RJ Medical Consultants Limited

Riverbanks Clinic

Inspection report

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

Ratings

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

Summary of findings

Overall summary

Riverbanks Clinic is operated by R J Medical Consultants Limited. The clinic opened in 2011. It is a private clinic located in East Hyde, near Luton. The clinic primarily serves the communities of London and Hertfordshire. The service provides consultation and minor cosmetic surgery treatment to self-funding patients aged over 18. The service also treated children and young adults for skin conditions which was not a regulated activity

The main service provided by the clinic is minor cosmetic surgery, for example mole removal, liposuction, face lifts and Botox treatment. All surgery is performed as a day case with local anaesthesia. The clinic also offered a private GP service.

The clinic offered cosmetic procedures such as dermal fillers and laser hair removal, rejuvenation treatments and other cosmetic treatments which are not a regulated activity. We, therefore, did not inspect these procedures.

The service was inspected because it had not been inspected since 2013. The service had previously been inspected using the old methodology when the service was found to meet all the standards.

We completed this inspection using the current methodology, to identify whether the service was safe, effective, caring, responsive and well led.

This was the services first inspection using this methodology. We rated it as good because:

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

However:

- The services' risk register did not outline clinical risks associated with the treatments provided.
- Meeting minutes were not detailed.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	This was the service's first inspection using this methodology. We rated it as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. managed safety incidents well and learned from them. • Staff provided good care and treatment, gave patients pain relief when they needed it. The registered manager monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care and had access to good information. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their treatment. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. • The registered manager ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. However: • The service's risk register did not outline clinical risks associated with the treatments provided.

Summary of findings

- Meeting minutes were not detailed.

Following this inspection, we told the registered manager that they should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Summary of findings

Contents

Summary of this inspection

Background to Riverbanks Clinic

Riverbanks Clinic is operated by R J Medical Consultants Limited. The clinic opened in 2011. It is a private clinic located in East Hyde, near Luton. The clinic primarily serves the communities of London and Hertfordshire. The service provides consultation and minor cosmetic surgery treatment to self-funding patients.

The main service provided by the clinic is minor cosmetic surgery, for example mole removal, liposuction, face lifts and Botox treatment. All surgery is performed as a day case with local anaesthesia. The clinic also offered a private GP service. The clinic offered cosmetic procedures such as dermal fillers and laser hair removal, rejuvenation treatments and other cosmetic treatments which are not a regulated activity. Therefore we did not inspect these procedures.

The clinic has no inpatient beds. Facilities include a reception area with co-located washroom and toilet, a consulting room, two treatment rooms, one theatre and a staff room, washroom and toilet.

The staff comprise of the medical director who is a GP on the GMC General Practitioner Register and is also the registered manager, a surgical manager and senior medical aesthetician. Additional GPs did work for the service under practicing privileges agreements, but these agreements were terminated during COVID-19 to reduce the risk of transmission.

The service has had a registered manager in post since 2011 and is registered to provide the following regulated activities:

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

We last inspected the service in October 2013 where it met CQC standards.

How we carried out this inspection

We completed a short notice announced inspection of the service on 18 January 2021. We spoke with three members of staff including the registered manager, surgery manger and senior aesthetic practitioner. We spoke with five patients and reviewed 15 online patient reviews and 10 sets of patient records.
We rated the service as good for safe, effective, caring, responsive and well led. The overall rating was good.

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 risk register accurately reflects risks and mitigation for clinical procedures as well as non-clinical risks. (Regulation 17)
- The service should ensure that meeting minutes accurately reflect discussions completed as part of regular team and performance meetings. (Regulation 17)

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good

This was the services first inspection using this methodology. We rated safe as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Training was provided by an external company annually or as in line with guidance. For example, basic life support was completed annually, and equality and diversity training every three years.

Medical staff received and kept up-to-date with their mandatory training. We saw that some training was about to expire. Staff were aware of this and told us that their trainer had recently retired, and the service was in the process of identifying another training source.

The mandatory training was comprehensive and met the needs of patients and staff. We saw that training was completed in all relevant topics including health and safety, fire safety and governance.

Managers monitored mandatory training and alerted staff when they needed to update their training. Training was completed at the same time each year to ensure full compliance. Training was booked by the manager in advance of expiration to ensure staff were available.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. We saw that all staff completed safeguarding adults level 2 and safeguarding children level 1 training which was proportionate to the level of treatments provided for children or young adults. The service treated children and young adults for skin conditions which was not a regulated activity.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and told us they knew how to work with other agencies to protect them. We were told how staff would escalate any concerns to the clinical lead and local authority if necessary.

Staff knew how to make a safeguarding referral and who to inform if they had concerns, however, the team had not had the need to raise concerns so could not give us any examples where they had done so.

Staff followed safe procedures for children visiting the service. The provider had restricted children from attending due to the COVID-19 pandemic to reduce the risk of transmission. The service did not routinely provide care or treatment for children or young adults under 18 years old. We were told the care provided for this age group consisted of skin treatments which were outside regulations. Staff confirmed that whenever children or young adults attended, they were always accompanied by a parent.

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.

Clinical areas were clean and had suitable furnishings which appeared clean and well-maintained. The service used an external cleaning company to clean all non-clinical areas. The manager met with this team regularly to feedback on performance and discuss any issues or concerns. All clinical areas were cleaned by the clinical staff, before and after any treatments.

The service generally performed well for cleanliness. Audits were completed regularly and showed above 95% compliance with all cleaning. This included all equipment. Audits were completed daily with in-depth environmental cleanliness audits completed every quarter. We saw audits for 2021 and found these showed good compliance. Audit findings were shared with the team.

Staff hand hygiene audits were completed monthly and results showed full compliance with hand washing, sanitising and the use of gloves where appropriate.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore PPE in line with national guidance. Patients were asked to wear face masks and sanitise hands where appropriate throughout their appointments. The provider informed patients of COVID-19 arrangements on the service website before the patient attended the clinic. This included the completion of a COVID-19 declaration which was completed before arrival and a temperature check before entering the clinic.

Staff cleaned equipment after patient contact and recorded this on a cleaning schedule. The service manager checked that equipment was cleaned daily and between uses. Sterile equipment was sent to an external company to be decontaminated before being returned to the service for the next use.

Staff used records to identify how well the service prevented infections. Patients were routinely followed up to review their treatment and assessed for any signs of infection. Records were detailed enough to enable the identification of any surgical site infections. Where appropriate preventative antibiotics were prescribed.

Staff worked effectively to prevent, identify and treat surgical site infections. The service reported no surgical site infections in the twelve months preceding the inspection (January 2021 to January 2022).

Good

Diagnostic and screening services

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. Clinical areas were sufficiently large enough to accommodate the equipment and teams needed to complete treatments. The service had handwashing sinks available in each room. There was restricted access to the theatre and all patients attending the clinic were accompanied into their room for treatment to prevent accessing other areas.

Staff carried out daily safety checks of specialist equipment in accordance with national and manufacturers guidance. Staff told us they received training in the use and management of equipment directly from the manufacturers, who also completed annual compliance testing on all equipment. We saw annual safety checks of equipment showing all equipment was safe to use.

The service had an automated external defibrillator (AED) and an anaphylaxis kit which could be used in the event of an emergency. Evidence showed that this was checked regularly along with the remaining emergency equipment (such as oxygen cylinder and emergency grab bag).

The service had enough suitable equipment to help them to safely care for patients. Each clinical treatment room contained suitable equipment for the procedures completed in that area. Each room had a supply of sterile and single use equipment such as needles, syringes and dressings. We saw that sterile items were stored in easily accessible trolleys and all items were checked for expiry regularly.

Equipment used for more invasive treatments, were in sterile equipment packs, which were bought in advance and reused following decontamination at an external decontamination service. Staff told us that the turnaround of decontaminated equipment was quick enough to ensure availability. All procedures were planned in advance which enabled staff to ensure that they had all relevant equipment before the patient attended for the procedure.

All implants were recorded in line with best practice and to enable tracing in the event of a product recall/ error. We saw patient records clearly stated what equipment and what implants had been used.

Staff disposed of clinical waste safely. The service had a service level agreement with a clinical waste disposal company, who collected all clinical waste weekly. In the interim, waste was stored in a secure area external to the clinic.

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.

The service did not complete high risk procedures, with the majority of work being minor procedures such as mole removal or liposuction and thread lifts. The majority of these required local anaesthesia, although for the more invasive procedures conscious sedation was used.

Patients attending for minor operation procedures (liposuction, mole, skin tag removal, thread lift non-surgical face lifts) were pre-op assessed one month before the procedure (e.g. weight, bloods), then reviewed again just before procedure. This ensured that all risks were identified in advance of the treatment.

Good

Diagnostic and screening services

The service used a variety of assessment tools to assess patients prior to and during their treatments. This included the use of a nationally recognised tool to identify deteriorating patients and escalated them appropriately. For example, the National Early Warning Score system (NEWS) was used to monitor patients' clinical observations during treatments. There were clear processes for escalation of patients, although a nurse and doctor were present for all invasive treatments.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly. We reviewed ten patient records and saw that risk assessments were completed for all patients with evidence that information recorded was reviewed by the doctor.

Staff knew about and dealt with any specific risk issues including sepsis and venous thromboembolism (VTE). All patients were assessed for VTE risks before admission for treatment and were given anti embolic stockings as necessary. We saw that risks associated with treatments were discussed as part of the patient's initial consultation.

Staff completed the World Health Organisation (WHO) five steps to safer surgery checklist for all patients undergoing invasive clinical procedures. This process ensured that all staff were aware of the patients planned procedure before commencement, and ensured safety following the procedure with a debrief.

The service used conscious sedation and staff completed patient clinical observations regularly throughout sedated procedures and monitored their conscious level to ensure patients were not too heavily sedated. Staff were aware of what actions to take if a patient became too heavily sedated, and reversal medicines were available.

In the event of an emergency, staff would call emergency ambulance services to retrieve the patient. A consultant anaesthetist with advanced life support training was always present when sedation was being used.

The service did not have access to mental health liaison and specialist mental health support. However, there was a robust screening tool used for all patients before treatment. Patients were asked to complete a questionnaire which was designed to enable the identification of patients who may require additional psychological support or at a higher risk of being manipulated into cosmetic procedures. All patients had a consultation with the doctor before acceptance for treatments, and the team confirmed that if there were any concerns as to the rationale for procedures, the case was rejected. Where necessary the team referred to the local acute hospital or the patients GP for further assessment. The team were proud of their screening processes which ensured that there was a clear rationale for procedures.

Staff shared key information to keep patients safe when handing over their care to others. The team did not routinely share care with other providers, although would refer to specialist support from the nearby private or acute hospital or patients GP if necessary. We were given the example, of where there may be a suspicious growth for removal, and the team would refer the patient to an alternative service.

Handovers included all necessary key information to keep patients safe. We saw that the small team enabled information to be shared about planned and expected procedures. The same staff would be present throughout treatments which prevented risks associated with handing over care.

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, agency and locum staff a full induction.

Good

Diagnostic and screening services

The service had enough staff to keep patients safe. The service consisted of one doctor, a surgical manager and senior medical aesthetician. There was also a nurse who worked as part of the bank service and an anaesthetist who worked under practicing privileges. All staffing requirements were planned in line with the treatments planned.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants needed for each shift in accordance with national guidance. Staff were available according to the procedures planned. The service had reduced considerably during COVID-19 in response to a decrease in demand and activity.

The manager could adjust staffing levels daily according to the needs of patients. The bank nurse was called in for all treatments where a nurse was required and worked consistently for the service enabling familiarity.

During inspection staffing levels matched the planned numbers.

Managers limited their use of bank and agency staff and requested staff familiar with the service. We saw that the same nurse worked regularly when larger invasive procedures were completed. Managers made sure all bank and agency staff had a full induction and understood the service.

The anaesthetist worked at the clinic under practicing privileges. The service manager regularly reviewed the anaesthetists training and revalidation to ensure that there were no issues with competence.

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.

Patient notes were comprehensive, and all staff could access them easily. The service manager had designed an electronic patient record which contained all patients details necessary. Preadmission records included, a copy of the patient's initial assessment, demographics, including allergies and next of kin contact details, planned treatment and completed risks assessments (including venous thromboembolism VTE) and blood test/ electrocardiogram tests (ECG- heart trace). Consent was clearly recorded within the record and signed by the patient and the doctor.

Once admitted for a procedure records went on to include details of the procedure, any clinical observations, medicines administered and details of any prosthesis or implants. Records went on to detail any recovery observations and details of follow up appointments and treatments.

Staff reported that any notifiable implants were recorded in line with guidance.

Records were stored securely. As all records were electronic, there were no concerns around unauthorised access. Staff had individual log-ins to tablets to enable access to records. The service had a system in place to use in the event of a failure of the electronic records, when paper records could be completed and scanned into the system.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely.

Good

Diagnostic and screening services

Staff reviewed each patient's medicines before receiving treatments. For example, we saw patient records showed details of medicines being taken in advance of an appointment and the discussion completed during consultation regarding whether medicines should continue on the day of planned treatment.

Staff completed medicines records accurately and kept them up-to-date. Medicines were recorded before admission for treatment and reviewed at each contact for any changes.

Staff stored and managed all medicines and prescribing documents safely. We saw that the service used minimal medicines, and these were stored securely. Controlled medicines were stored in appropriate lockable cupboards. Other medicines and those which are temperature sensitive were kept in separate cupboards and medicine fridges. Staff checked the ambient and fridge temperatures to ensure medicines were stored in line with guidance.

Records were clear in describing the dose of medicines administered. All medicines administrations were recorded in the patients' electronic record and detailed the dose, route and time of administration.

We saw that the doctor was the named responsible practitioner for medicines and took responsibility for ordering and retrieving any requested medicines. The service used a local pharmacy to supply medicines and there was a clear process for requesting and collecting the medicines.

The doctor also had access to a prescription pad which could be used to prescribe pain relief or post treatment medicines. We were told that the majority of prescriptions were for skin ointments. When not in use, the prescription pads were stored securely. Keys to the medicines cupboards were stored in a key safe when not in use or held by the nurse or doctor.

The service used conscious sedation for some procedures, and we saw that this was clearly recorded in patients notes. Staff had access to anaphylaxis kits to be used in the event of an adverse reaction to medicines used.

Staff learned from safety alerts to improve practice. We saw that any safety alerts were shared by the service manager with the wider team.

An external provider was used for the supply and management of medical gases such as oxygen. We saw that cylinders were stored securely in line with guidance.

Incidents

The service had processes in place to manage patient safety incidents.

Staff knew what incidents to report and how to report them. The service used an electronic incident reporting template which was escalated to the service manager for investigation following completion. There was a policy in place which described the process for escalating concerns which was accessible to staff through a shared electronic folder.

The service reported that there had been no incidents reported in the year preceding the inspection (January 2021 to January 2022), however, staff knew how to report any incident or near miss.

The service had no Never Events or serious incidents from January 2021 to January 2022. Never Events are serious, largely preventable patient safety incidents that should not happen if all available preventative measures have been used.

Good

Diagnostic and screening services

Staff understood the duty of candour. They knew how to be open and transparent, and how to give patients and families a full explanation if and when things went wrong.

Are Diagnostic and screening services effective?

Good

This was the services first inspection using this methodology. We rated it as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed a selection of policies including the sepsis management, emergency care policy, medicines management and confidentiality policy and saw that they were clear and accessible to all staff. There was a process in place for policies to be reviewed regularly to ensure they were updated in line with national guidance, for example that provided by the Royal College of Surgeons.

The service had a robust audit programme which reviewed staff compliance with policy, this included infection prevention and control audits and patient documentation audits. Any areas which were identified as needing additional training or compliance were addressed by the service manager and staff were prompted to ensure compliance or complete additional training.

All patients attending the clinic had a psychological assessment as part of their initial consultation to identify if there was a need for further psychological support before treatment. In the event that the staff had any concerns about the patient's psychological wellbeing, the patient would be referred for support or review by their GP.

Nutrition and hydration

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

Patients were informed of any dietary requirements before attending the service for a procedure. We saw that patients requiring conscious sedation were informed of the need to fast in advance attending the clinic.

All patients who received conscious sedation were required to eat and drink before leaving the clinic and given advice on dietary needs following surgery.

Pain relief

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

Good

Diagnostic and screening services

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. When completing clinical treatments, the team checked with the patient to ensure that pain was well controlled. For those patients receiving conscious sedation, staff assessed pain by facial expression or sounds ensuring that the correct level of analgesia was used.

Patients received pain relief soon after requesting it. Pain relief was provided in advance of treatments and as part of the aftercare. Patients could receive prescriptions for any specific pain relief medicines but were often advised on the use of over the counter pain relief such as paracetamol and ibuprofen.

Staff prescribed, administered and recorded pain relief accurately. We saw patients records clearly outlined medicines administered and their effectiveness.

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations. We saw that patient satisfaction with outcomes was recorded as part of follow up visits. All patients reported that they were satisfied with the outcome. We looked at 15 reviews of the service and found that all reported a positive outcome. The services completed feedback surveys and data for January to December 2021, showed that patients were satisfied with the service and would recommend the clinic for treatment.

Managers and staff used the results to improve patients' outcomes. The service continually looked at how they could improve treatments and outcomes for patients, with plans to implement new and improved treatments following research. We were given examples of how the team had taken on improved treatments to ensure better patient outcomes and measured satisfaction from patients treated. The service routinely audited patient outcomes and ensured that staff understood information from the audits. All patient outcomes were discussed with staff as part of team meetings, enabling them to understand overall satisfaction with the service.

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.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. We saw that staff had received role specific training to ensure that they were able to complete their roles. Any follow up competency assessments were completed either in house or by peers/ manufacturers. For example, ongoing competency in using equipment was monitored by the manufacturer.

Managers gave all new staff a full induction tailored to their role before they started work. There was a small team in place following changes to the size of service during COVID-19 lockdown. The team was able to flex with support from bank staff to include an anaesthetist and nurse. Both worked at the clinic regularly and received a full induction before completing any shifts.

Managers supported staff to develop through yearly, constructive appraisals of their work. All appraisals were in date.

Good

Diagnostic and screening services

Medical staff competency was reviewed by peers as part of the British College of Aesthetic Medicine (BCAM) revalidation process. We were told that this included a review of training completed, feedback from learning and a 360-degree review from peers. Treatments and feedback from patients were also reviewed as part of the revalidation process.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The team had reduced during the COVID-19 lockdown and we saw that all meetings were held when all team members were available. The service completed notes from meetings, which were shared with the team electronically.

Managers made sure staff received any specialist training for their role. Team members received training from source, for example, all equipment training was provided by the manufacturer and updated regularly.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. If a new treatment was planned to be introduced, the practice was researched before implementation and staff trained. We were told that the service currently performed a specific type of thread lift, with minimal services trained with this procedure in the UK. The services had liaised directly with the originating services and arranged for training in person for all staff who would be involved with this procedure. This ensured that staff were learning directly from the original source to ensure competence.

Staff had the opportunity to discuss training needs with the medical director and were supported to develop their skills and knowledge. The doctor was keen to progress with new treatments and worked cohesively with the team to identify any areas for changes or advancements in practice

Multidisciplinary working

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

Staff held regular multidisciplinary meetings to discuss patients and improve their care. As the service was small, we were told communication was effective and continual. We heard how conversations occurred on a daily basis and were inclusive.

Staff worked across health care disciplines and with other agencies when required to care for patients. When or where necessary the team would consult other specialities. We were given examples, of patients being referred to acute or private hospitals for ongoing review or treatments.

Seven-day services

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

The service operated five days per week, Monday to Friday, with some evening sessions on Mondays, Tuesdays and Wednesdays.

The types of procedures completed were largely low risk and did not require follow up outside the operational hours, however, patients could call out of hours for advice. Invasive procedures were largely planned for Tuesdays and Thursdays, and staff informed patients of any post treatment care and how to escalate any concerns in and out of hours before discharge.

Health promotion

Staff supported patients to make informed decisions about their care and treatment.

Good

Diagnostic and screening services

The service had a robust process for ensuring that patients had all the information necessary for the procedure planned. Care was taken to rule out patients who may be undergoing procedures for non-medical reasons and those who were frequent or repeated attenders. The service did not repeat procedures within six months of each other and declined treatments if they felt that the procedure was not necessary. The service prided itself on their clear commitment for preventing unnecessary clinical procedures.

Patients were able to book a procedure using an online app as soon as they had been seen by the doctor and the procedure planned. The team ensured a cooling off period of at least 14 days before fulfilling the treatment request.

We saw that consent was clearly recorded in the patients record. Consent followed national guidance and included details of the procedure, potential side effect and risks. All consent forms reviewed (10) were completed and signed by patients and doctors.

Staff were able to support patients with decisions about their treatments and we heard staff speaking openly about risks and potential outcomes. We were told that patients with unrealistic expectations were supported to understand limitations of procedures.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff told us all patients had the capacity to make their own decisions.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Patient records we reviewed showed consent was obtained in accordance with hospital policy.

Patients who were booked for cosmetic surgery were given a two-week cooling off period before undergoing the procedure, in case they wanted to change their mind. This was in line with national guidance.

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. There was an up-to-date consent policy for staff to follow. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system.

Are Diagnostic and screening services caring?

Good

This was the services first inspection using this methodology. We rated it as good.

Good

Diagnostic and screening services

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 interactions between staff and patients and saw that they were respectful friendly and considerate. Care was taken to ensure privacy during consultations.

Patients said staff treated them well and with kindness. We saw 15 reviews about the service and found that 14 were positive about the service, all confirmed that they had been treated well and that staff had been professional and understanding.

Staff followed policy to keep patient care and treatment confidential. All patients were escorted into consultation rooms to discuss treatments which prevented discussions in communal areas.

Staff understood and respected the personal, cultural, social needs of patients and how they may relate to care needs. Staff took time to identify triggers for procedures and how their concerns impacted their lifestyle. Staff told us they would open all windows for a patient who was anxious about COVID-19 due to underlying health conditions.

Emotional support

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

Staff gave patients, emotional support and advice when they needed it. We saw patients feedback relating to how staff had supported them to make decisions about realistic outcomes to manage their conditions. Patients reported that staff listened to their concerns and managed their distress about their conditions.

Staff demonstrated empathy when having difficult conversations. We saw that staff spoke with compassion and empathy when discussing treatments or expected outcomes. We were given examples, of where the team had spoken to patients who had unrealistic ideas of what treatments could provide, and how the team had been honest about what to expect. Patient feedback confirmed that staff were honest and open about what to expect.

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. We were given examples of where patients had adjusted their lives because of their condition and how this had changed following treatment.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff explained treatments in detail before the patient agreeing to attend the clinic. This enabled patents to understand fully what to expect when attending, the recovery time and outcomes.

Staff supported patients to make informed decisions about their care. Staff talked with patients in a way they could understand, using communication aids where necessary. We saw that staff spoke clearly and checked understanding during appointments. The team also used pictures during consultations to detail procedures and outcomes.

Good

Diagnostic and screening services

Patients could give feedback on the service and their treatment and staff supported them to do this. The service used an online feedback system and all patients were encouraged to respond. We also saw that there was a paper feedback form located in the clinic for an immediate feedback about treatment. The service also completed post treatment call backs to gather any information about the service, what could be done better and to determine whether patients who would not be attending a follow up appointment were happy with the outcome of their procedure.

Patients gave positive feedback about the service. We saw comments such as "I cannot recommend the clinic highly enough, the team are the most professional, friendly and committed professionals…." and " I was completely comfortable during the procedure, and the aftercare advice helped me recover quickly with no discomfort" and "I can't thank you enough for the happiness I feel and the confidence it gave me".

Are Diagnostic and screening services responsive?

Good

This was the services first inspection using this methodology. We rated it as good.

Meeting people's individual needs

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

Patients contacted the service directly requesting treatment. Once contact had been made, patients were asked to complete an online questionnaire which was used to outline the treatment and outcomes expected. Patients then attended a consultation which was currently being conducted via an online meeting platform. Before COVID-19, patients attended a consultation in person. During the consultation, patients would outline their treatment choice and expected outcomes which were discussed in detail to determine whether the expectations were realistic and the chosen treatment suitable.

All treatments were personalised, and staff took time to ensure that the patients' thoughts, considerations and wishes were taken into account. Staff completed personalised communications which were always written detailing the individual's options.

Staff would decline the procedure and patient if they felt that expectations were unrealistic or not in line with best practice. If patients were identified as requiring additional psychological support, the team could refer the patient to alternative/support services.

The service used its own staff as chaperones during COVID-19. If a patient requested a chaperone at the time of booking, this would be pre-planned. If a request was made on the day, the service accommodated this by adjusting lists to accommodate where possible.

Managers made sure staff, and patients could get help from interpreters or signers when needed. Staff told us they could access translators for appointments if necessary.

The service was accessible to patients who used mobility aids, with services on one level and accessible bathroom and treatment room facilities.

Good

Diagnostic and screening services

Access and flow

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

Patients attending the clinic were all self-funding, who had found the clinic for specific treatments not funded by the NHS. Patients made contact with the clinic by referring themselves through an email, phone call or through the clinics online app. Each patient was sent a personalised email from the service manager within 24 hours of receipt of the contact, detailing information about the services available.

The doctor completed the initial consultation, collecting past medical history, medications, and expectation of the treatment. If the patient went ahead with treatment a patient file and patient number was created on the electronic patient record system. Patients could then book an appointment for the treatment using the online booking system. This system enabled the patient to choose a time and date that suited them. The list of treatments automatically allocated the correct amount of time required for the treatment, which enabled the team to know in advance what procedures were planned and when.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Once patients had been accepted for treatment, they were able to book themselves into the clinic using an online app. The service manager tracked consultations and appointments to ensure that treatments were completed in a timely manner, and enabled cooling off periods.

Managers and staff worked to make sure patients did not stay longer than they needed to. All procedures were completed as day cases. Staff told patients the time they should expect to be at the clinic in advance of the procedures.

Managers and staff worked to make sure that they started discharge planning as early as possible. Patients were informed of any requirement for discharge in advance of treatments. For example, patients requiring sedation were told they needed an escort for discharge home and that they could not drive. Staff told us they did not let patients who had sedation for treatments leave the clinic unaccompanied.

There were processes in place to manage repeat attenders, and the team would not accept patients for repeated treatments within specific time frames for each procedure. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. Staff told us appointments were rarely cancelled, however, if they were next available slots would be offered.

The number of patients leaving the service before being seen for treatments was low. The majority of patients completed a consultation and then made a decision about treatments. We saw some files were left on hold, whilst patients either thought about using the service, or decided on treatments. This process enabled the team to identify patients who had attended the clinic before for advice and keep an accurate record of attendances or consultations.

Staff supported patients when they were referred or transferred between services. The service did not transfer patients between services although they may refer to alternative services. We were given examples of where patients past medical histories or conditions required further review, and how these patients were referred to other providers. In these cases, staff fully explained the rationale for declining the procedure.

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.

Good

Diagnostic and screening services

Patients knew how to complain or raise concerns. There were clear processes in place for feeding back to the clinic. Staff prompted patients to complete satisfaction surveys post procedure. There were feedback forms available within the clinic and the service used an online feedback forum. All feedback was monitored by the manager, and responses made. We saw that the majority of online reviews (111 out of 113) were positive, and all had a response from the clinic.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We saw the complaints management file which confirmed that an investigation had been completed and that staff and the complainant were informed of the findings.

Staff told us there had been one formal complaint to the clinic which had been responded to within five days of receipt, and the team were in the process of waiting for an outcome response from the patient. This was the only complaint the service had received from January 2021 to January 2022.

Managers investigated complaints and identified themes. As the service had received minimal complaints, they could not identify any themes, however, confirmed that any concerns were reviewed alongside the patients records to ensure a full investigation. Managers shared feedback from complaints with staff.

All patients who were not completely satisfied with the outcome of their procedure were offered a follow up review by the doctor.

The service clearly displayed information about how to raise a concern in patient areas. There was a feedback form located in the main reception area, which was accessible to all patients. Alternative feedback processes were explained during consultations.

Staff understood the policy on complaints and knew how to handle them. Staff told us that any concerns were discussed across the full team as they occurred. The service manager and doctor responded to any concerns.

Are Diagnostic and screening services well-led?

Good

This was the services first inspection using this methodology. 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.

The service had a registered manager who was the clinical lead for the service. They were supported by a service manager and a senior aesthetic practitioner. There were clear processes for escalation and management. There was evidence of a joined up work ethic, with the team working collaboratively to provide quality care for patients.

The service manager was planned to take the responsibility as registered manager, and the team were in the process of preparing the necessary application. The application was fully supported by the team and the service manager was encouraged to develop management skills.

Good

Diagnostic and screening services

All staff told us the team were able to challenge each other and seek confirmation or clarity if necessary. The team were open and honest with each other. Staff told us they could access support at any time and there were shared goals and ambitions for the service.

Staff told us that there had been multiple changes to the team structure following staff furlough during COVID-19 lockdown. There had been a reduction in the number of staff working, and the team needed to work cohesively to ensure that business needs were met. The team were mutually respectful of each other and all reported that they worked well together and felt supported and valued. We were told that the Medical Director was "inspirational" and "a leading expert".

Vision and Strategy

The service had a vision for what it wanted to achieve. The vision was focused on sustainability of services.

The service had a vision for what it wanted to achieve which was based on the teams aims to be recognised for medical aesthetic treatments, based on honesty, integrity, trust, safety and expertise. The team all shared the same vision and values.

There was a focus on providing medical aesthetics, and we were given examples of how patients who wanted treatments to be in line with trends or 'fashion' were not treated at the clinic. The team prided themselves on helping patients achieve the outcomes they desired and in line with best practice. Patient outcomes were monitored to enable identification of whether treatments were successful.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted opportunities for career development. The service had an open culture where patients could raise concerns without fear.

Staff were happy in their work and were proud of the services offered and the team achievements. They spoke proudly of the service and how they made a positive impact on patients' lives. The team worked collaboratively with each other and bank staff to ensure care was provided in line with best practice and promoting safety.

The team were encouraged to develop and gain additional skills and competencies to meet demands in a changing industry. We were given examples of how staff had travelled overseas to gain skills training with procedure developers.

Patient feedback was encouraged, and we saw how this was always discussed with the practitioner who completed the treatment.

Governance

Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. However, meeting minutes were not robust or detailed.

As the team was small, communications were open and transparent. We saw that staff were clear about their roles, responsibilities and accountabilities.

The team adopted a quarterly team meeting to formalise the sharing of information. We saw that meeting minutes followed a set agenda which included details of performance, updates on risks and training opportunities as well as any feedback from patients or audit outcomes. However, minutes were not detailed and tended to list bullet points or brief notes of discussions. The whole team could access minutes which were stored in a shared electronic file.

Performance was monitored through a robust audit programme which included, clinical, non-clinical and infection control and prevention audits. These were completed by the service manager and shared with the team. Any deviations from the correct process were challenged by the service manager and we were told that staff were responsive to any concerns if flagged.

Performance was discussed at quarterly team meetings. This included a review of audit results along with patient feedback, and finances.

Management of risk, issues and performance

Leaders used systems to manage performance effectively. They identified and escalated risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. However, clinical risks were not outlined in the risk register.

The service had a risk register which detailed risks associated with the clinic and business continuity. We saw that the risks identified were reviewed regularly and any mitigations recorded. Staff were aware of the largest risks to the service which included, patient reactions to treatments and poor outcomes.

The risk register did not include risks associated with clinical practice, such as risk of anaphylaxis and bleeding. This was escalated to the service manager who told us they would review this and add clinical risks to the risk register following our inspection. We saw that there was mitigation in place for clinical risks with emergency equipment and training in place.

There were policies and standard operating procedures in place to inform staff of what actions to take in the event of an emergency. These were easily accessible in the staff shared files and staff we spoke with knew what actions to take in response to any unexpected events.

The service was registered with utilities providers as a priority facility which meant that any breaks in service provision would be reviewed as a priority.

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.

The service had developed an extensive patient record which enabled all information to be stored in an easily accessible file. We saw that the record enabled blood and histology results to be saved in a file containing details of the patient's preadmission checks, treatment record, consent form and any medications. The records were password protected to prevent unauthorised access. This record facilitated auditing of records for analysis of performance, and outcomes.

Good

Diagnostic and screening services

Staff reported that they always had information necessary for treatments planned and the system was easy to use. The service was registered with the Information Commissioners Office (ICO) and ensured that there were no patient paper records. Only staff completing treatments were able to access information.

Before COVID-19 the service completed consultations in person, however these had changed to online appointments which were completed via a secure online platform. Appointments were reported as being shorter and more succinct. Information about the patient was prepared before these online meetings to enable discussions to be focused on the specific needs of the patient.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

Staff were fully engaged with the services and staff continually looked at how they could improve treatments and experiences for patients. Patient feedback was integral to the planning of treatments to ensure that the service offered what was required by the local population.

Patients were able to communicate directly online with the service to discuss treatment options before committing to a procedure.

All patients were followed up after two days, especially medical treatments. Treatments and comments from follow up discussions were recorded in patient notes. Patients were given verbal aftercare information and an aftercare information leaflet before leaving the clinic.

Staff met to discuss the feedback and look at improvements to patient care. Staff used patient feedback to identify areas for development. The service used an online feedback form which was monitored by the service manager. Any concerns were discussed with the wider team to identify if anything needed changing to prevent reoccurrence.

There was evidence that changes had been made as a result of feedback. We were given an example of one patients feedback and how the service had made changes to the clinical environment in response.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

The service was keen to provide treatments which were proven to have higher success rates and consequently pioneered new treatments. We were given examples of how the team refrained from some procedures which they considered not as successful or had reduced effectiveness.