

The Private Clinic Limited - Manchester

Quality Report

25 St John Street
Manchester
M3 4DT
Tel: 0161 833 9393
Website: www.theprivateclinic.co.uk

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

Ratings

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

Overall summary

The Private Clinic Limited – Manchester (the clinic) is operated by The Private Clinic of Harley Street Limited (the group). The clinic is based in central Manchester and is one of eight locations within the group. Facilities included a clinic room for pre and post-operative consultations, two procedure rooms, a recovery area, a reception and the main office.

The clinic provides cosmetic surgery for adults only. It does not provide services for children.

Procedures are carried out under local anaesthetic rather than general anaesthetic or sedation. All procedures are day cases (there are no overnight beds).

Summary of findings

Of the 163 surgical procedures carried out between December 2018 and November 2019, 99 were for the removal of varicose veins, there were 40 vaser liposuction procedures and 24 hair transplants. The clinic also carried out 39 other “minor procedures”.

We only regulate surgical procedures carried out by a healthcare professional for cosmetic purposes, where the procedure involves the use of instruments or equipment which are inserted into the body. We do not regulate – and therefore do not inspect - cosmetic procedures that do not involve cutting or inserting instruments or equipment into the body.

We inspected this clinic using our comprehensive inspection methodology. We carried out an unannounced inspection on 11 and 12 March 2020.

To get to the heart of patients’ experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services’ performance against each key question as outstanding, good, requires improvement or inadequate.

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

The main service provided by this clinic was surgery.

Services we rate

This is the first time we have rated the service. We rated it as **Good** overall because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse.
- The service controlled infection risk well.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients’ care and treatment and these were clear, up-to-date, stored securely.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well.
- Staff monitored the effectiveness of care and treatment.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The service planned and provided care in a way that met the needs patients
- The service was inclusive and took account of patients’ individual needs and preferences.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received.
- Leaders had the skills and abilities to run the service.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

Summary of findings

- Staff felt respected, supported and valued.
- Leaders operated effective governance processes.
- Leaders and teams used systems to manage performance effectively.
- The service collected reliable data and analysed it.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.
- All staff were committed to continually learning and improving services.

However:

- Staff did not always assess and monitor patients regularly to see if they were in pain.
- The service had not considered using the Hospital Anxiety and Depression Scale for all cosmetic service procedures.
- Staff did not always ensure that hazardous substances were always locked away.

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

Ann Ford

Deputy Chief Inspector of Hospitals (North of England)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We rated this service as good because it was safe, effective, caring, responsive and well-led.



Summary of findings

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Good 

The Private Clinic Limited – Manchester

Services we looked at

Surgery

Summary of this inspection

Background to The Private Clinic Limited - Manchester

The Private Clinic Limited – Manchester is operated by The Private Clinic of Harley Street Limited. The clinic opened in 2009. It is a private clinic in Manchester. There are a total of eight locations within the group.

At the time of the inspection, a new manager had recently been appointed and was registered with the CQC in May 2019.

The clinic also offers cosmetic procedures such as dermal fillers and hair restoration. We did not inspect these services as we do not regulate them.

Our inspection team

The team that inspected the clinic comprised a CQC inspector and a specialist advisor with expertise in surgery. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

Information about The Private Clinic Limited - Manchester

The clinic is registered to provide the following regulated activities:

- Surgical procedures.
- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.

During the inspection, we visited all areas of the service. We spoke with seven staff including managers, nurses, reception staff and medical staff. We spoke with two patients and one relative, and observed one pre-operative consultation. We also reviewed compliments the clinic had received. During our inspection, we reviewed five sets of patient records.

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. This was the clinic's first inspection since it registered with the CQC in its current form in February 2017.

Activity (December 2018 to November 2019)

In the reporting period December 2018 to November 2019, there were 223 day case episodes of care recorded, and 985 outpatient consultations (pre and post-surgical consultations). All episodes of care were privately funded.

Six consultants worked at the clinic under practising privileges. There is one nurse (who is also the clinical lead), two healthcare assistants, a clinic manager and five other staff members in support functions.

Track record on safety

- No reported never events
- 23 clinical incidents - 18 no harm, four low harm, one moderate harm, no severe harm, no deaths
- No reported incidents of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- No reported incidents of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- No reported incidents of hospital acquired Clostridium difficile (C.diff)
- No reported incidents of hospital acquired E. coli
- Three complaints

Services provided at the clinic under service level agreement:

- Clinical waste
- Sterile services

Summary of this inspection

- Interpreter services
- Confidential waste
- Clinical equipment maintenance

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We have not inspected this service before. We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse.
- The service controlled infection risk well.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment and these were clear, up-to-date, stored securely.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well.

However:

- Staff did not always assess and monitor patients regularly to see if they were in pain.
- Staff did not always ensure that hazardous substances were always locked away.

Good



Are services effective?

We have not inspected this service before. We rated it as **Good** because:

- Staff monitored the effectiveness of care and treatment.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment.

However:

- The service had not considered using the Hospital Anxiety and Depression Scale for all cosmetic service procedures.

Good



Summary of this inspection

Are services caring?

We have not inspected this service before. We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Good



Are services responsive?

We have not inspected this service before. We rated it as **Good** because:

- The service planned and provided care in a way that met the needs patients
- The service was inclusive and took account of patients' individual needs and preferences.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received.

Good



Are services well-led?

We have not inspected this service before. We rated it as **Good** because:

- Leaders had the skills and abilities to run the service.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.
- Staff felt respected, supported and valued.
- Leaders operated effective governance processes.
- Leaders and teams used systems to manage performance effectively.
- The service collected reliable data and analysed it.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.
- All staff were committed to continually learning and improving services.

Good



Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are surgery services safe?

Good 

We had not rated this domain before. We rated it as **good**.

Mandatory training

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

The clinic used an electronic system to monitor staff completion of mandatory training modules. Managers could easily see which staff members had completed training and which training modules were due for renewal.

All staff had completed all mandatory training modules apart from display screen equipment which had been scheduled.

Training modules included such modules as Mental Capacity Act (which included consent training), basic life support, moving and handling, infection control, information governance and fire safety. Three members of staff had completed sepsis training. The clinic was waiting for more access codes for the online training from the group's human resources department.

Safeguarding

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

All staff were up to date with adults and childrens safeguarding. All clinical staff had received training to level three and had access to a safeguarding lead at the head office who was trained to level four. All other staff had received training to level two.

Information about the local safeguarding board and social services contact numbers were displayed in the reception and the staff room.

There was a clear safeguarding policy which was available on a shared computer drive.

Staff had training about female genital mutilation. We also saw information about this displayed in the staff and patient toilets.

Staff understood their safeguarding responsibilities and could describe the process for referring a concern and give examples of when they had followed this in the past.

Cleanliness, infection control and hygiene

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

The clinic was visibly clean and tidy in all areas. Cleaning was carried out daily by a third party contractor and we saw that the cleaning schedules were up to date.

The clinical areas (theatre, recovery and procedures rooms) were deep cleaned every six months and we saw the cleaning certificates for these.

The decontamination of surgical equipment was carried out offsite by a third party contractor.

Surgery

We reviewed the storeroom where surgical instruments were kept and saw that this was clean and tidy.

We observed staff adhering to infection prevention controls including handwashing, the use of personal protective equipment and adhering to the bare below the elbow principles.

The clinic carried out hand hygiene audits; staff had been 100% compliant from November 2019 to January 2020.

The hospital monitored issues with wound healing after surgery as well as surgical site infections. There had been one surgical site infection between December 2018 and November 2019. This was treated with antibiotics and cleared within one week.

There were sufficient hand washing facilities and hand sanitisers throughout the clinic. We saw staff using these.

The flooring in clinical areas could be easily cleaned.

Sharps bins were assembled, labelled correctly and were not overfilled.

The clinic carried out infection prevention and control audits. Fabric chairs in a consultation room were highlighted as a risk. We saw that these had been changed to chairs that could be easily cleaned.

The clinic carried out legionella checks each week and month. There was also an inspection every two years by a third party contractor.

The group had an infection control committee to review performance across all clinics. Agenda items included environmental audits, surgical site infection surveillance, and reviews of procedures and policies (including antimicrobial stewardship).

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 reception area contained chairs for patients and carers, a reception desk, water cooler and coffee making machine. There were also magazines and a television.

There were fire extinguishers on each floor of the clinic premises and we saw that these had been tested appropriately. Fire safety training had also been completed by staff. There was an evacuation plan displayed in the main corridors of each floor of the clinic.

There were emergency bells in the toilets, including the accessible toilet on the ground floor.

The clinic had up to date public liability insurance.

The layout of the reception area meant that it was difficult for patients to have private conversations with reception staff. However, the clinic had a separate area on the ground floor where patients could have more private conversations if required.

There was a first aid kit in the staff room which was checked weekly.

The clinic had a store room for consumable items such as syringes, drapes, bandages and procedure specific theatre packs. We looked at a selection of items and saw that they were within their expiry date.

The clinic had access to oxygen cylinders and these had been recently serviced by a third party company.

The clinic had service level agreements in place for the disposal of clinical waste. This was disposed of into locked bins for removal by a third party provider.

There was a resuscitation trolley in the treatment room. This had been checked daily. The trolley contained up to date guidance from the Resuscitation Council (UK).

The clinic has an asset log of all equipment (surgical and non-surgical). We reviewed this and saw that all equipment such as scales, blood oxygen monitors and diathermy machines had been serviced, calibrated and safety tested. The asset log listed the location and serial number of each machine.

All new starters underwent a health and safety induction which included being given information about fire safety and first aid.

The clinic had a control of substances hazardous to health policy. This set what the hazardous substances on site were and their health hazards. It also set out how these could be controlled. However, the store room for cleaning products was accessed via a toilet used by patients. There was a sign

Surgery

explaining that the door should be kept locked, but we found the key in the door. We alerted staff to this at the time of the inspection and they told us that this was an oversight.

The clinic did not carry out bariatric surgery, or see bariatric patients, and so did not have any specific equipment.

The clinic was not accessible by patients in wheelchairs. The clinic was based over four floors and there was no lift access due to the age of the building. As it was a listed building, changes could not be made.

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 clinic conducted minor surgical procedures and no patients stayed overnight. More complex procedures were carried out at other locations.

There was a clear patient pathway which detailed all the steps from initial patient contact with the call centre, through to pre-surgical consultations, treatment and post-surgical review. The pathway set out what information needed to be collected during the various stages of the pathway including General Data Protection Regulations, consent, medical history, admission and discharge information, and the provision of aftercare information.

The clinic used the World Health Organisation surgical safety checklist (a checklist to help improve communication in surgery and reduce adverse incidents). We were unable to observe any surgical procedures during the inspection. However, the clinic completed regular observational audits to ensure compliance with this process. Between November 2019 and January 2020, staff complied with the surgical safety checklist on all occasions. We reviewed five patient records and saw that the surgical checklist documentation had been appropriate for each procedure.

All surgical patients had face to face pre-operative assessments conducted by a registered nurse. Assessments consisted of baseline observations, allergies (for example, medicines and latex), respiratory capacity and anaesthetic concerns. A venous thromboembolism risk assessment was also completed. Patients were asked to confirm who would

collect and look after them for the first 24 hours after surgery. Other information collected including past medical history, current medicines, smoking status and alcohol intake.

The clinic gave patients information about venous thromboembolism including details about how to reduce the risk. There was further information about anti-coagulants (medicine to help prevent blood clots) and compression stockings, and mobilising post-surgery. We reviewed five records and saw that all patients had undergone a venous thromboembolism risk assessment.

The clinic had a detailed surgical admissions policy (set out over five pages) that clarified which patients could be treated (those that were healthy or with minor health conditions). The policy set out in detail a large number of health conditions and provided clear guidance for staff about whether patients with these conditions would be suitable for surgery.

The clinic had carried out a sepsis training day for some staff. We also saw information about sepsis on display in the staff room relating to the sepsis six (an initial resuscitation bundle designed to offer basic intervention within the first hour of sepsis being suspected).

The clinic conducted screening for Meticillin-resistant Staphylococcus aureus (MRSA) for certain patient groups including those that worked in a healthcare environment, had previously had MRSA, or had frequent visits to hospital (including as a visitor). We reviewed five medical records and saw that patients had been swabbed where necessary.

We observed a pre-operative consultation. The consultant explained the risks of surgery. They also explained that the patient could not have any further treatment for six months in order for the procedure to settle. The patient was given advice regarding compression garments to achieve the best outcome, and advice about post-operative infections and how to manage pain. There were discussions about possible scarring and how visible this might be given the patients skin tone and location of the incisions.

Patients had their observations taken to check they were stable after their procedure, and were asked whether they felt nauseas. Checks were completed to ensure that a follow up appointment with a consultant had been made, and all surgical patients were discharged into the care of another person.

Surgery

Patients were given contact details of a member of staff they could contact should they have any questions about their post-operative care. Patients were also advised to contact 999 in an emergency.

The group had developed a standard operating procedure for Patients requiring unanticipated post-surgical follow up. This was available online and was also displayed in the staff room as the “Policy of the Month”. The procedure set at how patients concerned about their recovery could escalate issues and the steps staff needed to take (including calling 999).

Patients received a follow up call within a 24 hours post-discharge by the clinic’s nurse. The clinic’s patient coordinator would also call patients a week later to for further checks. A surgical review was scheduled for four to six weeks, and those patients having liposuction had a further review at six months.

We saw that patients were given advice regarding aftercare including about wound care. Each procedure, for example, hair transplant surgery, had a specific booklet that setting out what to expect at each step of the process, including aftercare.

The clinic reviewed surgical site infections and delayed wound healing. There was a specific incident form to complete and log on the electronic incident reporting system. These incidents were escalated to the central governance team at the head office and any issues raised via safety bulletins. We saw examples of where learning had been shared.

The service used National Early Warning Score to record patient observations. We checked five records and saw that the system was used for one complex surgery conducted at a third party hospital. It was not used on the other four occasions but these were minor day case procedures under local anaesthetic.

We saw that allergies were flagged on the file cover of patient records, and this was further reflected within the records.

There were no unplanned returns to theatre in the 12 months to November 2019, and no unplanned transfers of care or unplanned readmissions.

The clinical lead at the clinic had advanced life support training, and the operating department practitioner (an agency member of staff that regularly attended) had intermediate life support training. All other staff had completed basic life support training.

Nursing, medical and support staffing

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

The clinic had a comprehensive induction policy for new staff. The policy set out a standardised induction programme including a corporate and local induction which was to be completed over a 60 day period. The programme included a clinical induction for relevant staff.

Clinical induction training included the use of clinical documentation, incident reporting, infection prevention control and waste management.

The clinical lead at each clinic was responsible for ensuring that all visiting anaesthetists received an induction included the location of resuscitation equipment and the nurse call system.

There was a clear process for requesting agency staff, including checking that they had the relevant mandatory training certificates and identification checks. The clinic told us that they had only used one locum staff (an operating department practitioner) and they had been used regularly by the clinic.

Staffing levels in theatres were in line with Association for Perioperative Practice guidelines for procedures under local anaesthetic.

Staffing rotas were planned at least a month ahead and took account of planned procedures and consultant clinics and availability.

There were low sickness rates with the only instance of sickness between December 2018 November 2019 being recorded in May 2019. There were no vacancies.

There were six consultants with practising privileges working at the clinic.

Surgery

As the clinic only conducted day cases, resident medical officers were not required to help provide medical care for inpatients that stayed overnight.

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.

The clinic had recently introduced a barcode scanning system that allowed clinical records and other documentation to be easily scanned to specific patient electronic files.

The clinic kept a mix of electronic and paper records. Each patient was registered on the clinic's database. A paper file was then created that contained clinical information. Following surgery, clinical information was uploaded to the database.

Paper files were separated into distinct sections and were clear and up to date. Sections included medical notes, consent, treatment and correspondence.

The records we reviewed contained traceability stickers for medical equipment used including forceps and gowns.

Paper files were stored securely within the main office which was entry controlled via a keypad. We saw that the door was locked at all times during the inspection.

The clinic sent patient discharge information to GPs. We reviewed five patient files and saw that discharge letters had been sent on all occasions.

The clinic undertook medical records audits. Ten files were reviewed in February 2020 with files being audited against 30 indicators including allergies being noted, 14 day cooling off period being observed, GP discharge letter being on file, and the surgical safety checklist being completed. All of the points achieved 100% compliance apart from documents being in chronological order (80%).

Medicines

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

The clinic had an up to date medicines management policy which referenced the Nursing and Midwifery Council guidelines for Standards for medicines management (2015).

We checked the medicines fridge and saw that this was locked. Temperatures had been checked daily with documented minimum and maximum temperatures recorded. There was no printed standard operating procedure for what staff to do should the fridge temperature fall out of range. However, the clinical lead was responsible and able to tell us what actions would be taken.

Local anaesthetics were stored appropriately in locked cupboards. There was one key holder (the clinical lead).

Allergies were correctly recorded in patient records which helped ensure that medicines were prescribed and administered safely.

The clinic had an Antimicrobial Guidelines document. This provided information for clinicians about "the most appropriate ... antibiotics for the initial treatment of infections" with a view to avoiding inappropriate use and the development of resistance. The document also contained treatment guidance for post-operative wound infections.

Medicines reconciliation books had been completed with two signatures (witnessed by and given by).

The clinic had access to a pharmacist working at the group's head office. This pharmacist attended the central governance team meetings and was also on the medicines management team.

There were no controlled drugs used or kept at the clinic.

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 was a had a clear incident reporting policy and staff we spoke could explain the process for reporting incidents.

Surgery

Incidents were reported electronically and allocated to a manager to assess, investigate or escalate. The system could generate logs of incidents. The groups' governance team monitored incidents for themes and trends with reports sent to the clinics for action where necessary.

We saw that incidents were discussed as part of monthly team meetings with all staff. For example, following an incident at another regional clinic, the matter was discussed at all locations with updated guidance issued to help ensure the incident did not recur.

The outcome of incidents investigations across all clinics was also circulated to staff via a monthly patient safety bulletin. The most recent bulletin included information relating to an infection prevention and control issue at a third party private hospital used for complex surgery. Actions included escalating the concerns to the Care Quality Commission and Public Health England, and that all third party hospital providers were to be visited and assessed by the group's head of nursing.

Further examples of learning included wound healing. Following one delayed healing incident, the group issued revised guidance regarding wound types and dressings.

Staff we spoke with understood Duty of Candour (a statutory duty to be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress). Staff received training on Duty of Candour during their induction.

The group's head of governance monitored all alerts from the Medicines and Healthcare products Regulatory Agency and sent these to the clinical managers for review.

Are surgery services effective?

Good 

We had not rated this domain before. We rated it as **good**.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

The clinic acted in accordance with various guidelines issues by the National Institute for Health and Care Excellence, and with the Mental Capacity Act. We saw evidence that the hospital complied with guidance from the Association of Anaesthetists of Great Britain and Ireland, the Resuscitation Council (UK) and the Association for Perioperative Practice. The clinic also assessed clinical staff competencies in line with the Department of Health's Knowledge and Skills Framework.

Relevant staff had received advanced life support training in accordance with The Association of Anaesthetists of Great Britain and Ireland Immediate Post-anaesthesia Recovery (2013) guidelines.

The clinic acted in accordance with the Associate for Perioperative Practice guidelines for theatre staffing requirements.

The service's pre-operative screening policy referenced the General Medical Council's Good Medical Practice.

The clinic displayed information relating to the General Medical Council's guidance Cosmetic procedures: what do I need to consider? What to expect of doctors who carry out cosmetic procedures (2016).

The clinic had a Theatre Practice Standards policy. This set out 22 standards for theatre staff to follow including such things as skin preparation and draping, infection control, swabs and instrument counts, and completion of perioperative documentation. The policy aimed to "set a standard by which to practice that focusses on clinical effectiveness and evidence based care". Compliance was monitored via observations and feedback, and information provided to the quality and governance lead and the medical advisory committee.

The group's head office collected and reviewed performance data for each consultant and made this available for regional clinic staff to view. Data included the number of procedures completed, the number of revisions required, and the number of surgical site infections, delayed healing, and complaints received. This helped ensure that consultants provided effective care.

Patients were given specific post-operative instructions to help improve the effectiveness of their surgery.

Nutrition and hydration

Surgery

Staff gave patients enough food and drink to meet their needs and improve their health.

Patients were provided with drinks where necessary.

We saw evidence in the medical records we reviewed that patients were asked about nausea and vomiting.

Patients were given advice, both pre and post-surgery about their diet and how this could affect the outcome of their procedure.

Pain relief

Staff did not always assess and monitor patients regularly to see if they were in pain.

The clinic used a pain scale to monitor pain but this was not always consistently recorded in the medical records for minor procedures (of the five records we reviewed, only two had a pain score recorded).

The patients we spoke with told us that their pain had been managed appropriately both during and after their procedures.

Patient outcomes

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

The Royal College of Surgeons had developed Patient Report Outcome Measures (PROMs) – questionnaires designed to collect and report on patient satisfaction with the outcomes of cosmetic surgery.

The clinic sent us its PROMS data for liposuction procedures between November 2018 to October 2019. Of 15 questionnaires returned, 100% of patients were either satisfied or very satisfied when responding to the post-surgical question: “how your body looks when you are dressed”. Of 14 returned questionnaires, 50% said the results of the operation were either excellent or very good, with 36% saying the results were good.

The group’s head office provided data (collated for all clinic locations) to the Private Healthcare Information Network. Data submitted for the 12 months to October 2019 showed that of 184 responses, 100% of patients were likely to recommend the service. 98% of patients said they had their needs met.

The clinic monitored surgical site infections and delayed wound healing. There was one surgical site infection between December 2018 and November 2019.

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.

One registered nurse worked at the clinic. We reviewed their competency file and saw that this was up to date. The nurse had various competencies signed off by the group’s head of nursing, including peri-operative principles of care, preparing the theatre environment, wound care and aseptic non-touch technique. Competencies were set in accordance with the Department of Health’s Knowledge and Skills Framework (2004) which defined the knowledge and skills which staff needed in order to deliver quality services.

We saw that all staff had completed life support training to the appropriate level.

All staff that were due an appraisals had received one within the previous 12 months. The clinic’s appraisal form included questions about “what sort of training/ experiences would benefit you in the next year”.

The education, training and workforce development committee had developed an action plan to improve staff skills and development. Completed actions included sharing the Association for Perioperative Practice guidance for Assisting with Medical Procedures for Healthcare Assistants, and a clinical waste management presentation. Ongoing actions included setting up access for online clinical waste management training for all staff, and drafting hair transplant technician competencies.

The group executive team were responsible for monitoring consultants’ practising privileges via the medical advisory committee

We saw evidence of staff that had developed within the clinic. Staff told us that they felt supported to develop their skills, including in mental health awareness.

Multidisciplinary working

Surgery

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

There were regular clinical governance meetings attended by nurses, healthcare assistants, administrative staff, managers and consultants to discuss performance, practice and any issues.

Staff at all levels told us that they worked well together.

Discharge information was shared with patients' GPs.

Health promotion

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

We observed a consultant giving pre-operative advice to a patient regarding smoking cessation alcohol intake and diet in order to help their recovery and outcome.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Consent and mental capacity formed part of mandatory training which was up to date for all staff relevant staff.

The clinic had a comprehensive Consent to Examination and Treatment policy that detailed the steps to be taken to check patients had the capacity to consent. The policy reflected the Mental Capacity Act 2005.

Cosmetic surgery procedures required a 14 day cooling off period between consenting for the procedure and surgery taking place. We reviewed five records and saw that sufficient time had been allowed for the cooling off period. The records showed that the risks and benefits of surgery had also been discussed with the patients. Patient records also contained a checklist that highlighted whether the cooling off period had been complied with.

The clinic conducted audits of compliance with consent requirements. Recent audit results showed a 100% compliance with the cooling off period.

The pre-operative assessment included questions about whether patients had or were suffering from anxiety, or being treated for depression. Following a recent incident, the group had introduced a more detailed hospital anxiety and depression scale questionnaire (a more detailed assessment of how a patient was feeling). However, this was used for only one surgical procedure type and was not in universal use.

Staff provided examples of when they have referred the patient back to their GP for a formal mental health assessment as they were concerned about the patient's ability to consent to surgery.

Are surgery services caring?

Good 

We had not rated this domain before. We rated it as **good**.

Compassionate care

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

The clinic had a Privacy, Dignity and Respect policy which had the aim of providing staff with "guidance on the promotion of standards of care which afford the utmost privacy, dignity and respect to people who use our services and their carers".

One patient told us that the clinic was a "small and friendly service" which was "10 out of 10".

Patients told us that staff had introduced themselves by name, and we observed this happening.

The clinic collected patient feedback which we reviewed. One patient wrote that "everyone from the receptionist to the consultant was warm and welcoming and made me feel at ease". Further data from the Private Health Information Network showed that 100% of patients were likely to recommend the service, and 98% of patients said they had their needs met.

Clinical rooms had engaged signs on them to prevent people interrupting consultations or procedures.

Emotional support

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

We spoke with one patient who told us that staff had been “really helpful” with giving advice relating to their recovery and exercises to help them recover. They also said that staff had given them all the information they needed to know in order to make a decision about proceeding with their treatment.

One patient feedback form described a consultant as being “very understanding, supportive and caring”. Another patient explained that “during my surgery ... every step was explained to me”.

We observed a consultation and saw the consultant and the clinic’s patient coordinator providing support to a patient. We saw compassionate care being provided.

Understanding and involvement of patients and those close to them

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

One of the patients we spoke with told us that staff were “really thorough” with the information provided and they explained clinical matters in a way they understood. They also told us that they had not been rushed throughout the consultations.

We observed a pre-operative consultation. The consultant listened to the concerns of the patient and what they wanted to achieve, and explained what procedure would work best. The explained that the patient could call with questions should they have any after leaving the appointment.

A relative of a patient told us that they considered the service provided all the information their partner needed to know about the surgery and they had supported them through their recovery.

Are surgery services responsive?

Good 

We had not rated this domain before. We rated it as **good**.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs patients

All patients were private and accessed the clinic by choice.

There were good public transport links to the clinic, although no free parking.

Given the nature of the services provided, there was little requirement to work with other organisations in the local area to meet the needs of local people.

Information about chaperones was available in the reception area.

Meeting people’s individual needs

The service was inclusive and took account of patients’ individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

The clinic had a service level agreement with an interpretation service for those patients that spoke English as a second language. The clinic also told us that it could arrange sign language interpreters where necessary.

The clinic provided an example of working with patients with autism. This included showing them the service in advance of their procedure, and allowing family members to be present during consultations and procedures to reduce anxiety.

The clinic had worked with a number of transgender patients.

The clinic could provide numerous examples of patients they had worked with that had a negative body image affecting their confidence.

The clinic had developed a folder for staff to help them understand and respect the religious and cultural needs of patients. The folder contained information about the background of various cultures and religions.

The clinic could not be accessed by patients in wheelchairs. It told us that during initial calls to book appointments, patients were informed about this and given the option to attend other clinics within the group that did have disability access.

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Access and flow

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

Patients could request a consultation on a day and time that suited them.

There was one cancelled operation in the 12 months to November 2019 which was rescheduled within 28 days.

The clinic was open Monday to Friday, and Saturdays. Clinic times aware usually between 9am and 5pm. There was an 8pm finish on Wednesdays to help accommodate those patients that worked during the day.

Appointments were confirmed by text message and email with a text reminder sent before each appointment.

The clinic did not monitor “did not attend rates” for initial consultations, or post-surgical follow up appointments. The clinic charged patients per consultation, so whilst the rates were not monitored, the clinic told us they were low.

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.

The clinic had a clear complaints policy. The policy highlighted the rights of patients to take their complaint to the Independent Sector Complaints Adjudication Service (for private patients). Contact details for the adjudication service were displayed in the reception area.

Complaints were collated by the head office and sent to the individual clinics to investigate.

The clinic aimed to respond to patients’ complaints within 20 working days. If a complaint could not be responded to within that time frame, the clinic committed to updating complainants every 20days regarding progress.

Complaint were logged and managed via an electronic system. This provided the investigating manager with a prompt when the 20 day response was due and also provided details of lessons learned. The clinic showed us details of one complaint that led to it not using a third party provider again. The clinic did not monitor complaint response times, this was done centrally by the service’s head office governance team.

There was an A4 poster behind the reception desk highlighting the complaints process, but this was not easily visible. Whilst there was a folder in the reception area that contained information, but it was not obvious that it contained details about how to complain.

Are surgery services well-led?

Good 

We had not rated this domain before. We rated it as **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.

Leadership at the clinic was provided by a clinic manager and a clinical lead, with oversight provided by the central executive team based from the group head office in London. The executive team were responsible for such things as the development of policies and new procedures, governance systems and monitoring practising privileges via the medical advisory committee. Compliance with adherence to policies and procedures a regional level was the responsibility of the clinic’s management.

Staff told us that the clinic’s managers were visible, supportive and approachable. One member of staff told us that the clinic’s managers were “great”, and since the managers had joined the clinic in early 2019, much more information was being provided to staff about the service.

Managers at the clinic had undergone leadership training.

Staff told us that following feedback given during the previous staff survey, leaders from the executive team at head office were much more visible.

Fit and proper person tests for directors and other staff, including Disclose and Barring Service checks, references and identification checks, were carried out by the group’s head office.

Vision and strategy

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The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

The group had a clear strategic plan for April 2019 to March 2020 which included such plans as best practice healthcare governance and regulatory compliance; a focus on innovative treatments which had less risk, and the increasing use of digital technology for the collection of patient feedback. The plan also highlighted development in employee engagement, and governance and clinical objectives, including the recruitment, retention and development of nursing staff.

The clinic manager had recently joined the education and training committee. A recent meeting was held to discuss training on the visions and values of the organisation so these could be presented to staff at all clinics to obtain their views.

The service's induction programme included a module on the service's mission statement, core values and beliefs.

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.

There was a positive culture within the clinic and staff told us that they enjoyed working at there. Staff members told us that communication was good and that the clinic managers were "great". One member of staff told us that they "loved" working at the clinic and it felt like a "family".

We spoke with two consultants. One told us that the clinic was "professional" with "communicative, open and caring" leaders and staff.

There was a whistleblowing policy. However, staff told us that they felt confident to approach managers if they had concerns about their work.

There was an up to date equality and diversity policy and strategy. There was also an equality and diversity committee which provided "strategic direction, leadership

and support for promoting and maintaining equality, diversity and human rights issues across [all sites]". A representative from the clinic was present on the committee.

There were low sickness rates with the only instance of sickness between December 2018 November 2019 being recorded in May 2019.

The group had a Freedom to Speak Up Guardian available to staff at all the regional clinics. Minutes from the February 2020 staff meeting showed that this role had been discussed with staff.

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 group had clear governance processes and procedures that allowed information to be passed between staff at all clinics, and for the senior management team to have assurance about the safety and effectiveness of the services it provided.

There was a group wide Clinical Governance policy. This set out the roles and responsibilities for relevant members of staff including audit requirements, supervisory processes and reviewing and ratifying new policies and procedures.

The clinic had a clear audit programme which included such things as records completion, medicines management, infection prevention control and the surgical safety checklist.

Policies were available electronically via an online portal. The policies we reviewed were within their review date. The policies we reviewed contained an equality impact assessment to assess whether they positively or negatively impacted on staff or patient groups.

There was a quarterly clinic manager and clinical leads meeting involving relevant staff from all clinics as well as the senior management team. They discussed any incidents and complaints, training and infection prevention

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and control matters. Recent meetings included updates from the chief executive officer as well as human factors training. Information from this meeting was cascaded to regional staff via the monthly regional meeting.

The clinic held regular team meetings with a set agenda with staff at all levels invited. Agenda items included governance, patient feedback, incidents and complaints, and the local risk register. Audit results were also discussed at these meetings along with good news stories, best practice, training and development news, and health and safety updates. There were no meetings in November and December 2019 as we were told a lot of staff were away at that time.

Staff that could not attend meetings were asked to sign to say that they had read the minutes and that they were aware of updates.

The clinic outsourced its pathology to a third party provider and had a service level agreement in place. However, there were no agreed turnaround times within the agreement. The group head office set up all service level agreements.

The group had a medical advisory committee to review and monitor all clinical practices and behaviours across all clinics to ensure that there was a “safe, compliant and efficient operational delivery of treatment and services”. This was chaired by the Chief Medical Officer and included various senior leaders and consultants. The committee was not attended by regional clinic staff.

The group managed and monitored consultant practising privileges and had a comprehensive policy for granting these. This process was managed at group level via the medical advisory committee.

The group operated a number of committees including an equality and diversity committee and an education, training and workforce. The education, training and workforce committee discussed training and e-learning updates, policies, audits and reviews.

Managing risks, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The group had a comprehensive risk management policy that set out how risks were assessed and ensured control measures were in place.

There was a local risk register for the clinic and this was displayed in the staff room. Possible risks included insufficient clinical staff to operate clinics. We saw that controls had been put in place (for example, access to agency staff and clinic diary management) and there was a responsible person for ensuring action was taken. Risks were up to date. The risk register was discussed in during the quarterly clinical leads and clinic managers meeting, and in monthly team meetings.

Patient safety bulletins were displayed in the clinic’s staff room. This included details of policies and procedures that had been updated as well as outcomes of incident investigations.

Learning relating to delayed wound healing were circulated via the patient safety bulletin. Following one delayed healing incident, the group issued revised guidance regarding wound types and dressings.

The clinic conducted clinical audits, including for compliance with post-anaesthetic care. The results for February 2020 showed 90% compliance.

We saw evidence that the outcomes of clinical audits were acted on to improve services. For example, a medical records audit showed that 15% of records did not have before and after photographs included. Action included reminding staff of the process during the January 2020 team meeting (which we saw had happened).

Managing information

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.

The clinic used a digital camera for taking photographs before and after patients’ cosmetic procedures. We saw that the camera was locked away in a key coded cupboard.

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The clinic did not have a signing in and out book for the camera so it could not easily track which member of staff had last used the camera in case it went missing. The clinic introduced this process during the inspection.

The group had a records retention policy. All paper records were kept for one year and were then sent to archive (archive services were provided by a third party).

The group had a Caldicott Guardian responsible for protecting the confidentiality of people's information.

All policies were ratified via the group's Quality Group Committee. Each policy set out the version number, when it was ratified and the author.

Whilst the clinic did not carry out breast surgery at its site, patients could have their pre-operative consultations there. We saw evidence that patients planning to have breast surgery were given information about the Breast and Cosmetic Implant Registry.

The clinic collected patient satisfaction scores relating to both the quality of the outcomes and the individual consultants providing the service.

Staff had received training on the General Data Protection Regulations.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

The clinic held regular staff meetings and we could see good participation from staff.

The group's senior management team issued a Staff Monthly Update bulletin which was sent to each regional clinic and displayed in the staff room. The most recent bulletin provided information about new starters and leavers, clinical updates including new procedures and financial updates.

The clinic engaged with local private hospitals that provided complex surgeries. The clinic manager had met with these providers but there were no regularly scheduled face to face meetings. The clinic told us that there was regular email and telephone contact with the hospitals.

The group had an equality and diversity champion who delivered training days to the regional clinics.

The clinic had recently provided training for Mental Health first aiders at each clinic. These staff members could support other employees experiencing mental health issues or emotional distress. Details of the Mental Health first aiders were displayed in the staff room.

The clinic had recently introduced a staff suggestion scheme with a £150 voucher awarded to the person with the suggestion with the most benefits.

The clinic held a "Time to Talk" day in February 2020 for staff to discuss any issues they had.

The group carried out an annual staff survey taking account of the views of staff across all eight clinics. Almost 90 staff responded, with 97% agreeing, or strongly agreeing, with the statement that they were proud to work for the organisation.

The staff survey identified some areas for improvements which included reward and recognition, the visibility of senior manager, and communication. An action plan was produced to tackle these issues. Actions included an updated appraisal policy which now included personal and career development goals, and a visit plan for the senior management team. We saw evidence in the September 2019 senior management team meeting that human resources had set up a schedule for visits, and staff also told us that the senior team were now more visible.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The group had recently launched a Patient Journey Project to look at where improvements could be made in the patient experience.

The service had recently provided training for Mental Health first aiders at each clinic who acted as the point of contact for employees experiencing mental health issues or emotional distress.

Outstanding practice and areas for improvement

Outstanding practice

The service had recently provided training for Mental Health first aiders at each clinic. These were members of staff that would be the point of contact for employee experiencing mental health issues or emotional distress.

The most recent staff survey highlighted that, across the group, 97% of staff agreed, or strongly agreed with, the statement that they were proud to work for the organisation.

Areas for improvement

Action the provider SHOULD take to improve

- Consider whether it would be appropriate to introduce the Hospital Anxiety and Depression questionnaire for all cosmetic surgery procedures.
- Consider implementing the use of pain scores for all surgical procedures to have assurance that pain is managed appropriately.
- Ensure that hazardous substances are always locked away.