to use the implant register, however during our inspection, the patient who would have been eligible to have their details put onto the register was not provided with the information or the consent form. When we checked this with another member of staff, we were informed, due to the patient not having been provided with the information prior to admission, it was not appropriate to introduce this to the patient on the day of surgery due to the risk of increasing anxiety. The registered manager aimed to have this fully implemented within three months. We observed the implant book used by the clinic to log any implants used along with the patients name and the date the implant was used. We also observed the clinic policy on the recording of implanted prosthesis in patients. This had not been updated to include the Breast and Cosmetic Implant Registry.
- The Royal College of Surgeons had recommended and recently introduced a pre-operative checklist, to be completed with the patient prior to signing the consent form. The checklist could also be used as an audit tool to provide assurance that best practice guidelines around the consenting process were being consistently upheld by the operating surgeon. The component parts of the checklist, for example explanation of the risks of surgery were recorded in the pre-operative assessment and in the information pack emailed to the patient, however, the clinic was not using the checklist. We discussed this with the registered manager who told us all of the component parts of the checklist were incorporated into the patient consultation, consent form and information pack therefore, the checklist was not required.

Pain relief

- The clinic managed patients' pain both intraoperatively and post operatively. Patients were given long acting pain medication during their operation. Patients told us staff constantly checked their level of pain during their stay at the clinic. Staff told us they used a numerical scale to rate pain however, there was nowhere to record pain on the patient pathway to demonstrate it had been formally addressed even if the patient did not have any pain.
- Patients were provided with pain medication on discharge. We observed the operating consultant discuss this with the patient and a written information sheet was also provided in the discharge pack with clear instruction about how and when to take the pain medication provided.

- The clinic audited pain experience by the patient on a yearly basis. This was taken from the patient questionnaire which was completed by the patient before they were discharged. Between July 2015 and June 2016, out of the 21 questionnaires audited, four patients reported they experienced pain however, it was dealt with promptly. The report from the audit did not demonstrate these four episodes of pain had been investigated to identify any learning or changes in practice. All patients we spoke with told us nurses regularly checked their pain was under control. Patients told us their pain was well managed and the pain relief they were provided with for their procedure was very effective.
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Nutrition and hydration

- The clinic ensured patient's nutrition and hydration needs were sufficiently met. Patients told us they were provided with a choice of sandwiches and salads following their surgery and they felt there was plenty of choice. Hot and cold drinks were available for patients and their relatives or visitors.
- Patients undergoing operations or other procedures were given appropriate instructions about eating and drinking prior to their procedure. We observed the information booklet sent out to patients prior to their pre-operative assessment detailing what they could or could not eat and/or drink prior to their operation or procedure and the fasting time periods required. Nutrition, hydration and nausea were markers used to identify when a patient was safe for discharge. There was no section in the patient pathway to record whether nausea has been addressed. Staff told us this would be documented in the 'events after the operation' section on the pathway if this was an issue for the patient post-surgery. Patients had to have eaten and had a drink without any sickness to meet part of the discharge criteria.

Patient outcomes

- The clinic was trying to engage with the Private Healthcare Information Network (PHIN) to enable data to be submitted in accordance with legal requirements regulated by the Competition Markets Authority. The clinic had also altered the patient booking form, medical history documents and the inpatient pathways to incorporate PHIN codes for each patient. We observed evidence of an email had been sent to the operating surgeon regarding the new process and this had also been discussed in the July 2016 Medical Advisory Committee meeting. The clinic had planned for a smooth transition and had asked all staff to start using the new documentation including individual PHIN codes from August 2016 to enable them to address any issues prior to the official start date in September 2016. At the time of our inspection, the registered manager told us the clinic was still not fully complaint with submitting the data and the system was not user-friendly. The registered manager was planning to arrange training with PHIN for a member of the administration team to try and improve the understanding and use of the system. We were unable to observe the system as this was held centrally at the administration office for the clinic.
- The clinic used a quality of life outcome measure (the to identify the effectiveness of the treatment provided. The outcome measure was used both pre and post-surgery and at the one year follow up appointment with all patients. The results of the quality of life measure used were audited yearly. Between July 2015 and June 2016, all 10 patients audited had identified improved confidence, self-esteem and stated surgery had made a positive difference to their life.
- The clinic was not using the Q-PROMS (outcome measures, tested for their reliability for use with cosmetic surgery procedures) recommended for use by the Royal College of Surgeons professional standards for cosmetic surgery 2016 guidelines. These measures were procedure specific and were recommended for use both pre and post operatively with patients. At the time of our inspection, the registered manager was aiming to implement these within three months.
- The service reviewed care and treatment through local audit. The clinic audited patient quality of life pre and post operatively, The Five steps to safer surgery, World Health Organisation (WHO) surgical checklist, pain and consent. Infection control was audited by an external third party company. The audits were carried out yearly but lacked further investigation into areas where 100% compliance was not achieved. The operating surgeon followed up on patient's progress and outcomes following surgery. A follow up consultation was booked

with the operating surgeon at two weeks, three months and nine months following a procedure. This enabled the operating surgeon to review the results of the surgery at different stages of the healing process and the effect surgery had on the patient. Appointments were scheduled by the business manager and booked by the administration team who were based in Peterborough.

- Patients were reviewed the day after a procedure was carried out. The consultant would call all patients the day after their procedure to see how they were managing following their surgery and if they had any problems or concerns. The call and discussion was logged on a new electronic system being trialled. The clinic carried out an annual infection and wound healing audit. They reported no surgical site infections and two cases of minor wound healing problems in 21 patients (9.5%). There had been two minor would healing issues in December 2015 and April 2016 which had occurred due to mechanical breakdown. No infection was found however, one patient was given a prophylactic dose of antibiotics. The clinic did not provide us with evidence of action plans to improve or prevent these occurring in the future.

Competent staff

- Staff were provided with appropriate training to meet the needs of the patients. All staff were trained in basic life support and one member of staff was trained in advanced life support. This demonstrated compliance with the Royal College of Anaesthetists 2016 guidelines ensuring staff were trained to the correct level when a mild sedative was used for procedures.
- Staff we spoke with said they were offered additional training for their role which was funded by the clinic. Staff said they had identified further training opportunities in their yearly appraisal which had been agreed by their manager.
- The clinic demonstrated compliance with yearly appraisals, to ensure staff were competent in their role and to determine on going professional development. There was 100% compliance for all staff at the clinic with yearly appraisals. We observed action plans for staff development following their appraisal.
- The Medical Advisory Committee (MAC) granted and reviewed doctors practicing privileges. The MAC met quarterly and would discuss practicing privileges as required. There was one surgeon with practicing privileges to work at the clinic and this was reviewed on a two yearly basis. We observed checklists and documents provided to surgeons who had applied for practising privileges which set out their roles, responsibility and accountability while working at the clinic. We observed completed copies of the documents and a checklist in the surgeons file.
- The hospital had a system to ensure consultants working under practicing privileges were competent to carry out their role. Consultants worked under practising privileges and were approved by the MAC prior to working at the clinic. The clinic had a responsible officer who checked and maintained the practicing privileges file on a quarterly basis. The yearly appraisal demonstrated the staff member had maintained competencies to continue to perform the role they carried. This demonstrated their fitness to practice which ensured patient safety. A copy of their appraisal was sent to the registered manager once completed. Only consultants having the clinical expertise and experience to carry out procedures under local anaesthetic could work at the Bristol clinic. The clinic had one doctor working under practicing privileges who had carried out between all 21 episodes of care between July 2015 and June 2016.
- Doctors working under practicing privileges for the clinic were checked for their fitness to practice. The clinic had a register and this included checks for valid medical indemnity insurance, Disclosure and Barring Service (DBS), annual appraisals and registration. The records were kept electronically and a member of staff was appointed to check the register to ensure check documentation was in-date. We were unable to access the electronic register as it was held in another location however, we reviewed the file for the doctor working under practicing privileges at the clinic and the documents were available in paper-form and they were up-to-date.
- Staff employed by the clinic had employment checks. This included DBS checks and relevant professional registration. We checked files for staff working at the clinic and these were available and up-to-date. There was a new member of staff working at the clinic during our inspection and their file was not available.

- Staff who were employed by Linia in the Bristol clinic worked in similar roles either within the organisation or in the NHS.
- The registered manager was assured the responsible officer was competent to carry out the role and maintained their competency to do this. We observed a letter from the responsible officer to the registered manager detailing the dates of the meetings that would be attended over the next year to maintain and update their knowledge and skills to remain in the responsible officer role.
- There was a process in place to ensure the operating surgeon was only carrying out surgery they were competent to perform. The surgeon had a yearly appraisal with a responsible officer and would also be revalidated every five years. The surgeon would not be signed off as competent unless they provided proof of competence for example; relevant continuing professional development had been undertaken. A copy of the signed off document was sent to the registered manager for their records. We saw an in date appraisal and revalidation for the operating surgeon at the clinic.
- The clinic had a competency matrix which was completed by registered nurses and healthcare assistants and was specific to their roles. We observed a completed competency matrix for both the registered nurse and the healthcare assistant (HCA) however, they had not been dated as to when they were completed and each box was filled in with 'met.' The business manager also worked as a HCA had also completed the HCA competencies. However, there was no detail to show the clinician had been observed as safely completing the activity or any comments or recommendations made for the member of staff.
- There was a specific induction checklist for use at the Bristol clinic with new staff. We observed a completed checklist for a new healthcare assistant who had recently been inducted at the clinic and was waiting to complete the clinical induction. The induction consisted of two parts. The business manager carried out part of the induction to the environment and working day at the Bristol clinic. The clinical element was carried out at the main site in London by the theatre manager. The induction was completed over a six week period. The new healthcare assistant could not speak highly enough of the team and the support they had received.
- The operating surgeon at the clinic practiced under the 'Grandfather Law' outlined by the General Medical Council (GMC), if a surgeon had been practising cosmetic surgery since before 2002, there was no requirement to be on the GMC specialist register. We observed records demonstrating the operating surgeon was suitably qualified, skilled and experienced to carry the role. However, the Royal College of Surgeons (RCS) guidelines 2016 recommend that all cosmetic surgeons should look towards obtaining the RCS certification, which demonstrates the skills and qualifications of the surgeon in regards to each procedure they carried out. This was voluntary at the time of our inspection. However, the certification is deemed to be best practice by the RCS and there had been a standard set which all surgeons should have applied for this by September 2017. Only surgeons on the GMC specialist register would be eligible to apply to apply for the RCS certification.

Multidisciplinary working

- There was good multidisciplinary working between staff at the clinic. It was a small clinic where the staff had worked together a long time and knew each other well. Staff were therefore aware of the different strengths and experience they each had and could use these during consultations and both pre and post operatively. All the staff were clear that the operating surgeon had overall responsibility for the patients who attended the clinic.
- Staff we spoke with talked highly of the close team working environment. We observed staff constantly communicating with each other throughout the inspection. On the day of our inspection there were six members of the team present at the clinic however, this was unusual and there would only usually be four members of staff at one time. The business manager supported the team clinically as healthcare assistant when required.
- Services were planned so patients were discharged at an appropriate time. Surgical procedures were performed in the morning so patients had sufficient time to recover before being discharged home later the same day.
- The clinic ensured relevant information was shared appropriately. Patients were given the option to decline information being sent to their GP about the procedure

they had and signed to say they did not want their GP to be informed. Staff we spoke with said if they thought the information should be shared with the GP they would discuss this with the patient.

Seven-day services

- The clinic did not provide a seven day service but did provide a 24 hour, seven days a week emergency contact line directly to the operating surgeon and the business manager. Patients were provided with an information sheet containing these telephone numbers on discharge from the clinic. Patients we spoke with said when they had used the contact numbers they had always found the service very responsive and helpful.

Access to information

- The clinic did not automatically share information with the patient's GP. Patients had to sign to consent they did not want their GP to know they had been to the clinic. We observed the section of the patient record where this was discussed with patients. We were told the majority of patients signed to say they did not want their GP involved.
- Patients were provided with the details of the implant which had been used during surgery and the information was provided with the implant. This information was also recorded in the patient records and in the implant book. Patients were provided with a plastic card which provided information about the implants used during their procedure which they were expected to keep in case further treatment was required.
- There was good access to patients' medical records. These were brought to the clinic but were held centrally at the London site. There had never been an occasion where a patient record had not been available, There was a back-up plan in case the situation arose where records could be faxed or emailed to the staff at the clinic if required.
- Patients had access to information in the waiting room at the clinic. Files had been put together to provide patients with information about the procedures the clinic performed, articles written and research carried out by the operating consultant at the clinic. Information regarding the operating surgeon including his skills and experience was also available for the patients.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The clinic adhered to the Royal College of Surgeons professional standards for cosmetic surgery by ensuring there was a two week cooling off period prior to any treatment being carried out at the clinic. The clinic had a clear policy outlining the two week cooling off period in line with best practice guidelines. We also observed five sets of notes which all demonstrated the two week cooling off period had been upheld. Also, the clinic only ran twice monthly from the Bristol which also ensured the two week cooling off period was upheld.
- The operating surgeon explained the risks of surgery and ensured the patients understood the expected outcomes of surgery before going ahead with the procedure. We observed a detailed discussion between a patient and the operating surgeon during our inspection. Outcomes and risks were explained to patients before agreeing to go ahead with surgery and the risks were also provided as part of the information pack emailed to patients along with the consent form. One of the patients we spoke with said they were fully informed of the risks, expectations and outcomes at their initial consultation. Patients were expected to sign the copy of the consent form they had been emailed for their own records and sign the another consent form again on the day of their procedure along with the operating surgeon. The consenting process was in line with the Royal College of Surgeons 2016 guidelines.
- Staff received training in the Mental Capacity Act 2005. Training was completed three yearly during a face to face session at the main site in London. We observed records for staff at the Bristol clinic demonstrating that their training in this was in date.
- There was a specific consent form for patients to consent to photography pre and post operatively. We did not observe any photographs being taken during our inspection or requirement for the consent form to be used.

- The clinic carried out a yearly audit to monitor informed consent. Between July 2015 and June 2016, the clinic audited 10 sets of patient case notes and scored 100% on their audit for obtaining informed consent.

Are surgery services caring?

Compassionate care

- Staff interacted with patients in a respectful and considerate manner. We observed interactions between all members of staff and patients. Staff remained courteous and polite during all interactions with patients and their family and friends who came to support them at the clinic.
- Patients were treated with dignity, kindness, compassion and respect. Patients we spoke with during the inspection were highly complementary of the care they had received. Quotes from the patients we met included: "I've been impressed with the whole experience. "I was very apprehensive, they put me at ease."
- All of the staff demonstrated overwhelming support for the patients who came to the clinic. We observed nursing staff providing encouraging and supportive words to a patient who was about to go into theatre. We also spoke with several patients who expressed how supportive the staff were throughout their procedure.
- Patient's privacy and dignity was maintained at all times. We observed a patient consultation where the operating surgeon gave the patient privacy by drawing the curtains in the consulting room whilst the patient was changing. We also observed staff supporting patients to maintain their privacy and dignity following their procedure in theatre by helping to hold their gown to cover them until they were able to help the patient put the gown on properly. There were chaperone arrangements available for patients who felt they required a chaperone for any of their consultations. The clinic had a clear policy and procedure for when chaperones were used to support consultations. Both the nurse and healthcare assistant acted as chaperones during the clinic for both surgical procedures and outpatient appointments. We saw posters in the waiting area and the consultation room to remind patients there was a chaperone service if they required one. We also saw the operating consultant offer a patient who attended the outpatient clinic a chaperone prior to the consultation.
- All windows in the doors on patients' rooms, the theatre and consultation suits were frosted glass to maintain patients' privacy and dignity. Consulting room doors and doors to patient's rooms remained shut when in use.
- All patients we spoke with talked very highly of the care they had received from the whole team at the clinic. Patients described the operating surgeon as "fantastic" and "amazing". They said "staff could not do enough for you" and "all the staff were genuinely caring".
- Patients we spoke with told us how the nurses spoke to them throughout their procedure and held their hand and massaged their head to help them remain calm.
- Patients had the option to listen to music throughout their procedure to help them remain calm and relaxed. The theatre was equipped with a television and patients could choose the music they wanted to listen to throughout their time in theatre.
- Staff supported patients to become mobile and independent post operatively immediately following surgery. We observed the surgeon linking arms with a patient and escorting them back to their room following surgery.
- Staff quickly built up a rapport with the patients who came to the clinic. We observed all staff putting patients at ease immediately and communicating with them like they were friends. One patient described the atmosphere as "informal" they said they had returned for further procedures due to the atmosphere not being "so clinical".
- As part of our inspection, we received 14 comment cards from patients. All of the comments were positive. Patients told us staff gave, "excellent care", "individual needs were met" and "I was treated like a queen."

Understanding and involvement of patients and those close to them

- Staff communicated with people so they understood their care and treatment. One patient we spoke with said they were "fully informed" about the procedure at their first consultation as it was all explained in "great detail".

Surgery

- Several patients we spoke with told us the operating surgeon took time to explain their procedure to them. We observed the surgeon taking the time to draw diagrams for one patient to provide a better understanding of how a procedure was carried out.
- Patients we spoke with told us all staff took time to explain to them what was about to happen at each stage of their procedure pre, intra and post operatively.
- A patient support officer was available as a direct contact for support and advice for all patients attending the clinic. The business manager who also acted as the patient support officer was present at every clinic held in Bristol. The patient support officer was responsible for informing patients about the costs of their procedure in a timely manner. This happened straight after the patient's initial consultation with the operating surgeon in a private room. The role provided support, information and advice to the patient from the first consultation through to their final follow up consultation. Patients were given a direct contact number for the patient support officer which was available for use 24 hours a day seven days a week. Patients told us when they called or text the number they always received a timely response.

Emotional support

- Patients were given appropriate and timely support and information to cope emotionally with their care and treatment. One patient we spoke with said they had been apprehensive prior to their procedure and staff had arrived early on the day of the operation to provide them with reassurance and support.
- Relatives of patients we spoke with told us they had been very involved in their care and treatment. For example, one relative informed us staff took time to explain all the medications to them as well as the patient so they understood the dose, timings and reasons for them being prescribed.
- Family and friends close to the patient were encouraged to attend consultations to provide support. We observed a consultation with a patient and a family member. The surgeon took time to find out from the family member how they felt the procedure had affected their relative. The operating surgeon told us it was important to have family members present at consultations as this helped to determine whether the patient was having the procedure for themselves and not because someone else wanted them to.
- The operating surgeon understood the impact treatment would have on a patient's wellbeing. We observed the surgeon take time to provide the patient with alternative options where they may achieve the desired result with a less invasive procedure.
- One patient we spoke with told us they suffered from anxiety but were keen to go ahead with the procedure. The operating surgeon was aware and made sure the patient was first on the list to have their procedure to avoid any further stress or anxiety.
- Patients were provided with the direct telephone number of the operating surgeon and the business manager. These members of staff were available to call 24 hours a day if patients had any questions or concerns. Patients told us they felt very reassured about having these contact numbers. One patient told us they had called the surgeon out of normal working hours, they said the operating surgeon took time to reassure them and answer their questions over the telephone. The patient reported they did not feel rushed or made to feel a nuisance despite contacting the surgeon outside of normal working hours.
- If patients were unsure about their procedure they would return to see the operating surgeon for further consultations. One patient told us they had returned three times before having the procedure to see the operating surgeon to gain support to make the right decision about treatment.

Are surgery services responsive?

Service planning and delivery to meet the needs of local people

- Services were planned and delivered to meet people's needs but service provision remained within the scope of the facilities provided by the location. The facilities were not equipped for patients to undergo a general anaesthetic; therefore all procedures were carried out

under local anaesthetic. There were plans to expand the clinic in Bristol, and recruitment in order to do this was already underway and one new member of staff had been appointed.

- There was a clear policy to identify the needs of the individual post operatively which determined service delivery. The Bristol clinic only carried out procedures under local anaesthetic and patients were able to return home on the day of their procedure. There were no facilities at the Bristol clinic for patients to stay overnight. Patients were deemed to be at risk if they lived alone, had difficulty to comply with post-operative instruction without support or were unable to find someone who could accompany them home. These patients would be assessed as unsuitable for a day procedure at the Bristol clinic. In this scenario, patients would be asked to undergo surgery at the main London site where they were able to stay overnight.
- The operating schedule was arranged according to demand. The schedule was booked up to four months and the facility was used monthly or twice monthly as required for demand for procedures and follow up consultations. There had been occasions where the facilities had been used twice in a month and there had been two months, January and September 2016, where no activity had been carried out.
- The clinic hired the use of the theatre facilities, patient recovery rooms and consultation rooms in a building located in Bristol. The building had wheelchair access and a lift. There was also a hearing loop available for use.
- The building where the Bristol clinic was held met the needs of the service users however there was limited onsite parking. The building was a listed building but had been modified to enable access for disabled patients. There was minimal parking onsite for patients with near by off site parking requiring a parking permit. There was a limited number of these held by Litfield House.

Access and flow

- Surgery was planned in advance with low risk patients, where unplanned surgical interventions were not expected. The procedures carried out at the clinic were low risk procedures with healthy patients. Between July 2015 and June 2016 there had been no unplanned readmissions to surgery for any patients who had attended the Bristol clinic. There was a service level agreement with a local ambulance provider where a patient could be transported to the London clinic if urgent surgery was required.
- Patients we spoke with said the appointments system was easy to use. Patients called the administration team to book appointments. Patients appreciated being able to speak with speak with a member of staff when booking their appointment. The booking system supported patients to access the service. Appointments were also booked by the clinic on behalf of the patient for follow up consultations. Patients reported that if this was not convenient it was easy to change.
- There were no delays or issues with the clinic running late or any cancelled clinics between July 2015 and June 2016. The business manager accounted for this when setting out the schedule three months in advance. Times were arranged to ensure there was always one hour of unallocated time between the morning theatre sessions and the afternoon outpatient consultation clinic in case surgery took longer than expected.
- Patients told us they could access an initial consultation appointment time to suit them. The clinic ran from 9am until 6pm. Patients told us it was helpful the clinic worked longer hours as this made access easier.
- Action was taken to minimise the time people had to wait for treatment and care. The clinic operated a staggered admission process for patients undergoing a procedure. Patients arrived an hour before they were due to undergo their procedure. This meant they did not have to wait around for longer periods prior to their surgery as staff recognised this could create unnecessary anxiety in some patients.

Meeting people's individual needs

- Services were planned to take into account the needs of different people to enable them to access care and treatment. The clinic admission criteria was set out so all patients irrespective of their age, gender, pregnancy and maternity status, race, religion or belief or sexual orientation could access services. However, there were specific patient groups set out in the patient selection policy which were unsuitable for treatment at the clinic due to having other medical conditions which could put them at risk.

- The clinic had a translation policy however; the need to use the service had ever arisen. We saw the clinic's translator policy which offered patients a telephone translation service where the translator could be on loudspeaker on the telephone during a consultation with a patient.
- Patients were given information and instructions verbally and this was followed up with written information sheets. We observed the information packs provided to patients pre-operatively and on their discharge. Patients we spoke with said the information was "clear" and "easy to understand."
- We observed the information booklet which was given to patients explain the terms and conditions and the costs regarding their procedures. Two copies were provided to the patient and signed. One copy was kept in the clinic patient's record and one copy was for the patient. Patients we spoke with felt that terms, conditions and costs were covered clearly and professionally by the patient support officer.

Learning from complaints and concerns

- The hospital had policies and processes in place to ensure the appropriate investigation, monitoring and evaluation of complaints. Between July 2015 and June 2016 the Linia Bristol clinic had received no complaints. We saw information in a file in the patient room providing details of how to make a complaint. Staff we spoke with had a good understanding of the complaints procedure and said it was available to patients. We saw the complaints procedure described in patient information files kept at the patient bedside.
- The hospital's complaints policy required complainants received an acknowledgement of their written complaint within two working days and a full response within 20 working days. The clinic policy outlined how patients should be given the opportunity within their full response letter to be invited in to discuss their complaint and outcomes of any investigation with the registered manager. This incidence had not occurred the Bristol clinic.
- The clinic was a member of the Independent Sector Complaints Adjudication Service. Patients would be directed to this service within six months of their original complaint if they were dissatisfied with the outcome of the internal hospital complaints process. The clinic had not been required to use this route within the last year.

Are surgery services well-led?

Vision and strategy for this this core service

- There was a vision and strategy in place to expand the service provided. Staff we spoke with were aware Linia Ltd was planning to extend the services it offered in Bristol and recruitment had taken place to achieve this. One member of staff we spoke with had been recently recruited and was able to explain part of the vision to the inspection team. The plan was to employ locally based staff to work at the Bristol clinic and to actively seek another surgeon from January 2017. Further expansion of the business would be limited by the facilities as the theatre only allowed procedures under local anaesthetic. We saw minutes from the Medical Advisory Committee in July 2016 which detailed a discussion around staff recruitment from September 2016. The clinic had already recruited one local based healthcare assistant who was working in a shadowing capacity at the time of our inspection.
- The service told us they were making arrangements to start using the new categorisation coding in accordance with SNOMED_CT and in line with the professional standards for cosmetic surgery from the Royal College of Surgeons 2016. We were shown a document which we were told had been sent by email to the operating surgeon to provide information for the new coding categorisation. However, we were unable to see any evidence on the on the document detailing what emails had been cascaded registered manager which was provided to us on inspection.

Governance, risk management and quality measurement for this core service

- There was a clear governance framework however this was not always effective to support the delivery of good quality care. The clinic in Bristol was a satellite clinic to the main site in London where all the governance meetings happened.
- Lines of accountability and reporting were clear and staff were also aware of these. The business manager

was responsible for the running of the Bristol clinic and for managing issues such as sickness, incidents and complaints and staff told us they would report any concerns to the business manager when at the Bristol clinic. The business manager would then report to the registered manager.

- The service had a strategy to ensure standards of infection prevention and control were met but there was a lack of compliance with the action plan. The clinic employed a third party provider to audit the infection prevention and control systems yearly at the Bristol clinic. The clinic scored 94% on their last audit in July 2016. We read the action plan and it contained two actions following the inspection regarding the closure of sharps bins and the implementation of a footwear washer for theatre shoes. During our inspection we observed sharps bins in theatre and the consultation rooms were open. There was no footwear washer however, we were informed cleaning theatre footwear with disinfectant wipes was sufficient. This had not been amended in the action plan.
- There was a system to assure the registered manager the operating surgeon had the correct level of indemnity insurance to practice. A copy of the operating surgeons indemnity insurance was held in the staff file along with other documents such as practicing privilege records. Indemnity insurance was also reviewed by the responsible officer at the operating surgeons yearly appraisal. The registered manager was aiming to have all documentation regarding indemnity insurance and practising privileges stored electronically within the next three months.
- The roles, lines of accountability and responsibility of the Medical Advisory Committee (MAC) were clearly set out and available in the policy file which remained at the London site which we were able to observe during our inspection. The MAC met quarterly and was chaired by the registered manager with a consultant anaesthetist, cosmetic surgeon, vascular surgeon and legal representation making up the committee. The operating surgeon for the Bristol clinic was also a representative at the MAC The MAC was responsible for granting practicing privileges and reviewing these every two years. We observed minutes form the MAC meetings where both the Bristol clinic and London clinic were discussed in the same meeting. These contained rolling agendas and cover topics such as audit, incidents, complaints, policies and procedures, health and safety and staff issues. Very little was discussed about the Bristol clinic specifically due to it being small having operated on 21 patients between July 2015 and June 2016 and only carrying out three specific procedures The minutes from the meeting in April 2016 identified that data was being collect for the yearly Bristol audits however, this was not discussed during the July meeting to update on the progress.
- There was a system to record and manage risks and issues including mitigating actions. We saw the risk register for the Bristol clinic which contained pre-emptive risks ranging from clinical risks, such as the deteriorating patient, to environmental risks such as a legionella outbreak. There were mitigating actions for all of the risks identified however, none of the mitigating actions had needed to be implemented at the clinic over the past year.
- There was a programme of clinical, internal audit, however, these lacked depth and did not effectively monitor quality. The clinic audited pain, the WHO checklist and quality of life. The audits we saw were not dated to identify when the audit had been completed. The information within the audits did not demonstrate that the correct questions had been asked to ensure a thorough audit had taken place, action plans were not comprehensive and there was no information on how or when they were to be completed. Although, we saw audits were discussed in some of the Medical Advisory committee (MAC) and clinical governance meeting minutes, discussions did not analyse the results of the audits or specify actions to be taken. However, the clinic had received no complaints, dealt with no reported incidents and had not experienced problems with surgical site infections. We did however observe minutes of meetings where quality and safety was discussed which related to the Linea Ltd business as a whole and shared with all the staff.
- Audit work was not providing effective assurance of safe and quality care. The clinic did not audit the use of the sedation medication used on patients when in theatre. This was a national recommendation by the Royal College of Anaesthetists 2016 to monitor the safety and use of sedation at the clinic for each patient and the rate of complication. This would provide assurances that sedation was being used appropriately and effectively at the clinic, ensuring the safety of patients.
- There was no risk assessment to provide assurance that theatre staffing was adequate. It was unclear how the

service had determined the number of staff required in theatre. Staff informed us they were following the Association for Peri-Operative Practice and the British Association of Day Surgery guidelines regarding theatre staffing however, there was no risk assessment or standard operating procedure to identify how the clinic had determined the number of staff in theatre was safe for their case mix and workload.

- There was no assurance the surgeon was continuously providing information during the pre-operative consultation to patients in line with best practice guidelines. The clinic was not using the pre-operative checklist tool as recommended by the Royal College of Surgeons 2016 guidelines. The tool was designed to be completed before the patient signed the consent form and aimed to ensure the operating surgeon had fully explained the procedure and risks to the patient. The tool was designed to then be audited to give the manager assurance that best practice guidelines and professional standards were being followed by the operating surgeon for every procedure performed. The registered manager felt this tool was not required as the consent form contained all of the information necessary to ensure best standards and guidelines were met.
- There was a system in place to manage service level agreements regarding building maintenance as Linia rented the facility from Litfield House. We observed service level agreements Litfield house had with various third party providers such as, maintenance for the main house and surgical suite, clinical waste, control of hazardous substances to health, certificates from the health and safety executive, for example fire door, electrical testing and buildings insurance. We saw the original copies of the agreements kept on file at Litfield House and were told, as these were updated and renewed, the practice manager for Litfield House would send a copy centrally to the main Linia site in London. Quarterly summaries of in house audits would also be sent to the business manager. These records were held electronically by the business manager. We were unable to see these records; however the practice manager confirmed this arrangement was in place. Both the business manager and the practice manager for Litfield house told us they also communicated verbally each time a clinic was held in Bristol. The business manager was also assured the building was being maintained as the companies used by Litfield House to maintain the building were all accredited.
- The 'theme of the month' discussion had been launched in May 2016 to provide information and a better understanding of issues which could affect the clinic. This was led by the registered manager and discussed at the staff meeting which was held at the main London site. We saw evidence of themes which had been discussed since May 2016 which included safety, responsiveness, infection control which were chosen by the registered manager. The theme of the month for October was whistleblowing.

Leadership / culture of service related to this core service

- Leaders of the service were visible and approachable. The team working at the clinic was small, managers were part of the team and involved in providing care to patients. Managers worked with the team regularly and staff we spoke with said they were visible and approachable. Managers said they had an open door policy and staff said managers were open and listened to them.
- All of the staff we spoke with spoke highly of the managers and their support. Staff told us the managers were approachable and they felt comfortable to talk to them if required. During our inspection, we saw the leaders frequently communicating and talking to the staff. The Bristol team was a small team and the business manager often worked in her clinical capacity as a healthcare assistant to support the team.
- There was an open and honest culture among the staff at the clinic. Staff we spoke with told us it was easy to discuss problems because the team was small and communication was 'straightforward.'
- The service ensured they complied with the Competitions and Marketing Authority (CMA) order about the prohibition of inducing a referring clinician to refer private patients to, or treat private patients at, the facilities. No incentives were offered to surgeons to get them to practise at the private clinic**.** Surgeons had to apply for practising privileges, which had to be agreed by the Medical Advisory Committee. There was only one surgeon that operated out of the Bristol clinic who was able to demonstrate the relevant skills to carry out procedures under local anaesthetic.

Public and staff engagement

- A staff satisfaction survey had been completed between July 2015 and June 2016. The results of the survey

included all the staff working for the Linia Ltd group. The survey demonstrated staff were satisfied or highly satisfied with many aspects of working for Linia, such as, patients were treated with respect, organisational lines of communication were effective and staff felt their concerns were responded to appropriately by their line managers. However, a small number of staff had expressed dissatisfaction with the opportunities to develop and support from their supervisor to identify strengths and development areas. There were no actions identified on the analysis of the staff survey to improve the areas in which staff had expressed dissatisfaction.

- People who used the service and those close to them were actively engaged and involved in decision-making. Patients were encouraged to attend consultations with friends or relatives to ensure they were supported in their decisions. Patients and relatives we spoke with said they felt actively involved in the care and treatment provided and staff took time in their interactions with them.
- The clinic collected feedback from patients by giving them a feedback questionnaire to complete on their discharge from the clinic. At the time of our inspection we were shown the new patient feedback questionnaire which the clinic was due to start using within the next month.

Innovation, improvement and sustainability

- The clinic was considering developments to services and efficiency changes. For example, they hoped to increase efficiency by reducing the amount of paper work they had. They were working towards having an electronic hub which stored all their policies electronically to enable staff to access these via their intranet. They were also planning to use encrypted portable electronic devices for storing and recording patient information and care records. We were informed this was at an early stage and the timeframe for these changes to be introduced was 12 months.
- Some new clinic services were being planned. Linia Ltd had identified to achieve this they would require a dedicated team for the clinic as at present, the team travelled from another clinic to provide the service. At the time of our inspection, Linia had recruited one part-time member of staff who was in their induction process.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- Ensure the audit programme effectively assesses, monitors and improves the quality and the safety of the service. Ensure local audits are completed comprehensively and action plans are produced identifying how actions are to be implemented, monitored and within what timeframe
- To take action to ensure the incident and accident policy is update to include the duty of candour regulation.
- Ensure that staff at the clinic undertake a fire drill to ensure that all staff are aware of their role and responsibility in the event of a fire.

Action the provider SHOULD take to improve

- Ensure the MRSA screening policy reflects the procedure and practice at the clinic.
- Ensure the safety sharps closure mechanism remains closed when not in use.
- Ensure all staff decontaminate their hands in line with clinical guidelines.
- Ensure the cleaning checklist for the equipment is completed at the time the cleaning procedure takes place.
- Review the current system used to demonstrate equipment is cleaned prior to use due to the clinic sharing the facilities with other clinics.
- Ensure that a check of the resuscitation equipment and oxygen is carried out by the clinic on the day that clinics are held at Litfield House to provide assurance that equipment is available, in date and ready for use in the event if an emergency.
- Ensure that records are audited to ensure completion and compliance with all sections.
- Review the deteriorating patient policy to ensure it reflects the procedure followed at the clinic to call 999 in an emergency which all staff were familiar with.
- Ensure that competency matrix are completed thoroughly and provide detail to show the clinician had been observed as safely completing the activity or any comments or recommendations made for the member of staff.
- Ensure there is a risk assessment to identify how safe staffing numbers are determined by the case mix and workload of patients seen at the clinic.
- Ensure that the policy of recording of implanted prosthesis in patients is updated to include the Breast and Cosmetic Implant Register.
- Ensure staff complete the sign out section of the Five Steps to Safer Surgery WHO checklist contemporaneously and at the time the checklist is verbally completed in theatre and not at the patient bedside following surgery.
- Review the patient pathway to include a designated place to record pain monitoring
- Implement the pre-operative checklist is in use as recommended by the Royal College of Surgeons pre-operative checklist professional standards guidelines 2016.
- Ensure regular audit of sedation used in theatre as recommended by the Royal College of Anaesthetists 2016.

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	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance17 (2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular to – (a) assess, monitor and improve the quality and safety of the services provided in the carrying out on of the regulated activity (including the quality of the experience of service users in receiving those services. 17 (2) (a) The audits were not dated to identify the audit had been completed. Audits lacked depth and did not effectively monitor quality. Information within the audits did not demonstrate that the correct questions had been asked to ensure a thorough audit had taken place, a action plans were not comprehensive and there was no information on how or when they were to be completed.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour Duty of Candour 20 (1) Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. 20 (1)

This section is primarily information for the provider

Requirement notices

The incidents and accident policy and the critical incident policy had not been updated to include reference to the duty of candour.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 12 (2) (h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are healthcare associated; 12 (2) (i) Where responsibility for the care and treatment of the service users is shared with or transferred to, other persons, service users and other appropriate persons to ensure that timely care planning takes place to ensure health, safety and welfare of the service user. 12 (2) (h) We observed some staff were not consistently adhering to the policy for handwashing which did not correlate to the 100% achieved in the hand hygiene audit. We observed members of staff of all skill mix leaving patients rooms following intervention with patients without washing their hands. We also observed a member of staff leaving a clinical area without removing gloves and e a member of staff leaving a patients room without following handwashing procedures or using gel provided and returning to theatre whilst surgery was in progress. 12 (2) (i) Staff working in the Bristol clinic had never practiced an emergency fire drill. Practising ensured staff knew their role and responsibilities in the event of a real fire.