Dr Promod Kumar Bhatnagar

Crosby Hospital

Inspection report

2 Park Road
Waterloo
Liverpool
L22 3XF
Tel: 01519499600

Date of inspection visit: 02 August 2023
Date of publication: 08/12/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of Crosby Hospital using our comprehensive inspection methodology on 2 August 2023. The service had not been previously inspected.

This is the first time we have rated the service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. The service kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave patients enough to drink. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	

Summary of findings

Contents

Summary of this inspection — Page

Background to Crosby Hospital 5

Information about Crosby Hospital 5

Our findings from this inspection

Overview of ratings 7

Our findings by main service 8

Summary of this inspection

Background to Crosby Hospital

Crosby Hospital was registered with CQC in February 2022 and primarily serves the communities of the Northwest of England. The service is owned and operated by Dr Promod Kumar Bhatnagar who is a registered provider with CQC. The service offers appointments to private fee-paying adult patients only. The service currently opens 6 days a week dependant on demand. Crosby Hospital has had a registered manager in post since opening in February 2022. The service is registered for the following regulated activities for adults under and over the age of 65.

- Surgical procedures
- Treatment of disease, disorder or injury

The service is based close to Crosby town centre and offers cosmetic surgery for private fee-paying adults. The hospital provides cosmetic surgery including breast augmentation, breast reduction, blepharoplasty and liposuction. The provider did not see anyone under the age of 18.

Clinical activity is based on the ground floor of the building with administration predominately carried out on the first floor. Facilities include a surgical theatre with anaesthetic room and recovery area, 4 bedrooms, a treatment room and a nurse station. There is also a hospital reception and patient waiting area with patient toilets. The service had 15 permanent contracted members of staff and utilised long-term bank and agency staff working under practicing privileges or working part time from their NHS roles.

During the period November 2022 to July 2023 the service carried out 228 procedures.

We have not previously inspected this service.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 2 August 2023. The team that inspected the service comprised of 2 CQC inspectors and a specialist advisor with an inspection manager providing support off site.

During the visit we interviewed 9 staff members who were based at the service including a surgeon, anaesthetist, the registered manager, operating department practitioners, nursing staff, the training lead and administration staff.

We spoke with 3 patients. We reviewed 5 sets of patients' medical records.

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

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Summary of this inspection

Action the service SHOULD take to improve:

- The service should ensure that the date of the next required change is recorded on all clinical curtains.
- The service should continue to work on developing a vision and strategy for the service.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Is the service safe?

Good

Mandatory training

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

The mandatory training was comprehensive and met the needs of patients and staff. The service had a comprehensive training policy and at the time of our inspection, the overall mandatory training compliance rate was 98% for all members of staff.

Staff received and kept up to date with their mandatory training or were able to provide evidence that it had been completed at another service. This included basic and advanced life support, infection prevention and control (IPC), safeguarding adults and children, sepsis training, manual handling, food safety, equality and diversity and Control of Substances Hazardous to Health (COSHH). Staff also completed training on the Mental Capacity Act which included recognising and responding to patients with mental health needs and psychological considerations prior to cosmetic surgery. At the time of our inspection, training in learning disabilities and autism was included in the service safeguarding training requirements.

The training lead monitored mandatory training compliance and maintained a working spreadsheet of completed training and alerted staff when they needed to update their training via email prompts or in team meetings.

Safeguarding

Staff understood how to protect patients from abuse and the service had processes in place to work with other agencies, should the need arise. Staff had training on how to recognise and report abuse and they knew how to apply it.

Data provided by the service showed that, as of August 2023, staff had completed 100% of the required mandatory safeguarding training. All surgeons and anaesthetists had completed level 3 safeguarding adults and children training, all other NHS bank staff had completed level 3 safeguarding adults and children training.

Staff completed supplementary training on female genital mutilation (FGM) and Prevent (Prevent training is a form of safeguarding training that helps identify and support people who may be vulnerable to extremist narratives).

The service training lead was the designated safeguarding lead for the service, and they had completed level 4 training.

The service had comprehensive safeguarding policies for both vulnerable adults and children and included details of how to make a safeguarding referral and who to inform if they had concerns.

Staff could give examples on how to recognise and report abuse and had a good understanding of when they would need to report a safeguarding concern. The service had not made any safeguarding referrals in the previous 12 months.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service did not treat children.

We saw evidence that all staff had been subject to a formal recruitment process with references and DBS checks were in place.

The service did not treat children under 18 years old. The service actively asked patients to confirm their identity and age when booking and attending appointments. The service had a chaperone policy staff had been trained to act as chaperones.

Cleanliness, infection control and hygiene

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

Data provided by the service showed that, as of August 2023, all staff had completed 100% of the required mandatory infection prevention and control training, aseptic non touch technique and included a supplementary sepsis training module.

Theatre and other clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained. Staff cleaned treatment areas and equipment and recorded this on a schedule. Staff followed infection control principles including the use of personal protective equipment (PPE) and hand hygiene. Staff cleaned equipment after patient contact. They labelled equipment “I am clean” to show the date the equipment was last cleaned.

The service regularly completed IPC audits including environmental, hand hygiene and PPE use. The service had a service level agreement (SLA) with a local NHS hospital to conduct an annual external IPC audit. We saw evidence that both internal and external audits were reviewed regularly, action plans were actively progressed, and these were discussed in both team meetings and dedicated IPC meetings.

The service had an SLA in place with a nearby NHS hospital for the decontamination and sterilisation of all non-disposable surgical instruments and had a decontamination and sterilisation of used surgical instrument policy for staff to follow. Surgical instruments awaiting collection under the SLA were stored safely. Staff told us the SLA worked well and that instruments were always returned in a timely manner.

Staff worked effectively to prevent, identify, and treat surgical site infections and provided patients with a comprehensive post-operative after care pack specific to the surgery they had undergone on how to recognise infections and actions to take. The service had an on-call surgeon who hospital staff could contact if they had any concerns regarding surgical site infections developed by patients.

Good

Surgery

Patients were screened for MRSA prior to admission, surgery was postponed for any patient testing positive.

During the previous 12 months the service recorded 3 surgical site infections out of 228 clinical procedures performed which equated to 1.3%.

The service had dedicated domestic cleaning staff that followed a specific cleaning schedule; however, schedules were not displayed in clinical areas. Scheduled deep cleaning was in place and included theatre, ward areas and the kitchen. During our inspection the cleaner's cupboard was secure. There were enough cleaning materials available including replacement mop heads.

During our inspection we found some clinical curtains did not have a recorded date of change written on them. After our inspection the service provided evidence of a clinical curtain change register.

Environment and equipment

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

The design of the environment followed national guidance. The hospital had a theatre that was adjacent to the ward area. This meant patients could be transferred to and from surgery without leaving a clinical environment. The theatre had a ventilation system with air filters installed to aid the reduction of surgical site infections and met the requirements of HTM 03-01 Specialised ventilation for healthcare buildings. We saw that the clinical environment in both the theatre and recovery were appropriate for the level of surgery undertaken at the hospital.

Staff carried out daily, weekly and monthly safety checks of all medical equipment. A daily specialist anaesthetic equipment checklist was completed to ensure that all anaesthetic equipment was available and serviceable. The service had enough suitable equipment to help them to safely care for patients. All medical equipment was registered with an external maintenance contractor and were in date for annual servicing.

Staff carried out and recorded daily checks of the resuscitation trolley. All items on the resuscitation trolley were in date and the trolley was secured by a safety tag.

The service had suitable facilities to meet the needs of patients and visitors. There was disabled access to the building and disabled toilets. Waiting areas had televisions and adequate segregated seating. Call bells within the wards were in easy reach of patients.

Staff disposed of clinical waste and sharps safely. Waste was segregated into different colour coded bins and stored in locked clinical waste bins whilst awaiting collection by a third-party waste contractor. Waste consignment notes were held by the registered manager.

The service had a back-up generator and we saw evidence that this was routinely tested on a weekly basis. The building had an in-date fire risk assessment in place. Fire extinguishers across all floors had been serviced and checked appropriately and were within date. We saw signs identifying fire exits throughout the service. The service carried out specific weekly audits to ensure all areas were clear and safe, in case of fire.

Good

Surgery

Assessing and responding to patient risk

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

Staff recorded patients' vital observations at the start of each procedure and monitored them throughout and could recognise a deteriorating patient by use of a nationally recognised tool and could escalate concerns appropriately.

The service had an inclusion/exclusion policy which specified a criteria for patients who were suitable for treatment at the service. All referrals were triaged by a multidisciplinary team (MDT) and if any patient was identified as high risk, they were signposted to other services. Any patient with a history of mental illness, anxiety or depression was referred for psychological assessment. We saw that this was documented in patients' records.

Any new surgical procedures were approved by the service's medical advisory committee (MAC).

Staff discussed mental health and well-being with patients as part of their pre-operative consultation and ensured their vulnerabilities and psychological needs where appropriately considered. All staff had undergone training in psychological considerations prior to cosmetic surgery. Staff were able to verbally describe how they would obtain consent from patients to contact their GP if they believed the patient had mental health issues.

We observed the service used a modified World Health Organisation (WHO) five steps to safer surgery checklist prior to commencing and during surgery. Completed WHO surgical safety checklists were scanned into the patient medical record. We checked 5 sets of patient records and WHO checklist had been correctly completed in each record.

All sterile instruments used during a surgical procedure were counted pre and post operatively by two members of staff and recorded. All disposables were counted pre and post closure of any body cavity and recorded on the theatre accountable items board and on documentation countersigned as correct by the senior scrub nurse present.

Staff completed detailed assessments including risk assessments for each patient on admission or arrival, using a recognised tool. This was reviewed regularly throughout the patient's stay, including after any incident. A comprehensive pre-operative assessment process was used for all patients. This included ensuring they met the inclusion criteria for surgery and to allow any key risks, that may lead to complications during the anaesthetic, surgery, or post-operative period, to be identified.

During our inspection we reviewed 5 patient records and found these were completed in full. Risk assessments were carried out for patients during the pre-operative assessment which included health conditions, medicines, and any associated risks to surgery. We saw risks were revisited before surgery took place on the day.

We observed patient handovers and saw that staff shared all relevant information about patient ongoing care and treatment, including any identified risks.

Ward areas had information boards on sepsis and all staff had received sepsis training. Staff had access to sepsis pathway flowcharts, a sepsis care bundle and sepsis screening protocols. Patient record templates prompted staff to recognise, record and treat sepsis.

The service had a recusation policy in place which included protocols to keep patients safe in event of an emergency. The service had a transfer of the critically ill patient policy in place, at the time of our inspection, for staff to follow.

Good

Surgery

Patients were given information about aftercare; we saw information in the patient notes that confirmed this was given to each patient. The information contained out of hours contact numbers if they had a complication and how to look after their wound. Patients we interviewed told us they had received this information.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service had enough clinical staff to keep patients safe. Staffing levels were reviewed in advance of clinics by the registered manager to ensure an adequate number of suitably trained staff were available, in line with the local safe staffing policy. No clinical activity took place unless minimum staffing levels were in effect. The service had not cancelled any clinics due to insufficient staffing levels.

The service provided an induction for all staff including bank and agency staff. Staff told us they were not employed on clinical duties until their induction was completed.

The service utilised agency staff to fill all non-doctor/consultant clinical roles in theatre as and when required. The registered manager had a process in place to monitor agency staff competencies. We saw records and qualifications that assured the surgeons, anaesthetists and other theatre staff had the right skills, training and experience to provide safe care and treatment to patients undergoing surgical procedures.

The service had a robust process in place to ensure that employment checks were performed in line with Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records

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

Patient medical notes we reviewed were comprehensive and all staff could access them easily. Paper records from initial consultation, medical questionaries and consent forms were added onto the patient's electronic record along with intraoperative notes, a discharge summary, the WHO checklist, medicine records, allergy recording, instrument records and a procedure specific after care sheet.

Staff stored paper records securely and IT systems were password protected. Typed discharge letters and case summaries were sent to the patient GP with the patient's consent.

Staff recorded all cosmetic implants on the Breast and Cosmetic Implant Registry (BCIR). There were clear processes in place to contact any patient whose implants were subject to a safety alert or recall.

The service completed annual audits of patients' medical records. These were last completed in May 2023 and included audits of operation records, perioperative care documentation, recovery records, post-operative care documentation, nursing pathway documentation, discharge documentation and patient consent. All audit results were within the key performance indicators (KPI) set by the provider and no issues or themes were identified.

Good

Surgery

Medicines

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

The service had a policy for the safe prescribing, administration, recording and storing of medicines and staff completed medicines records accurately and kept them up-to-date and added them to the patients' records. Clinical procedures were performed using both general and local anaesthetic.

Staff gave advice to patients and carers about their medicines on discharge from the clinic. We observed best practice checks of medicines used during clinical procedures. The provider had a contract in place with a local pharmacy to supply medicines.

Staff recorded the minimum and maximum temperature of medicines stored and staff knew how to report any temperatures outside normal ranges as per the provider policy.

During our inspection we found a medicines cupboard in the recovery room that was slightly damaged. We were provided evidence following our inspection that this had been repaired.

The service completed annual medicine audits. These were last completed in June 2023 and included a controlled drugs audit. All audit results were within the KPI set by the provider.

Staff had access to MHRA medicines alerts, and the registered manager had signed up for email alerts. Information and was shared with the local team during meetings and daily huddles of any improvements and learning. Any themes and improvements were reviewed with any learning shared through clinical governance and medical advisory committee.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

There had been no never events or serious incidents reported by the service in the 12 months prior to our inspection. The manager was aware of the requirements for reporting serious incidents to the CQC using the statutory notification route if this met the criteria. The service had a policy for identifying and reporting incidents and staff knew what incidents to report and how to report them. Staff we spoke with felt they could raise concerns and report incidents and near misses in line with the service policy.

The service maintained an incident reporting log and we saw evidence that incidents were discussed at quarterly governance meetings as a standing agenda item. An incident review with action plans and lessons identified was attached to the minutes of the governance meeting.

The service had a duty of candour policy for staff to follow and staff had completed duty of candour training during induction and could explain its principles and would give patients and families a full explanation if things went wrong.

The registered manager monitored and actioned patient safety alerts. Learning from incidents was shared at safety huddles and team meetings.

Good

Surgery

Is the service effective?

Good

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. The service met cosmetic surgery standards published by the Royal College of Surgeons.

We reviewed patient records to ensure care and treatment was delivered to patients in line with Professional Standards for Cosmetic Surgery, National Institute for Health and Care Excellence (NICE) and Royal Colleges guidelines to ensure effective and safe care.

We saw evidence that the service reviewed and discussed new NICE guidance relating to the service in the quarterly governance meetings and that managers reviewed patient records to ensure this guidance had been followed. We saw evidence that all new surgical procedures were reviewed and approved by the provider's medical advisory committee (MAC).

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. All policies and procedures in place were developed in line with national guidance, standards, and legislation.

All staff had completed training on the Mental Health Act and demonstrated awareness of patients living with a mental health condition but did not treat patients detained under the Mental Health Act in accordance with the providers surgical exclusion policy. At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives, and carers. The service discussed any additional patient needs during safety huddles before surgical procedures.

Nutrition and hydration

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

Water and hot drinks were available to patients and visitors in the waiting room and staff offered refreshments. Patients felt well informed about the day of their procedure and what they should or should not drink beforehand. Patients who required inpatient stays were provided with food and were given a choice of meals.

Completed fluid balance charts were in all patients records we reviewed.

Pain relief

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

Staff assessed patient pain scores using a recognised pain tool and this was recorded in all patient records we reviewed.

We observed recovery and ward staff regularly asking patients if they were in pain post-surgical procedure and providing pain relief appropriately. Patients received information to take home that informed them what they should do if they felt pain after their procedure.

Good

Surgery

Patient outcomes

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

The service had a clinical audit programme in place. Audit results were shared at the quarterly governance meetings with action plans in place where audit had identified a requirement to change process or procedure.

The service monitored wound infection rates and shared the findings with the surgical teams. The service also monitored readmission and return to theatre rates. In the 12 months prior to our inspection the service had no readmissions within 28 days of a procedure, and 3 patients experienced post operative wound infection.

We saw that patient outcomes were discussed at the provider's Medical Advisory Committee (MAC) meetings and that the service submitted both Private Healthcare Information Network (PHIN) and Patient Reported Outcome Measures (PROMS) data.

Patient satisfaction survey results and comments were discussed at the quarterly governance meetings to identify any areas for improvement. These showed that in the previous 12 months service users gave the highest possible rating for overall care and treatment in 100% of all completed surveys.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

The registered manager had a thorough process for checking new staff members were competent for the role they were being employed and held detailed HR files for all staff including bank and agency staff.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients and had been through a formal induction. We saw evidence of managers supporting staff to develop through yearly, constructive appraisals of their work.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. All staff had an opportunity to discuss development through 1 to 1 meetings, annual appraisal and team meetings. Managers identified poor staff performance promptly and supported staff to improve. Managers monitored performance during induction and 1 to 1's. Areas of learning and training were discussed with individuals to ensure high standards of care to patients using the service.

Clinical staff were registered with their professional regulatory bodies. The provider had a comprehensive policy covering the arrangements for surgeons and anaesthetists contracted under practising privileges. All new surgeons and anaesthetists employed under practicing privileges had to be approved by the providers MAC.

Multidisciplinary working

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

Good

Surgery

Doctors, nurses, and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff held regular and effective multidisciplinary team (MDT) meetings to discuss patients and improve their care. The staff held daily MDT meetings to discuss patients before any elective surgery or post operative appointments. These were attended by doctors, nurses and the clinic manager and theatre staff when required.

We observed an MDT meeting which included discussion about patient risks and follow up after surgery. MDT daily morning huddles were held led by the hospital manager to review the day's activities, patients risks and medical conditions. There was a theatre huddle at the start of each theatre list involving the entire team and a debrief at the end of the theatre list.

We observed effective communication between the clinical and non-clinical staff. All staff members we interviewed told us they felt supported by colleagues and managers. Minutes from staff and governance meetings showed that attendance was a broad mix from the various multidisciplinary teams at the hospital.

Seven-day services

Patients could contact the service six days a week for advice and support after their surgery.

Key services were available 24 hours a day, 6 days per week depending on demand. Staff made regular contact with patients in the days immediately after their procedure and patients had the ability to contact the surgeon out of hours if they had any concerns after surgery.

A surgeon, anaesthetist and supporting theatre staff were on call overnight for any emergency return to theatre patients. The surgical ward was staffed 24 hours a day for patients who required overnight stays.

Health promotion

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

The service provided patients with post-operative information to help manage after care and recovery. Patients told us they were happy with the information they received before and after procedures and that they found the service's website a useful source of information.

The service provided general lifestyle guidance relevant to the patients' clinical condition such as smoking and dietary advice and this was documented in the patient's medical record and preoperative screening records.

The service collected lifestyle information at pre-op assessments which may impact treatment or recovery such as smoking status and alcohol intake.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They provided information on the potential risks, intended benefits and alternative options before each treatment.

Good

Surgery

All staff completed training on the Mental Capacity Act (MCA) as part of induction training. Staff knew how to support patients who lacked capacity to make their own decisions or who were experiencing mental ill health.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff worked in line with the provider's consent policy. Staff used consent forms and records showed signed consent forms were documented in the patient's records.

We reviewed 5 records and found evidence patient written consent had been obtained. The service had a 2-stage consent process by obtaining written consent at pre-assessment which was re-confirmed on the day of the procedure. A cooling off period between initial consultation and surgery of at least 14 days was in place.

All referrals received were triaged by a multidisciplinary team and any referrals where there were concerns relating to a patient's poor mental health were not accepted. The patient was encouraged to seek further care and support from other care providers.

The provider completed a consent audit annually and no issues had been identified. Consent was included in mandatory training and induction for all staff members.

Is the service caring?

Good

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff consistently interacted with patients kindly during postoperative appointments and during surgery. Patients revisited the service for post operative appointments, so staff got to know the patients on an individual basis. Patients told us they were looked after, and the staff were caring and provided reassurance when patients were nervous when waiting for surgery.

We observed staff demonstrate a caring and attentive attitude. For example, staff made effort to ensure those with additional needs were provided with assistance and support when required. Patients told us staff always treated them well and with kindness.

Staff followed policy to keep patients' care and treatment confidential. Staff made effort to ensure all conversations, assessments and procedures were undertaken discreetly with doors closed to maintain privacy.

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

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. Staff made effort to understand the individual needs and preferences of patients at pre-assessment to ensure their treatment was as comfortable as possible.

Good

Surgery

Staff were able contact interpretation and translation services if required.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff took time to interact with patients explained the care pathway to them and provided an opportunity to ask questions. Patients we spoke with told us staff were 'brilliant' and 'kind'. We observed staff to be caring and kind when interacting with patients.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff informed us they would always interact positively when patients were worried about their treatment, providing reassurance. Staff told us they wanted patients to be happy and cared for before they leave.

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment by including them in consultations on request. We observed staff talking with patients in a way they could understand. Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

All patients we spoke with stated they felt involved in their referral decision and were given ample opportunities to discuss their treatment. Fees were disclosed in the treatment plan and discussions. The quotation for the cosmetic procedure was discussed prior to the surgery and terms and conditions explained by the referring surgical provider.

Is the service responsive?

Good

Service delivery to meet the needs of local people

The service planned and provided care to meet the needs of local people seeking cosmetic surgery treatments.

Managers planned and organised cosmetic surgery services to provide for the needs and choices of fee-paying service users.

Service users had a choice of appointment and treatment times to suit their preferences.

Facilities and premises were appropriate for the services being delivered. There was a car park with disabled parking located close to the hospital entrance.

Good

Surgery

Managers monitored and took action to minimise missed appointments. If clinics were cancelled patients were contacted and rebooked for new appointments as soon as possible, this could be within a few days.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. There was a system for referring patients for psychological assessment before starting treatment, if necessary.

Whilst the service was based in the Northwest patients did not have to be local to access the service. Staff arranged appointments based on patients' needs and preferences as well as on staff availability. Patients told us they had found it easy to arrange and reschedule appointments and talk with staff when required. Staff understood the importance of patients attending appointments.

The service website provided useful information about the service, procedures that were provided, and the referral process and access. The environment was appropriate, patient centred providing the ability to access for all. The waiting and recovery rooms were comfortable and welcoming, and there were toilet facilities for patients and visitors. Patients were provided with appropriate information about their visit including an explanation of procedures. Patient information was available in different formats and languages on request.

All staff had completed equality and diversity training. The service worked with a variety of patients and did not intentionally exclude any patients unless they met the clinical risk exclusion criteria.

Access and flow

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

People could access the service when they needed it, including weekends, and received care promptly.

The service had an inpatient facility and managers and staff worked to make sure patients did not stay longer than they needed. Clinic lists were arranged accordingly to ensure the most likely complex cases were seen early in the day.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. People were included in the investigation of their complaint. There was a system for referring unresolved complaints for independent review.

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously. Processes were in place to investigate and share lessons learnt following complaints.

Patients, relatives, and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Information leaflets were available in all waiting areas. The leaflets provided patients with detail about how to submit feedback or make a complaint. This information was also accessible on the service website. We observed staff encouraged feedback from patients and families following their appointments.

Staff understood the policy on complaints and knew how to handle them. A complaints policy was in place which was accessible to staff. Staff knew how to acknowledge complaints. Managers and staff were aware how to respond to complaints and concerns within the timescales outlined in the service policy.

Good

Surgery

Processes were in place for managers to investigate complaints and identify areas for learning and improvement. The service had received 2 complaints in the 12 months prior to our inspection. Both complaints had been investigated thoroughly.

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

Staff could give examples of how they used patient feedback to improve daily practice. Staff recognised the importance of feedback. Managers shared positive feedback with the local staff team from patients during meetings.

Is the service well-led?

Good

Leadership

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

Managers were visible and approachable and worked across the service supporting staff and patients. Managers undertook daily walk arounds of the service and attended the daily surgery safety huddle. The lead surgeon was also well known and visible within the service to staff. Staff told us managers were approachable and they were able to raise concerns and ideas.

Managers understood the challenges to quality and sustainability. Managers had a checklist to ensure key areas of quality and safety met expected standards. Where there were areas not meeting standards, action plans to improve were implemented.

Managers and staff took accountability and responsibility for patients who were cared for at the service. They strived to do better and to improve the care provided.

Managers demonstrated good teamwork and compassion for their staff by helping them in their role when required.

Vision and Strategy

The service had a strategy document. However, the strategy did not focus on sustainability of services or align to local plans within the wider health economy.

Following our inspection, the service provided us with a strategy document. The services strategy document related to marketing strategies and did not focus on the sustainability of services and how they planned align to local plans within the wider health economy. Not all staff that we spoke with knew about this.

The service completed regular audit activity to measure the quality and safety of the service in line with their own policies.

Good

Surgery

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff felt respected, supported, and valued. Staff informed us they were supported by managers within the service and the wider organisation. Improvements were made to support the service and staff. Staff enjoyed their roles and working for the service.

There was a strong emphasis on the well-being and safety of staff. We saw wellness communications boards displayed to promote understanding of keeping well physically, spiritually, and emotionally with information to join local groups, exercises, and support groups. We observed staff worked well together to ensure the patient received a positive experience. They supported each other.

There was a positive and open culture which was underpinned by the organisation's values. Staff were able to raise concerns without hesitation or worry. The management team operated an open-door policy for staff and encouraged them to express their views. Staff told us they could have open and honest conversations with colleagues. Furthermore, we observed staff having transparent and honest conversations with patients. This demonstrated an open culture within the service to keep patients safe.

The service promoted equality and diversity in daily work. Staff equality and diversity training was 100% compliant.

The service promoted diversity and celebrated all cultural festivals. Staff had a good awareness of culture and that of the local population it served.

Governance

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

The service had a governance process in place and had relevant documented policies and a process to ensure they were kept up to date. Staff told us they had clear roles and accountabilities and they had regular team meetings where they had opportunities to meet and voice their opinions, raise issues or concerns and share learning.

There were quarterly corporate governance meetings. Medical Advisory Committee (MAC) meetings were held regularly, and we saw evidence that granting of practicing privileges, antimicrobial prescribing, new surgical procedures, governance reports and local policy reviews were discussed.

The service monitored employment checks for employees, training information and appraisal activity. All clinicians carrying out cosmetic surgery had valid medical indemnity insurance in place. The service had an audit programme in place and shared the results with staff and organisations that referred patients to the service. The results of audits were discussed in clinical governance meetings, and we saw that action was taken to improve standards.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Good

Surgery

The service had completed environmental risk assessments as well as risk assessments for COVID-19 and specific surgery related risks such as medical and surgical emergencies and urgent patient transfer. All risk assessments reviewed were in date.

The service had a local risk register; this showed evidence of the actions to mitigate or eliminate the risks. Risks were graded and reviewed in line with the providers risk management policy. We saw evidence that risk management and health and safety was discussed at quarterly governance meetings.

The service had a business continuity policy, which included specific actions to take to continue to deliver clinical services following an unplanned disruption in service. The plans included specific scenarios (such as loss of power, fire or building restriction), and actions for staff to take in managing this disruption efficiently.

The service was registered to receive patient safety alerts from the Central Alerting System (CAS), and these were monitored by the registered manager and matron.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Information governance was a mandatory training module for all staff and compliance was 100% at the time of our visit. We observed electronic computer systems were password protected. Staff informed us about how and who would submit data, alerts or notifications and could demonstrate secure access to these systems.

All staff demonstrated they could locate and access relevant information and patient records easily, which enabled them to carry out their day-to-day roles. Patient information was managed in line with data protection guidelines and legislation and the service stored data safely.

The service had not reported any information breaches in the previous 12 months. The service had not submitted any statutory CQC notifications in the previous 12 months, but managers and staff had knowledge of how to submit them if required.

Engagement

Leaders and staff actively and openly engaged with patients.

The service completed a patient's satisfaction survey to receive feedback from patients of the care and service provided. The feedback was overwhelmingly positive. Surveys completed in July 2023 showed 100% of patients who completed it had a positive outcome and experience. Managers and staff responded to results to further improve with ongoing discussion in meetings and huddles.

The service completed regular staff surveys to collect feedback from staff. The results were discussed at governance meetings to identify areas for improvement. Staff also told us that they felt able to raise concerns or share ideas with leaders when needed.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Good

Surgery

All staff were committed to continual learning and actively engaged with the appraisal and professional registration process. The service had engaged with local training providers.

The registered manager told us the service was not involved in any clinical research.

We did not see any evidence that the service participated in any accreditation schemes.