

Lifestyle Surgery Limited

Inspection report

1-3 Whiteladies Gate
Bristol
BS8 2PH
Tel:

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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?

Requires Improvement 

Overall summary

The service was registered with Care Quality Commission (CQC) on 07 April 2021 and this is the first inspection since registration.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Lifestyle Surgery (The Aesthetic Medical Clinic) on 05 October 2022 as part of our planned inspection programme.

Lifestyle Surgery (The Aesthetic Medical Clinic) is a registered location, and the registered provider is Lifestyle Surgery Limited. The clinic provides services for privately funded patients who self-refer to the service, referrals from GP's and tertiary referrals from other consultants.

Lifestyle Surgery is in the Clifton area of Bristol. There is parking available in a nearby public car park and a public disabled parking space is available.

This service is registered with CQC under the Health and Social Care Act 2008 as Lifestyle Surgery in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to types of regulated activities and services, and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Lifestyle Surgery (The Aesthetic Medical Clinic), provided a range of non-surgical and surgical cosmetic interventions, for example, intense pulsed light (IPL) treatments, skin peels and general skin rejuvenation. These interventions are not regulated activities and as such we did not inspect or report on these services. We inspected those procedures offered which are regulated activities, for example minor skin surgeries, hyperhidrosis with botulinum toxin injections (Botox), blood testing, prescriptions, assessment and pre- and post-surgical care.

The provider has one location at the address above in Bristol. The clinic and website are advertised as Simon Lee Plastic Surgeon, The Aesthetic Medical Clinic.

Patients who request major cosmetic surgeries are seen for pre and post-operative assessment and consultation at this location. The surgeries are completed by the provider using the operating and care facilities of a local private hospital.

Lifestyle Surgery (The Aesthetic Medical Clinic) has two company directors. Care and treatment at Lifestyle Surgery are managed by one of the directors who is also the nominated individual and the registered manager. We have referred to

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this person as the registered manager throughout this report. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are registered people. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider and registered manager is a plastic surgeon and is a full member of The British Association of Plastic, Reconstructive and Aesthetic Surgeons and the British Association of Aesthetic Plastic Surgeons.

The other director works at the service in a non-surgical capacity under practicing privileges arrangements and is not involved in the running of the service. The service they provide is non-surgical and does not involve any aesthetic role.

Staff at the service also included three registered general nurses specialised in Aesthetic (Cosmetic) Medicine two of whom are training to become nurse prescriber and one who is already a nurse prescriber. The service also has a clinic manager, two skin specialists and a receptionist.

Consultations were provided face to face or online. As part of the inspection, we looked at patient feedback via two electronic survey systems available to patients treated at the service.

At this inspection we found:

- Overall, the service had clear systems, processes and operating procedures to keep patients safe, to manage a safe environment, to manage incidents and significant events and to safeguard patients from abuse.
- The service ensured that care and treatment was delivered in line with current legislation, standards and guidance relevant to the service.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service organised and delivered services to meet patient's needs, patients had timely access to the service, and the service took complaints and concerns seriously and responded to them appropriately.
- Management had the capacity and skills to deliver high-quality sustainable care. There were clear responsibilities, roles and systems of accountability to support management. There were systems and processes for learning and continuous improvement.
- The provider undertook surgery at the private hospital under practicing privileges and was not part of this registration with CQC. The governance arrangements and risk management processes between the provider and the private hospital where surgery took place were managed by the private hospitals but were not recorded by the provider. However, further work was also needed to ensure that systems and processes relating to recruitment, staff training, and fire safety were operated effectively and fully embedded.

The areas where the provider must make improvements are:

- The provider must ensure staff recruitment systems are well managed and up to date to ensure patient safety.

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- The provider must ensure there are effective systems and processes around fire safety, to include a full fire risk assessment, fire bell check and fire drill to ensure systems were safe and effective.
- The provider must review staff training to ensure that staff have the skills and experience to meet patients' needs. This should include chaperone training, equality and diversity training, mental capacity training and ensuring that the registered provider is trained to Safeguarding Adults and Children level three.

The areas where the provider should make improvements are:

- The provider should consider an audit record of all medicines stored at the location to ensure medicines audits were complete.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and a CQC team inspector. The team included a CQC Inspection Manager.

Background to Lifestyle Surgery Limited

- Lifestyle Surgery is operated by Lifestyle Surgery Limited and is registered with CQC to provide the regulated activities: Diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury from the registered location:
- 3 Whiteladies Gate, Bristol, BS8 2PH
- The clinic facility has a reception area, three consultation/treatment rooms and a small minor operations room.
- Lifestyle Surgery Limited first registered with CQC in 2021 and is registered to provide services to patients over the age of 18. Children are not treated at the service and are not allowed attend the premises.
- The service provides a range of non-surgical solutions not regulated by CQC such as: wrinkle reduction injections by botulinum toxin injections (Botox), dermal fillers, some leg vein treatments and chemical and medical skin peels. The service also offers surgical solutions including face lifts, brow lifts and breast implants.
- Patients can contact the clinic by telephone from 9am to 5pm from Monday to Saturday, by telephone or through the service website. Outside these hours there is an answerphone message with mobile numbers to call for emergencies.

How we inspected this service

Before the inspection, we asked the provider to send us information about the service. This was reviewed prior to the site visit.

We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with the provider, reviewed documentation and records including clinical records. We made observations of the premises, facilities and the service provided.

To get to the heart of peoples' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

- The service had embedded systems, processes and operating procedures to keep patients safe, to monitor the environment and safeguard patients from abuse.
- Infection prevention and control systems (IPC) and processes were effective.
- There was a system in place for reporting and recording of incidents and significant events.
- However, not all recruitment files held staff information in line with guidance. All required documents needed to be audited and action taken to provide suitable assurances that patient were safe.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments to ensure a safe environment. Safety policies were regularly reviewed, and staff were updated with safety information as part of their induction and refresher training.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had systems to safeguard vulnerable adults from abuse. The registered manager was the named safeguarding lead for the service. At the time of the inspection, the safeguarding lead was not trained to level three safeguarding adults and children. Since the inspection the provider told us they had completed the training. Policies were accessible to all staff and outlined clearly who to go to for further guidance. Children and under 18-year olds were not treated at the service and patients were advised not to bring children when they attended for treatment. Although the service checked patients' dates of birth to ensure no people under the age of 18 were treated there, we found instances where the service's records audit had not recorded all patients' dates of birth. Staff at the service told us this had been rectified.
- All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns including any concerns about domestic abuse or modern-day slavery. Staff acted as chaperones when needed, no specific chaperone training had been provided but all staff had received a DBS check, however staff understood the role and responsibilities of chaperoning patients.
- The provider carried out staff checks at the time of recruitment, but some historic references were missing from staff files. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, written references were not available for some staff. Following the inspection, the provider confirmed that any written references not available, were reapplied for or risk assessed, and all recruitment files were audited to ensure no other checks had been missed.
- One staff member who worked at the service under practicing privileges agreements had applied for a DBS check, but this had not yet been received.
- The premises were clinically suitable for the assessment and treatment of patients. Facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. A small operating room was provided for minor operations. The room had a cleaning schedule and appropriate facilities for its use. There was an effective system to manage infection prevention and control.
- Some surgical procedures were carried out at private hospitals where the provider had practicing privileges as an individual and not as part of Lifestyle Surgery's CQC registration. One staff member who worked at the service under practicing privileges agreements had applied for a DBS check, but this had not yet been received.

Are services safe?

- Surgical procedures carried out at private hospitals where the provider had practicing privileges included those needing a general anaesthesia such as some facial, breast and body cosmetic procedures. We did not inspect those hospitals as part of this inspection as the hospitals would have their own registration and oversight of the surgeon.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There was an appointment system for planning and monitoring the number and mix of staff needed to ensure patient and staff safety. Should staff have any safety concerns, alarms were not available in each room, but staff said this was not a risk and they could escalate any concerns and be heard throughout the building.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had completed basic life support training and a defibrillator was maintained at the premises. There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- The doctor identified risks associated with the treatments they provided and ensured they had appropriate medicines to manage emergencies.
- The minor operating theatre used at the service was managed using a modified World Health Organisation surgical checklist, modified to meet the services specific use. This was used to ensure clear and consistent practices were followed to promote safer surgery.
- Patients who request major cosmetic surgeries are seen for pre- and post-operative assessment and consultation at this location. The surgeries are completed by the provider using the operating and care facilities of a private hospital. As they were working under a practicing privilege arrangement, with the hospital, oversight of the care and treatment at the private hospital was managed by the hospital as part of their registration.
- Staff advised patients what to do if after treatment they felt unwell. A call line was available with a staff member available for advice. Advice leaflets were available post treatment and follow up calls by the service were made after 48 hours. For those patients in hospital, the initial post operative care was provided there and once discharged, any follow up care was provided by Lifestyle surgery.
- There were appropriate indemnity arrangements in place for medical and nursing staff and insurance in place for the service environment.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. Computerised records were password protected and this was changed on a regular basis. A comprehensive previous medical history was taken at each consultation to ensure any changes were recorded. We saw three care records which showed that information needed, such as information about allergies, medicines being taken and any current health risks, was available to relevant staff in an accessible way.
- Patients' records had been audited in July 2022 and shortfalls were identified. For example, missing dates of birth noted earlier. Action was taken to prevent this reoccurring and there was a plan to re audit the records to confirm that actions taken had been successful.
- The service had systems for sharing information with staff and other agencies to deliver safe care and treatment. For example, bloods and swabs for diagnostic purposes were sent by courier post to a laboratory and results were securely emailed back to the service.

Are services safe?

- Clinicians made appropriate and timely referrals to the patients GP or another more appropriate clinician in line with evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- There were systems and arrangements for safe management of medicines, including medical gases, emergency medicines and medicines requiring refrigeration. However, although medicines were checked for safe use, a comprehensive record of what was stored was not maintained. This was discussed at the inspection and was planned for action.
- The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered and supplied a limited range of medicines to patients and gave advice in line with legal requirements and current national guidance. Medicines were reviewed at each consultation as some medicines could be contraindicated for some treatments.
- The medicines prescribed by the service were closely monitored. An audit which was completed in July 2022 and identified some shortfalls in how medicines prescribed were recorded in patients' individual records. This was addressed and a follow up audit was planned in January 2023 to ensure systems had improved. The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).

Track record on safety and incidents

- There were comprehensive risk assessments in relation to safety for both the environment and clinical practice. Rooms containing medical gases and laser equipment had clear signage to ensure staff and patients were aware of any risks.
- There was a system for receiving and acting on safety alerts. The service had systems in place for receiving alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), also alerts from the British College of Aesthetic medicine (BCAM), British Association of Cosmetic Nurses (BACN) and from Save Face, which is a register for medical professionals providing non-surgical cosmetic treatments.
- Incidents were reviewed by the doctor and clinic manager at the service and when identified, changes to practice and learning were implemented. For example, as a result of complications, a complications audit had been undertaken in 2021 to identify any risks and trends. There were two complications and the learning from those was shared with staff through team meetings and discussions.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents. Leaders and managers supported them when they did so.
- All incidents were investigated, audited and assessed for themes and trends. An infections and complications audits showed there had been one incident of infection in the previous 12 months of practice and one complication, both incidents had been investigated and staff confirmed there was learning from those incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

- The provider assessed and delivered care and treatment in line with current legislation, standards and guidance.
- The provider kept up to date in their specialist field. They reviewed and monitored care and treatment to ensure the treatments provided were effective.
- Staff had the skills, knowledge and experience to carry out their roles and they had protected time for learning and development.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence

- The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed patients' needs and delivered care and treatment in line with clear clinical pathways and protocols.
- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used the information to help ensure that patients' needs were met.
- Telephone and face to face assessments were carried out using a records system to record information securely. Patients' needs were fully assessed and included their clinical needs and their mental and physical wellbeing. Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs, for example to their own GP.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The provider had a schedule of clinical and non-clinical audits to ensure the people using the service had effective outcomes for their treatments. Audits included infection prevention and control, patients record and consent procedures. For example, a records audit was completed in January 2022 which identified some errors in recording. Work had been undertaken by staff to improve the recording of patient's data and a re audit was due in January 2023 to ensure improvements had been made.
- The clinic manager audited incidents and complaints looking for themes and trends. Recruitment files had been reviewed but required further audit to ensure they were fully completed.
- The provider had also participated in the British College of Aesthetic Medicine Save Face Audit which resulted in accreditation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation. Staff worked within their scope of practice and had access to clinical support when required.

Are services effective?

- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The provider understood the learning needs of staff and provided protected time and training to meet them. A list of mandatory training was available, and staff were monitored to ensure completion. Further areas were being considered to ensure that all mandatory training that was relevant and provided.
- The provider maintained ongoing staff support, which included one-to-one meetings and appraisals.

Coordinating patient care and information sharing

Staff worked together and worked well with other organisations to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate.
- Before providing treatment, the clinician at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. The provider was insistent that information sharing with the patients' GP was needed and encouraged all patients to agree. This enabled sharing of information to take place before treatment could commence to ensure it was safe and appropriate for the patient.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, any concerns about mental well-being were referred to the patients GP.

Supporting patients to live healthier lives

Staff were proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave patients advice so they could self-care and provided them with any pre-treatment advice and support. Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The clinicians gave patients advice so they could self-care following their treatment. Risk factors were identified and highlighted to the patient. Following the treatment, if a person was concerned or experienced any discomfort, they could access a 24-hour telephone line provided by the service.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to ensure that consent to treatment was fully understood. The service did not undertake treatments for any patients who could not independently and safely consent to treatment.
- Consent to surgery and treatments included a two-week cooling period. This was used to ensure the patient had time to carefully consider their choice for treatment and consider all potential risks and complications. The provider told us that a second or sometimes third review to consent could be arranged, three to four weeks after the initial consultation, to ensure the patient was sure they wished to proceed with the procedure.

Are services effective?

- The provider monitored the process for seeking consent appropriately. Should the patient need a translation of a consent form to another language to be understood, this could be accessed by the service. This had never been needed by the service so far. Consent forms included that when needed, a credible and fluent translator would be supplied. Staff confirmed that a translator would be sourced and provided when needed for any consultation and follow up.

Are services caring?

We rated caring as Good because:

- Staff treated patients with kindness, treated them respectfully and involved them in decisions about their treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service gave people timely support and information.
- Staff understood the importance of patients' personal, cultural and social needs. They displayed an understanding and non-judgmental attitude to patients.
- The service sought feedback on the quality of clinical care patients received, which included ongoing patient satisfaction surveys and feedback received online through the service website. Feedback from patients who used the service was positive. Any issues raised were managed by the doctor or clinic manager to ensure a prompt response.

Involvement in decisions about care and treatment

Staff helped people to be involved in decisions about care and treatment.

- Interpretation services were not readily available for people who did not have English as a first language or needed a sign language service. However, the service had access to an online translation service when needed and could access sign language services from the private hospital used for surgical purposes. A hearing loop was not available at the clinic for patients with hearing loss. If needed, the service would rearrange a consultation at a local private hospital to enable hearing loop access.
- There was no clinic access available for patients using a wheelchair, but the service would arrange an appointment at a nearby private hospital if needed to facilitate ramp access.
- Before providing any treatments, people attended for a face to face or virtual consultation where the clinician discussed the risks and benefits of any treatment and answered any questions. The clinician also discussed realistic outcomes and the costs involved.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. Consultations were conducted behind closed doors and conversations could not be overheard.
- Staff respected patient confidentiality. We saw staff speak to patients in a friendly but quiet way so as not to be overheard. The waiting room had been designed to enable patients to wait without being seen from outside and so protect their identity.
- All clinical records were dictated and then typed by the providers medical secretary. Those typed records were stored on a secure electronic system.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service organised and delivered services to meet patients' needs.
- The service took complaints and concerns seriously and responded to them appropriately.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of the population and tailored services in response to those needs. While most appointments were during normal working hours, appointments outside of those hours could be arranged.
- The facilities and premises were appropriate for the services delivered. Alternative facilities were sourced when needed to support patients with specific needs. For example, patients requiring major surgery such as face lifts, Rhinoplasty (nose reshaping) and ear shaping had these procedures at other clinics/hospitals where clinicians at this service had practicing privileges.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Should patients have access needs or require hearing loop, the provider would book an appointment at a nearby private hospital and use those facilities there.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients mostly telephoned to make an enquiry or make an appointment. People were advised of the waiting times for an appointment at their initial consultation.
- The service monitored and reviewed activity. For example, the service could provide up to 2,500 appointments in a year and was starting to monitor attendance and demand. This would help to understand risks and give a clear, accurate and current picture of any changes in the service.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Patients were provided with aftercare information and contact details for advice and support both during clinic hours and out of hours. Telephone access was available, and patients could speak with the doctor out of hours.
- People were not provided with same day treatments. All surgical treatments were subject to a cooling off period before a final decision was accepted by the service. People were declined treatment if they were considered by the assessing doctor as a risk or unsuitable for treatment.
- Patients reported that the appointment system was easy to use. We saw patient reviews which stated appointments were accessible and that they could ring and discuss appointments with staff.
- Referrals and transfers to other services were undertaken in a timely way. All patients were encouraged to consent to the provider informing their GP of any procedures. There had not been any emergency referrals from the location to another service, however an emergency care policy was available to staff if needed.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available and included what actions to take if the patient was not happy with the outcome. Staff treated people who made complaints respectfully and responsively.
- The service had a complaint policy and procedure in place. The service had received one complaint related to a regulated activity within in the last 12 months. The complaint was investigated, and a refund was provided to the patient.
- The service recognised that managing patients' expectations from the initial consultation to the end of treatment was important in managing complaints.

Are services well-led?

We rated well-led as Requires improvement because:

- Management of the service had the capacity and skills to deliver quality sustainable care.
- The staff worked together to ensure the continuity and flexibility of the service met patient expectations.
- There were clear and effective processes for managing risks, issues and performance.
- The service involved patients and staff to support high-quality sustainable services.
- There were systems and processes for learning, continuous improvement and innovation.
- However, some areas of governance required a review to ensure all aspects were met. These included recruitment records being audited, training to be provided to include the appropriate mandatory training, safeguarding training and chaperone training and fire risk management to include fire risk assessments, fire bell checks and drills.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Lifestyle Surgery is a limited company of two directors and was operated by one doctor who was also the registered manager and nominated individual. The doctor worked closely with staff on a day-to-day basis and was present at the clinic four days a week.
- The other director worked at the location under the regulated activities, but not in a role related to Lifestyle Surgery Limited. As they worked at the location under a practicing privilege agreement the provider had a responsibility to maintain an overview of their work practices and governance arrangements.
- Staff told us the doctor was visible and approachable and provided inclusive leadership.
- Leaders and staff were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision within the service. Staff told us the vision included being open and honest and about the education of patients. The service had a strategy and supporting business plans to achieve priorities.
- Staff spoke clearly about their role in meeting the vision of the service.
- The provider monitored progress against delivery of the company's vision to ensure that the business continued in the planned way.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued and there was a strong emphasis on the well-being of all staff. Staff told us they enjoyed working at the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

Governance arrangements

Structures, processes and systems to support governance required further development.

- The service had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, the provider was planning to formalise how they looked at how many patients went from consultation to treatment to establish how many patients were accepted or declined for treatment and why.
- Structures, processes and systems to support governance required further development. A series of meetings between staff were planned in for each month. Minutes for these meetings were very limited and did not provide an audit trail of any issues raised or scheduled outcomes. The clinic manager recognised that records of meetings needed development to present a clear audit trail of discussions and actions. These meetings were used to share information and widen learning.
- The areas of recruitment which had not been fully completed had not been recognised as a risk. However, once identified were addressed promptly and changes in systems implemented to prevent any further reoccurrence or risk. Staff training was not audited to establish any shortfalls and some areas of training had not been completed by all staff.
- Staff were clear on their roles and accountabilities which included any extra roles they undertook.

Managing risks, issues and performance

There were not always clear and effective processes for managing risks, issues and performance.

- There was not always an audit trail of an effective process to monitor current and future risks to patient safety. As part of the service, some patients had consultations and were assessed at the service but underwent surgery by the provider at a private hospital. The provider told us they sought their own assurance that the environment, staff and systems used at the private hospital met with safety standards, but this was not recorded. While the patient was hospitalised following surgery, the provider remained the consultant overseeing their care, but they were not present during overnight care and were reliant on the private hospital to provide any emergency care and treatment. All immediate post-operative follow up was managed by the provider at the hospital being used with post discharge follow up was provided at the service.
- The provider had processes to manage current and future performance of the service. Leaders had oversight of MHRA alerts, British Association of Cosmetic Nurses (BACN) alerts, incidents, and complaints. Performance was regularly discussed at staff and management meetings.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider had contingency plans in place for major incidents and staff had a policy for actions to be taken.
- The service had a fire system check by an external company every six months. However, these checks did not include a full fire risk assessment, regular testing of the fire bells and fire drills for staff. This meant that staff were not fully prepared for a fire emergency. Following the inspection a certified fire risk assessment was commissioned and an interim fire risk assessment and fire drill were undertaken.

Appropriate and accurate information

Are services well-led?

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings. Staff had enough access to information to enable them to be effective in their role.

Engagement with patients, the public, staff and external partners

The service involved patients and the public, staff and external partners to support high-quality sustainable services.

- Patient and staff concerns were encouraged, heard and acted on to shape services and culture. The provider encouraged and heard views and concerns from patients who used the service. Patients were asked to complete feedback forms following their care and treatment. As a result of feedback, the service would remain open later if needed and enabled patients to be seen several times without extra cost to ensure they were comfortable with the decision they had made.
- Systems were used to request feedback, which included a patient survey after each consultation.
- Staff were able to describe to us the systems in place to give feedback and how they used the information to develop the service.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. We found that the provider was on the Specialist Register of Plastic Surgeons maintained by the General Medical Council and a full member of BAPRAS (British Association of Plastic, Reconstructive & Aesthetic Surgeons). The provider was a frequent attendee of pioneering cosmetic and reconstructive plastic surgery meetings and conferences both in America and Europe. The provider encouraged staff to take time out to review individual and team objectives, processes and performance. We saw that one nursing member of staff was being supported to complete a nurse prescriber course.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider must ensure staff recruitment systems are well managed and up to date to ensure patient safety. We found gaps in the provider's systems and processes for the recruitment of staff. For example, a lack of staff references.• The provider's systems and processes in relation to fire safety were not operated effectively. The provider did not have fire safety checks to include a full fire risk assessment, fire bell check and fire drill to ensure systems were safe and effective.