

Dr MediSpa & Yourhairdoc







Quality Report

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

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	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

DrMediSpa & Yourhairdoc is operated by Priors Medical Limited. It is a small independent cosmetic clinic. The service has two procedure rooms and three consultation rooms.

The service provides a range of cosmetic treatments. We inspected their cosmetic surgery services.

To inspect the service we used our comprehensive inspection methodology. We carried out the announced inspection on 2 July 2019.

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.

Services we rate

This was our first inspection of this service. We rated it as **Good** overall.

We found good practice:

- Staff cared for patients with compassion, kindness and respect. They made sure that people's privacy and dignity needs were understood and always respected.
- The clinic had enough medical and support staff with the appropriate skills, knowledge and experience to deliver safe and effective care, support and treatment.

- The service treats incidents and complaints seriously. Managers investigated them, shared lessons learned with staff, and made improvements to service provision where indicated.
- Staff followed infection prevention and control practices to reduce risks to patients.
- Risks to patients were assessed and their safety was monitored and managed so they were supported to stay safe.
- The service had suitable premises and equipment and looked after them well.
- The management team promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff worked well together and were committed to providing the best possible care for their patients.
- Patients were supported to make informed decisions about their chosen procedures and treatments, and were given sensible expectations.
- Patient records were clear, up-to-date and complete. They were easily accessible to staff.

However, we also found areas that require improvement:

- The service did not monitor patient outcomes.
- Not all patients' individual needs were considered. The toilets were on the first floor and not accessible to wheelchair users.

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

Name of signatory

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Surgery

Good



Cosmetic surgery was the main activity of the service. We rated this service as good because it was safe, effective, caring, responsive and well-led.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Dr MediSpa & Yourhairdoc	6
Our inspection team	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Overview of ratings	9
Outstanding practice	20
Areas for improvement	20

Good



Dr MediSpa & Yourhairdoc

Services we looked at

Cosmetic Surgery

Summary of this inspection

Background to Dr MediSpa & Yourhairdoc

DrMediSpa & Yourhairdoc is operated by Priors Medical Limited. The service opened in 2018 and is a small independent cosmetic clinic in Loughton, Essex.

The service has had a registered manager in post since 1 October 2018 and they are responsible for the day to day running of the clinic, including business administration, staff management and the management of complaints and incidents

The service offers minor surgical procedures which are carried out under local anaesthetic. Procedures carried out include, hair transplantation, facial fat transfer, face tite (a minimally-invasive contouring solution for the face and small areas of the body), and polydioxanone (PDO) threads (a treatment which lifts and tightens sagging skin tissue).

Our inspection team

The team that inspected the service comprised of a CQC lead inspector, and a specialist advisor with expertise in cosmetic surgery. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

The clinic is registered to provide the following regulated activities:

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

During the inspection, we visited the clinic. We spoke with six staff members including, reception staff, a consultant surgeon, the office manager and the registered manager. We spoke with five patients and reviewed five sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has not been inspected since registration with the CQC.

The service had one consultant surgeon who was the Chief Executive Officer (CEO), two receptionists, one registered manager and two aesthetic therapists. There was no accountable officer as the service did not have any controlled drugs (CDs) on the premises.

The service had:

Zero Never events

Zero Clinical incidents

Zero serious injuries

Zero incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA)

Zero incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

Zero incidences of hospital acquired Clostridium difficile (c.diff)

Zero incidences of hospital acquired E-Coli

Zero complaints

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 rated it as **Good** because:

- Mandatory training in key skills was provided to staff. Staff employed by the service had completed mandatory training.
- Staff understood how to protect patients from abuse.
- Infection risk was controlled in line with best practice.
- Premises and equipment were suitable for purpose and were well looked after.
- Risks to patients were assessed, and their safety was monitored and managed so they were supported to stay safe.
- The clinic had enough support staff to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Medical staffing levels were appropriate for the procedures performed at the clinic.
- Staff kept detailed records of patients' care and treatment
- There were effective arrangements in place for the management of medicines.
- Patient safety incidents were managed in line with best practice.

Good



Are services effective?

We rated it as **Good** because:

- Care and treatment provided was based on national guidance.
- Staff gave patients enough food and drink to meet their needs.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Staff had the skills, competence and experience to deliver effective care, support and treatment.
- Staff worked together as a team to benefit patients.
- The clinic's opening hours and out of hours arrangements were sufficient to ensure effective care was available to patients.
- The service monitored patient outcomes through audit and at the patients follow up appointments.

Good



Are services caring?

We rated it as **Good** because:

- Staff cared for patients with compassion.
- Staff provided emotional support to patients to minimise their distress.

Good



Summary of this inspection

- Staff ensured patients and those close to them were fully involved in decisions about their care and treatment.

Are services responsive?

We rated it as **Good** because:

- The services provided reflected the needs of the population served.
- People could access the service when they wanted.
- Learning from complaints and concerns.

However:

- Not all patients' individual needs were considered. The toilets were on the first floor and not accessible to wheelchair users.

Good



Are services well-led?

We rated it as **Good** because:

- The management team promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Governance arrangements had been made to ensure high standards of care were maintained.
- There were systems in place to identify risks and basic plans to eliminate or reduce them.

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 rated it as good.

Mandatory training

Mandatory training in key skills was provided to staff. Staff employed by the service had completed mandatory training.

- Staff received mandatory training in safety systems, processes and practices annually. Training was mostly provided via e-learning modules, with face-to-face sessions for basic life support training. The surgeon completed their annual advanced life support training annually; this was last completed in April 2019. Staff within the service understood their responsibility to complete mandatory training.
- At the time of our inspection, all staff employed had completed information governance, customer care, equality and diversity, health and safety, fire safety, infection prevention and control, and basic life support training.

Safeguarding

Staff understood how to protect patients from abuse.

- There were processes and practices in place to safeguard adults from avoidable harm, abuse and neglect that reflected relevant legislation and local requirements. The service's safeguarding policy was in-date and accessible to staff via the service's intranet. This policy referred to adults and included details of who to contact if staff had any safeguarding concerns

about an adult. There was a separate policy for safeguarding children. The surgeon had completed safeguarding children training at level three. Although the service did not treat children, the policy was in place so that staff knew how to identify safeguarding concerns should a child attend with a patient.

- Staff had received training on how to recognise and report abuse and knew how to apply it. Safeguarding training was provided via e-learning courses, which staff knew how to access. As of June 2019, all eleven staff members had completed safeguarding adults training.
- Staff had a good understanding of their responsibilities in relation to safeguarding vulnerable adults. They told us what steps they would take if they were concerned about potential abuse to their patients or visitors.
- The surgeon was the clinic's safeguarding lead for vulnerable adults.
- There had been no safeguarding concerns reported to Care Quality Commission (CQC) or reports made to the local authority in the reporting period from October 2018 to June 2019.
- Patients were able to ask for a chaperone. The clinic had an up-to-date chaperone policy in place, which staff knew how to access.

Cleanliness, infection control and hygiene

Infection risk was controlled in line with best practice. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

- Standards of cleanliness and hygiene were well maintained. The premises were cleaned regularly, in accordance with daily, weekly and quarterly cleaning schedules. We saw a checklist was in place, which confirmed the clinic was cleaned daily.

Surgery

- Flooring throughout the clinic was well maintained and visibly clean. Flooring in the procedure rooms was in line with national requirements (Department of Health (DH) Health Building Note 00-10 Part A: Flooring (2013)). The storage and supply room were carpeted. We were told that no clinical procedures were carried out in these rooms. This meant there was no risk of infection from blood or other bodily fluid spillages.
- There were reliable systems in place to prevent and protect people from a healthcare associated infection. We saw clinical staff adhered to the service's 'arms bare below the elbow' policy, an infection prevention and control (IPC) strategy to prevent the transmission of infection from contaminated clothing. Hand washing posters were displayed in the public toilet and clinical areas.
- Appropriate personal protective equipment (PPE) was available for staff to use when carrying out procedures.
- Surgical instruments used at the clinic were single patient use only. This eliminated the risk of cross patient contamination from re-used equipment.
- Appropriate theatre wear was worn by staff when they carried out minor surgeries in the procedure room. Theatre uniform was washed on site at 60 degrees Celsius after every theatre list.
- Flammable cleaning products were stored in line with the Control of Substances Hazardous to Health (COSHH) guidelines. This guidance recommended that potentially hazardous chemicals are stored in a COSHH cabinet so that they do not pose a direct risk to employees if there is an accident.
- The service had up-to-date infection prevention and control policy in place.
- Patients were not routinely screened for MRSA (antibiotic resistant bacteria) unless they had previously been colonised with or infected by MRSA. This was in line with national guidance (Department of Health Implementation of modified admission MRSA screening guidance for NHS (2014)). The pre-operative risk assessment form included patient history for MRSA.
- A service level agreement was in place between the clinic and an external equipment maintenance provider. The maintenance provider attended the clinic annually to service and safety test the electrical equipment. At the time of our inspection all items of equipment had been tested and serviced.
- At our inspection we found clinical waste management was handled appropriately with separate colour coded arrangements for general waste, clinical waste and sharps. Sharps bins were clean, dated and were not overfilled. Clinical waste and sharps containers were labelled with the clinic's details for traceability purposes. This was in line with the clinic's policy.
- There was a resuscitation pack and automated external defibrillator (used to help resuscitate a patient in a cardiac arrest) in the procedure room. The resuscitation pack contained a range of airway devices, a bag valve mask (used to ventilate a patient who is not breathing), intravenous fluids and medicines that may be used in the event of a cardiac arrest, anaphylaxis (extreme allergic reaction), asthma attack, epileptic seizure, and hypoglycaemia (low blood sugar level). The emergency equipment was checked prior to every surgical list. We found all equipment, fluids and medicines were in-date. Although the clinic does not treat children they kept children's defibrillator pads in case of an emergency.
- Fire safety equipment was fit for purpose. This included fire extinguishers, fire blanket, alarm system, heat and smoke detectors, and emergency lighting. Fire safety equipment was serviced six-monthly.

Assessing and responding to patient risk

Risks to patients were assessed, and their safety was monitored and managed so they were supported to stay safe.

- Pre-operative consultations for cosmetic surgery were carried out in line with national guidance. They included a risk assessment of the patient's suitability for the procedure, such as their medical history, general health, age, existing diseases or disorders, medications and other planned procedures. Psychologically vulnerable patients were identified and referred for appropriate psychological assessment (Royal College of Surgeons Professional Standards for Cosmetic Surgery 2016).

Environment and equipment

Premises and equipment were suitable for purpose and were well looked after.

- The premises were well maintained and had adequate facilities for the minor cosmetic surgeries and consultations provided.

Surgery

- All patients treated at the clinic had undergone a pre-operative consultation, an assessment and had access to a telephone support number, in case they needed to contact someone for further follow up advice and/or treatment.
- There were arrangements in place to ensure patient safety checks were made prior to, during and after surgical procedures were completed. We reviewed records that showed World Health Organisation (WHO) surgical safety checklists were completed correctly. This was in line with national recommendations (National Patient Safety Agency Patient Safety Alert: WHO Surgical Safety Checklist January 2009).
- All patients seen at the clinic had consultant-led care. There was access to a consultant during the whole time a patient was in the clinic. The consultant surgeon remained in the clinic until all patients had been discharged. At the initial consultation and on discharge, patients were given the consultant surgeon's personal mobile number and the clinic telephone number for any questions or concerns they had. The consultant surgeon had clinical commitments at another clinic and told patients that if their call was not answered immediately and they had concerns postoperatively, that they should contact either their GP or their local accident and emergency department, depending on the severity of their concerns.
- Patients were discharged once they had recovered appropriately from their procedure and local anaesthesia. The surgeon reviewed each patient prior to discharge. They were given verbal and written postoperative advice, a prescription for medication, contact telephone numbers and a follow-up appointment.
- The clinic only carried out minor cosmetic procedures that could be performed under local anaesthesia. Therefore, there was no service level agreement in place with the local acute NHS provider for the transfer of patients who required a higher level of care. There was however, a policy in place detailing what action should be taken if a patient deteriorated and required transfer, staff were able to describe what they would do. This involved dialling 999 and requesting an ambulance transfer. The consultant surgeon would accompany the patient on transfer until they had handed over to their care to the hospital staff. No patients treated at the clinic had required transfer to the local acute NHS provider to date.

- Patients who attended the clinic had minor day-case procedures under local anaesthetic. This meant patients did not require routine screening for risk of venous thromboembolism (VTE) because there was a very low risk of acquiring a VTE while having treatment with local anaesthesia. Patients with a history of VTE and/or taking blood thinning medicine were referred to be treated at a local independent hospital.
- Patients seen at the clinic were generally fit and healthy. Therefore, it was very unlikely they would see a patient with suspected sepsis. Staff were aware and able to describe signs and symptoms of sepsis. If they suspected a patient had sepsis they would arrange for immediate transfer to the local acute NHS trust.

Support staffing

The clinic had enough support staff to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

- The clinic was staffed with a minimum of one aesthetic therapist and a consultant surgeon when operating lists were performed. Management staff told us that the aesthetic therapists had level three and four beauty therapy training, in house clinical training from the consultant surgeon.
- Five non-clinical staff were employed, including the office manager, receptionists and social media manager.
- There were no nurses or support staff vacancies at the time of our inspection.

Medical staffing

Medical staffing levels were appropriate for the procedures performed at the clinic.

- There was one consultant cosmetic surgeon who performed operations at the clinic, registered with the General Medical Council.
- As all patients attended the clinic as a day-case or outpatient, there were no handovers or shift changes. The surgeon remained on site at the clinic until all patients were discharged.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Surgery

- All the records needed to deliver safe care and treatment were available to relevant staff in a timely and accessible way. The clinic reported that zero patients were seen without all relevant medical records being available.
- Staff told us that appropriate pre-operative assessment information was recorded, including a full explanation of the procedure, likely outcome, the patient's medical and social history, and fees. This was in line with national guidance (Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery April 2016).
- Staff told us that patients were given discharge information, which included details of the surgery performed, postoperative advice, contact numbers and follow-up appointments.
- Patient records were stored electronically after paper notes were scanned onto the system. Access to the electronic records system was protected with individual log-ins and passwords. This reduced the risk of unauthorised people accessing patient records.

Medicines

There were effective arrangements in place for the management of medicines.

- Patients were given a private prescription for any medicines they required postoperatively. These were printed from the electronic record system.
- Medicines were stored securely in locked cupboards in the procedure room. When clinical staff were on site, they were responsible for the safe custody of the medicine's keys. The practice manager also had access to these keys. No controlled drugs (medicines subject to additional security measures) were kept on the premises.
- We checked a range of medicines, all of which were within the use by date.
- Medicines requiring refrigeration were stored appropriately in a locked fridge. The fridge temperature was checked and recorded daily to ensure medicines were stored within the correct temperature range and were safe for patient use. Staff understood the procedures to follow if the fridge temperature was out of range. We saw fridge temperatures were within the recommended range.
- The ambient room temperature where medicines were stored was not monitored. There is no national requirement to monitor the temperature, but it is

considered best practice. However, the procedure room where medicines were stored was air-conditioned, which meant the temperature could be maintained within the recommended range (below 25°C). We saw the room temperature was within the recommended range on the day of our inspection.

- Staff told us that when prescription records were completed patient allergies were clearly documented.
- Staff told us that all medicines given to patients during their procedure were explained before they were administered, including potential side-effects. Patients were given advice about the medicines they had been prescribed for use at home.
- The clinic had an up-to-date medicines management policy in place, which included the arrangements in place for the ordering, receiving, storage and prescribing of medicines.
- The service ordered medicines from a pharmacy provider as and when required.

Incidents

Patient safety incidents were managed in line with best practice. Staff recognised incidents and reported them appropriately. Incidents were investigated and lessons learned were shared with the whole team. When things went wrong, staff apologised and gave patients honest and suitable support.

- The clinic had an up-to-date incident reporting policy in place, which staff were familiar with.
- From October 2018 to June 2019, there were two incidents, none of them involved patients and further training was given to staff following the incidents.
- There had been no never events reported during the period from October 2018 to June 2019. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- Although the service had not reported any incidents graded moderate or above. Staff were aware of the Duty of Candour processes. The Duty of Candour is a regulatory duty of health and social care services to notify patients (or other relevant persons) of certain 'notifiable incidents' and provide reasonable support to that person.

Surgery

Are surgery services effective?

Good 

We rated it as **good**.

Evidence-based care and treatment

Care and treatment provided was based on national guidance and evidence of its effectiveness.

- We reviewed five patient records, spoke with staff and patients and we found cosmetic surgery was managed in line with professional and expert guidance (Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery April 2016).
- People's suitability for proposed treatment was holistically assessed. The consultant surgeon considered each patient's medical history, general health, mental health concerns, and history of previous cosmetic surgery before any surgery was performed. The expected outcome was identified and discussed with each patient before treatment, and was reviewed postoperatively. This was in line with professional standards (RCS Professional Standards for Cosmetic Surgery (April 2016)).

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. Adjustments were made for patients' religious, cultural and other preferences.

- Patients were advised that they did not need to fast prior to their surgery. This was in line with national recommendations for patients having local anaesthesia (Source: NHS website).
- Patients nutrition and hydration needs were met. Patients were given a light meal, such as a sandwich, and hot or cold drinks following their procedure. Food was purchased for patients from a local sandwich shop. Patients could choose what they wanted from an extensive menu, which catered for dietary and cultural needs.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain. They gave additional pain relief to ease pain when needed.

- Pain was assessed and managed well. The minor surgical procedures carried out at the clinic were performed under local anaesthesia. No patients were given general anaesthesia or conscious sedation.
- Pain was regularly assessed both during and following surgery, until the patient was discharged from the clinic. If they felt any pain, additional local anaesthesia was administered. All patients were given pain relief medication to take home with them following their surgery, unless contraindicated.
- Each patient was followed up the next day with a telephone call to check whether they were in any pain.

Patient outcomes

Managers monitored the effectiveness of care and treatment and used the findings to improve.

- From October 2018 to June 2019, there were no unplanned readmissions within 28 days of discharge, no unplanned returns to theatre and no surgical site infections.
- The service monitored patient outcomes at the patients follow up appointment at two weeks, six months and one year appointments. Pictures were taken and recorded in the patient's notes.
- An audit of medical records and surgical guidelines was last performed 29 May 2019. The service identified improvements from the audit, for example, all reviews were documented in paper records it was decided that a template would be added to the electronic system and a patient questionnaire was devised for staff to complete with patients and their one year post procedure appointment.

Competent staff

Staff had the skills, competence and experience to deliver effective care, support and treatment.

- The consultant surgeon had completed training to be competent and was experienced to perform the treatments and procedures they provided, and had evidence of current GMC revalidation and appraisals completed by The British College of Aesthetic Medicine (BCAM).
- At the time of our inspection, 100% of clinical and support staff had completed an annual appraisal
- Administration staff were given additional training to support the delivery of safe and effective care, where

Surgery

necessary. Staff had received chaperone training, so that they could chaperone patients when needed. The administration staff had also received basic life support training.

Multidisciplinary working

Staff worked together as a team to benefit patients. Doctors, clinical and non-clinical staff supported each other to provide good care.

- The team worked well together, with care and treatment delivered to patients in a co-ordinated way. We observed positive working relationships between clinical and administrative staff. Staff told us they worked closely together to ensure patients received person-centred care and support.
- Treatment provided was consultant-led. All team members were aware of who had overall responsibility for each patient's care.
- Relevant information was shared between the clinic and the patient's GP. If patients consented, the consultant surgeon wrote to the patient's GP following their consultation. They informed them of the planned procedure and asked whether there were any concerns or contraindications
- Staff told us that the consultant surgeon would involve mental health services when indicated. They had links with a psychologist, who they would refer patients to if they felt this was needed. They would also write to inform the patient's GP if they had any concerns about a patient's mental health.

Seven-day services

The clinic's opening hours and out of hours arrangements were sufficient to ensure effective care was available to patients.

- The clinic was open six days a week from 9am to 7pm weekdays and from 9am to 6pm on Saturdays. Surgical procedures were usually booked in advance according to the patient's choice and consultant surgeon's availability.
- The consultant surgeon told patients to call their personal mobile number or clinic telephone number if they had any concerns. If their call was not answered immediately and they were concerned, they were advised to contact their local GP or accident and emergency department.

- The clinic had an open door policy which enabled patients to contact the surgeon and make an appointment for a further review.

Health promotion

Patients were encouraged to live healthier lives and manage their own health, care and wellbeing.

- The smoking status and alcohol intake of patients was recorded at the initial consultation. Patients were advised to stop or reduce smoking before and after their procedure. Written information was sent to patients on the potential risks and side-effects of smoking and having cosmetic surgery. This was to reduce the risk of any complications and help promote healing.
- Patients were advised to avoid alcohol at least one week before and after surgery.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Treatments, and were given sensible expectations. Staff understood their responsibilities under the Mental Capacity Act 2005.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The registered manager told us they had not had any patients at the clinic who lacked capacity. If they had any concerns about a patient's capacity to consent, they would not perform cosmetic surgery without involvement from the patient's GP and a psychologist.
- Staff understood their responsibilities regarding consent. The consultant surgeon offered patients a consultation before they performed any procedures. They explained the expected outcomes and ensured the patient understood these and any potential risks before agreeing to go ahead with the procedure.
- Consent was obtained by the consultant surgeon in line with national standards (Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery April 2016). Consent was obtained in a two-stage process. Patients booked for cosmetic surgery waited a minimum of two weeks between the consultation and the procedure. Information on the procedure was given at a different time to the signing of the consent form. Written consent was formally taken on the day of surgery.

Surgery

- We reviewed five patient records and found consent forms were fully completed, signed and dated by the patient and the operating consultant surgeon. The consent forms were comprehensive and included details of the planned surgery, intended benefits, potential risks and complications.
- The clinic had an up-to-date policy regarding consent, which included a section on capacity to consent.
- Staff told us that they gained verbal consent before taking observations or giving local anaesthesia.

Are surgery services caring?

Good 

We rated it as **good**.

Compassionate care

Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

- There was a strong, visible person-centred culture. Staff were motivated and inspired to provide care that was kind and promoted patient's dignity. Staff told us that they took the time to interact with people who used the service and those close to them in a polite, respectful and considerate way. Staff introduced themselves to patients and made them aware of their role and responsibilities.
- Patients' privacy and dignity needs were understood and respected. Where care and treatment required a patient to undress, staff told us that they ensured this was done in complete privacy through the provision of a private room, curtains and/or screening. Appropriate clothing such as gowns were provided, where necessary. Female patients were examined in the presence of a chaperone.
- Staff were encouraged to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes.

Emotional support

Staff provided emotional support to patients to minimise their distress.

- Staff told us they understood the impact that a person's care and treatment could have on their wellbeing. Staff told us that they took time to reassure patients who were anxious about their surgery.
- Staff told us that patients were given appropriate and timely emotional support and information.
- Staff told us that the consultant surgeon referred patients to a psychologist if they had any concerns about their emotional wellbeing.

Understanding and involvement of patients and those close to them

Staff ensured patients and those close to them were fully involved in decisions about their care and treatment.

- We spoke with five patients and they told us they felt involved in their care and had received the information they needed to understand their treatment.
- Staff had sensitive discussions with patients about the cost of treatment which ensured they were informed prior to their treatment.
- The service only performed minor surgeries under local anaesthetic, which meant patients were able to have discussions with staff throughout their treatment/surgery. All consultations and postoperative checks were carried out by the operating surgeon. This ensured patients received continuity of care.

Are surgery services responsive?

Good 

We rated it as **good**.

Service delivery to meet the needs of local people

- The services provided reflected the needs of the population served. A range of minor cosmetic treatments and procedures were available at the clinic. Procedures were available for men and women.
- The facilities and premises were appropriate for the services delivered. There were small waiting areas, a consultation room, and one procedure room on the ground floor. On the first floor, there were three

Surgery

treatment rooms, one recovery room, a store room and toilet facilities. This was sufficient for the number of patients who attended the clinic. There was adequate seating for patients and visitors.

- The clinic was located on a busy high street. There was no patient car parking at the clinic. However, a public car park was within a two-minute walk. The clinic was accessible by public transport. The nearest tube and rail stations were approximately a seven-minute walk from the clinic.

Meeting people's individual needs

Patients' individual needs were considered.

- Reasonable adjustments had been not been made so that people with a disability could access and use the service on an equal basis to others. The toilet facilities were on the first floor. Whilst a hearing loop was not available, the service used an external company who provided communication professionals for deaf, blind and hard of hearing patients, when needed.
- Arrangements were in place for ensuring psychiatric support where necessary. The consultant surgeon and registered manager referred patients to a psychologist if they were concerned about their mental health and wellbeing.
- Staff offered patients and their companions hot drinks and water dispensers were available.

Access and flow

- Patients had timely access to consultations, treatment and after care. Patients could arrange an appointment by phone or make an enquiry via the clinic's website. The on-line enquiry form was easy to use.
- Patients could access care and treatment at a time that suited them. Evening and weekend appointments were available, which facilitated flexibility and promoted patient choice. The clinic was open weekdays from 9am to 7pm and on Saturdays from 9am to 6pm.
- Appointments and treatments were only cancelled or delayed when necessary. If surgery had to be cancelled or delayed, this was explained to the patient and they were made another appointment as soon as possible.
- Staff told us that services generally ran on time. Patients were informed of any delays. The patients we spoke with said they had timely access to treatment.

- Technology was used to support timely access to care and treatment and facilitate patient choice. The service offered telephone call consultations to patients who found it difficult to attend the clinic.

Learning from complaints and concerns

- Information about the complaint's procedure was available in the reception and waiting area.
- Concerns and complaints were treated seriously, investigated and lessons learned from the results, which were shared with all staff.
- Complaints could be made to any member of the clinic staff either verbally or in writing. If a patient wished to make a complaint while they were in the clinic, staff would attempt to resolve the issue immediately. The clinic sent a written acknowledgment of the complaint within two working days of receipt, or within five days if the complaint could be investigated and responded to fully within this time. Otherwise, the clinic aimed to provide a full written response to the complaint within 20 working days. The written acknowledgement included the name and contact details of the person investigating the complaint. All complainants were offered a meeting to discuss how the complaint would be handled and how the issue(s) might be resolved.
- During our inspection we reviewed complaint records, all complaints received were discussed at the clinical risk management and governance committee meetings. Staff we spoke with were aware of complaints received and meeting minutes we reviewed during our inspection confirmed this.
- From October 2018 to June 2019, the clinic received three complaints. One was a misidentification of rosacea (a skin condition) by the aesthetic therapist (which is not related to a regulated activity) and the other two were late running appointments. Actions were taken to resolve the complaints to the patients' satisfaction, which included the offer of a second opinion from the consultant surgeon and changes to appointment times.
- In the same reporting period, there were no complaints referred to the ombudsman or ISCAS (Independent Healthcare Sector Complaints Adjudication Service).
- All the patients we spoke with knew how to make a complaint or raise concerns. Information on how to make a complaint was publicly displayed in the waiting area.

Surgery

Are surgery services well-led?

Good 

We rated it as **good**.

Leadership

The leadership team generally had the right skills and abilities to run a service providing high-quality care. Where they lacked knowledge and skills, such as regarding finance and information technology matters, they employed the services of people with expertise in these areas.

- The overall lead for the service was the consultant surgeon who was supported by the registered manager and the business manager. The consultant surgeon was also the clinical governance director. There was a management structure in place with defining lines of responsibility and accountability.
- All staff we spoke with were positive about the management team. They told us they were very visible and they felt well supported, valued and respected.

Vision and strategy

The service had a vision of what it wanted to achieve and plans to turn it into action,

- The service had set aims and objectives which included maintaining a high professional and ethical standard, to understand and exceed the expectation of their patients.

Culture

The management team promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

- All staff we spoke with felt supported, respected and valued. They told us there was an open culture, which was centred on the needs and experience of patients who used the service. Staff were positive and felt proud to work at the clinic.
- Staff we met were welcoming, friendly and helpful. It was evident that staff cared about the services they provided and told us they loved working at the clinic. We observed staff worked collaboratively and shared responsibility in the delivery of care.

- Staff were aware of their role to enhance patient's experiences and were committed to providing the best possible care for their patients.
- The management team encouraged openness and honesty. They recognised the importance of staff raising concerns. We reviewed meeting minutes where issues were raised and dealt with. Staff told us they felt confident to raise concerns.

Governance

Adequate governance arrangements were in place to ensure high standards of care were maintained.

- The provider ensured all staff had evidence of current professional registration and completed mandatory training.
- There was a clear organisational structure, which detailed which members of staff were responsible for clinical governance, operational procedures and administration. Staff at all levels were clear about their roles and understood what they were accountable for and to whom.
- The service had effective governance processes in place to ensure equipment and medicines were checked regularly and were safe for patient use. The checklists we reviewed confirmed this. Staff followed guidance which ensured all theatre attire was washed at the correct temperature and the external storage area for clinical waste was kept locked.
- We reviewed minutes from monthly team meetings where staff discussed, training, learning from incidents and governance.

Managing risks, issues and performance

- The service had a risk management policy which was in place to monitor, minimise risks to patients and learn from mistakes.
- Only the consultant surgeon performed cosmetic surgeries. This meant they had oversight of all operations undertaken.
- The provider had completed an audit of medical records for the clinic and surgical guidelines, dated 29 May 2019. During the audit records were checked to ensure that they were up to date, that staff had followed record keeping guidelines and that team working and communication had been delivered to a good standard.

Surgery

The audit results showed that 100% of the records reviewed had been kept securely. Suggestions made as a result of the audit were to improve continuity of care and the introduction of discharge letters by July 2019.

Managing information

- The service collected, analysed, managed and used information well to support its activities, using secure electronic systems with security safeguards.
- Data regarding patient outcomes was routinely collected and monitored. The results from patient questionnaires were reviewed and used to improve service provision, where indicated. We reviewed results from a patient audit dated 21 June 2019, patients were happy with the service. However, some felt rushed during consultations. Learning outcomes and changes made by the service include longer consultation times.
- Clinical staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. The service ensured the confidentiality of patient information that was held electronically. Staff were aware of how to use and store confidential information. During our inspection, we found computer terminals were locked when not in use to prevent unauthorised persons from accessing confidential patient information. Staff had completed information governance training.
- The clinic's team ensured all marketing was honest and responsible and complied with guidance from the Committee on Advertising Practice (CAP) and industry standards (Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016)). There were no financial incentives offered that might influence the patient's decision, such as time-limited discounts or two-for-one offers.

Engagement

The service engaged well with patients, staff and the public.

- People's views and experiences were gathered and used to shape and improve services. Patient feedback was sought following their initial consultation, post-surgery, one-week post-surgery and follow-up appointment. We saw evidence that patient feedback was used to inform changes and improve service provision. For example, we reviewed patient survey audit results and we found that patients were happy with the service.
- Patients were provided with the right information and support to help them make an informed decision about their choice of procedure and surgeon. This included how the procedure was performed, costs, and the risks and complications associated with the procedure.
- From the conversations we had with staff and observations we made during our inspection, it was evident that staff were engaged with the service. The service only employed a small number of staff. Staff told us that information was shared regularly on an informal basis, as they worked so closely together. They also held regular team meetings. We reviewed ten sets of meeting notes dated from September 2018 to June 2019. The minutes showed good staff engagement from clinical and support staff.

Learning, continuous improvement and innovation

The service was committed to improving services

- We found staff wanted to learn, develop, and improve their skills and had time, resources, and encouragement to do so. Staff identified areas of learning or courses to attend to advance their skills. The service manager told us that level three aesthetic therapists were due to complete their level four training.
- The service did not treat children. However, clinical staff had received children's safeguarding training so that they could identify any concerns should a child attend with a patient.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure accessibility for all service users.
- The provider should ensure ambient room temperatures where medicines are stored are checked and documented.