Pearl Aesthetics Ltd.

Hunar Clinic

Inspection report

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Date of inspection visit: 28 June 2022
Date of publication: 01/09/2022

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?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

The service did not have a previous rating. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, provided refreshments if required and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional understanding to patients and their families and signposted to appropriate emotional support services.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

The service performs other procedures which fall outside the scope of registration, we will report only on the liposuction part of the service, as this falls within the scope of CQC registration.

However:

- We found several out of date medicines and equipment on resuscitation trolleys
- We found substances subjected to the Control of Substances Hazardous to Health (COSHH) were not always kept securely
- We found intravenous fluids not stored securely

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	This is the first time we have rated this service. We rated it as good. We rated this service as good overall, as we found it good in responsive, caring, effective and well led and requires improvement in safe. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Hunar Clinic

Hunar Clinic is a privately owned cosmetic surgery clinic. The service provides a range of cosmetic procedures for self-funding patients from a wide geographical area. It is an on demand service driven by patient choice. The service provides day care procedures and does not have overnight facilities. The service is registered with the Care Quality Commission (CQC) to carry out surgical procedures and treatment of disease disorder and injury. The service was registered in 2019 and there is a registered manager in place. This is the service's first inspection since it registered.

We inspected this service using our comprehensive inspection methodology.

How we carried out this inspection

We carried out an unannounced inspection using our comprehensive inspection methodology on 28 June 2022.

During our inspection we visited the reception area, two treatment rooms, administrative areas and other rooms used within the business. We spoke with six members of staff including the CQC registered manager. We also spoke to two patients and their partners. We reviewed six patient records. We also reviewed the policies, records and procedures of the location.

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

Areas for improvement

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

Action the service MUST take to improve:

- The service must ensure that all equipment for the use of resuscitation are in date, appropriate and effective and processes for checking are in line with service guidance and national guidance (Reg 12(2))
- The service must ensure that all medicines for the use of resuscitation are in date, appropriate and effective and processes for checking are in line with service guidance and national guidance (Reg 12(2))
- The service must ensure that that all substances subjected to the Control of Substances Hazardous to Health (COSHH) regulations are kept securely (Reg 12(2))
- The service must ensure intra venous (IV) fluids are stored securely and in line with national guidance. (Reg 12(2))

Action the service SHOULD take to improve:

- The service should ensure provisions are made for those with visual or hearing disabilities. (Reg 10(2))
- The service should consider providing clarity on the purpose and retention of personal data when requesting consent.

Summary of this inspection

- The service should consider the impact on patients when advising the ceasing of anti-depressant medications prior to any procedures

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

Requires Improvement

The service did not have a previous rating. We rated it as requires improvement.

Mandatory training

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

There were 35 mandatory training modules to be completed annually, for all relevant staff as according to job roles. Staff received and kept up to date with their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training. Staff had the majority of their training from either the NHS or other private providers and any supplementary training identified and required, was provided by the clinic. The training compliance target was 100% and the registered manager told us compliance was currently 90%. We viewed the mandatory training schedule and saw that one staff member was overdue to undertake training in infection, prevention and control. Managers have since clarified the staff member is currently absent from the service therefore unable to undertake training. Training was comprehensive and met the needs of patients and staff. Training included, basic and immediate life support, infection prevention and control, safeguarding, fire safety and manual handling. Training compliance achieved via staff's other employers was shared with the registered manager and stored in a spreadsheet and updated by the registered manager on an ongoing basis. The clinic's training year runs as an ongoing basis. Any locum staff employed would be required to provide evidence of their training to the clinic, which was then updated onto the clinic's training records.

The clinic used agency staff on occasion and requested those that were familiar with the service. Locum staff were required to provide evidence of their training and competencies prior to commencing any shifts.

There was not a formal induction checklist in use, but the manager told us that new staff have an on site accompanied introduction and orientation of the clinic and are shown where policies are kept and advised on processes within the clinic. Managers told us there were in the process of creating a formal induction for the service.

Good

Surgery

The mandatory training was comprehensive and met the needs of patients and staff. Training included, basic and immediate life support, infection prevention and control, safeguarding, fire safety and manual handling. Consultants were trained in both basic life support (BLS) and advanced life support (ALS) and the nurse anaesthetist was trained in basic life support (BLS) and immediate life support (ILS).

Clinicians were trained to level three safeguarding adults and children. All other patient facing staff were trained to level two safeguarding adults and children and non patient facing staff trained to level one safeguarding adults and children.

Safeguarding

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

Staff were trained to level one or two in safeguarding adults depending on their specific role. There is a safeguarding lead in place, trained to level three. All staff were able to identify types of abuse and knew who the safeguarding lead was. Training compliance with safeguarding was 100%

Staff knew how to make a safeguarding referral and who to inform if they had concerns. All staff we spoke to knew who the safeguarding lead was and knew what to do in the event of a safeguarding concern. Medical staff received training specific for their role on how to recognise and report abuse.

We reviewed the safeguarding policy which was detailed, clear and contained contact numbers for the local authority adult social care team and clear guidance on pathways for staff to follow and web hyperlinks for further guidance and learning for staff.

Patients using the clinic always have a trained chaperone present during consultations.

Cleanliness, infection control and hygiene

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

Patient arrival and waiting areas were all visibly clean, with well maintained seating.

Treatment and recovery areas were clean and had suitable furnishings which were clean and well-maintained. The clinic had contracted cleaners three times a week to clean all areas of the clinic, as directed by the clinic manager and followed a cleaning schedule.

Staff used records to identify how well the service prevented infections. Audits for handwashing were carried out. The handwash audit for May 2021 showed 99% compliance for January and May 2022, compliance was 100%.

Staff followed infection control principles including the use of personal protective equipment (PPE). There were handwashing facilities in both treatment rooms and dispensers for three different sized gloves and single use aprons, were full. There were clear signs for handwashing guidance in the treatment rooms and wall mounted soap dispensers. Staff told us no latex gloves were used in the service to reduce the risks of allergic reactions. We did not see any clinical staff during the inspection as it was a non surgical day.

Good

Surgery

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Once items were cleaned, staff placed "I am clean" stickers on items to show they had been cleaned, we saw these labels on equipment during the inspection.

Staff worked effectively to prevent, identify and treat surgical site infections. Physicians told us the lipoedema procedure carried out has very low risk of surgical site infections, but patient were prescribed anti biotics as a precautionary measure pre procedure with guidance on taking them and given detailed instructions on post-operative care. However, the NICE guidance for the use of anti-biotics for liposuction state that these are usually prescribed as prophylaxis after the operation.

There had been no recorded incident of surgical site infections since the clinic opened.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance and the service had suitable facilities to meet the needs of patients' families. The premises were visibly clean and well maintained with facilities for those with a disability. There were two treatment rooms, a recovery room, reception, waiting area, two toilets, one for those with a physical disability, fitted with emergency pull cord and handrails fixed to the wall, and a conservatory area for patient use on the ground floor. Toilet facilities included equipment for baby changing needs.

Upstairs had a consulting room which was clean. There was a handwash basin, a personal protective equipment (PPE) dispenser with gloves and aprons, examination area with a privacy screen and seating for patients and medical staff. A staff kitchen and changing area, office space and a toilet were also upstairs. Clear signs for fire exits were present ad doors marked clearly for their purpose.

The layout of the premises aided privacy for people using the service during both treatments and consultations, by having doors between the waiting area and treatment areas. Consultations were held upstairs which aided privacy and dignity if patients were undergoing an examination.

Treatment rooms were visibly clean, tidy and had clearly marked clinical waste bins which were hands free operated. Handwash basins were present in the consulting and treatment rooms with signs demonstrating handwashing guidance and techniques. There was storage for gowns and blankets for patients to provide dignity during procedures. Secure changing areas were available for patients in treatment rooms and a privacy screen was used in the consulting area. Handwash facilities, clinical waste bins and personal protective equipment PPE were present.

The recovery room was clean and tidy and had an easy clean chair for patients. Monitoring equipment was present in the recovery room.

The upstairs of the clinic had one consulting room, staff kitchen and changing area, office space and a toilet. Clear fire exit signs were present. Doors to these rooms were marked clearly for their purpose. Clean scrubs for clinic staff were stored in the staff area upstairs.

Some cleaning products were also stored there behind unmarked and unsecured doors. This was brought to the attention of the provider during the inspection, in relation to the Control of Substances Hazardous to Health (COSHH) regulations and guidance. The provider stated they would address the security of the storage door.

Staff disposed of clinical waste safely. We saw sharps bins in use that were not overfilled and contained appropriate clinical waste.

In the rear of the clinic, the service had three secured clinical waste bins which were collected weekly by an external contractor.

Feminine hygiene bins were present in toilets and waste was collected on a fortnightly basis by an external contractor.

There was clear signage for fire exits throughout the building and fire extinguishers in place.

Key safes were used to securely store keys in use by the clinic.

However, the service did not always have enough suitable equipment to help them to safely care for patients and staff did not always carry out safety checks of specialist equipment. We found a number out of date equipment and medicines in both resuscitation and anaesthesia emergency trolleys in use at the clinic. We also saw that the weekly checks had not been carried out of the resuscitation trolley as per the service's own guidance, with the last check documented on 15 June 2022. Some out of date items were dated from 2019. This meant that effective resuscitation could not be carried out, as out of date items were potentially ineffective.

This was brought to the providers attention during the inspection and they stated they will take actions to remove these items and review the resuscitation trolley checking process.

We also brought to the providers attention that the resuscitation trolley itself was not tamper proof, as we were able to open the trolley with the tamper proof seal remaining intact and this should not happen.

This was brought to the attention of the provider who stated they will address this issue. Post inspection, the provider has assured us that all out of date medicines have been removed and disposed of. The trolley has been inspected for being tamper proof, and it transpired that the tamper proof seal had not been applied correctly, Staff have been made aware of the error. Training has been identified for staff in the process of checking and documenting the resuscitation trolley.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient. Staff identified and quickly acted upon patients at risk of deterioration

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff used the early warning scores (EWS) tool to monitor patients. Patients attending the clinic are screened for any anaesthesia related risk using the American Society of Anaesthesiologists Physical Status Classification System, requiring patients to be grade 1 (a normal healthy patient, that is, without any clinically important comorbidity and without a clinically significant past/present medical history). If patients did not meet the criteria, they were declined by the clinic. During procedures there was always immediate life support trained staff present. Patients who may deteriorate would be attended to by the consultant anaesthetist and theatre nurse to support and stabilise them and if required 999 services would be requested to transfer the patient to an emergency department. The service had an escalation policy for unwell patients with clear guidance for staff to follow and identified the two nearest NHS trust emergency hospitals.

The Association of Anaesthetists guidelines for local anaesthetic toxicity were followed.

Good

Surgery

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly. Staff knew about and dealt with any specific risk issues. Staff monitored patients throughout their procedures with both verbal and written notes, documenting blood pressure, pulse rates, any pain issues, temperature and monitor CO2 levels. Staff carried out pre admission and pre procedure checks with patients. Any concerns or issues identified, were raised with clinicians performing the procedures.

All patients were monitored post procedure in a recovery room and always had a staff member with them carrying out observations There was monitoring equipment in the recovery room. The recovery room had an alarm to alert other staff if assistance was required and staff told us they would always call for help if required.

WHO (World Health Organisation) surgical procedures style checklists were used at the clinic. The WHO checklist is a simple tool designed to improve communication and teamwork by bringing together the surgeons, anaesthesia providers and nurses involved in care to confirm that critical safety measures are performed before, during and after an operation. An audit of the WHO checklist was carried out in 2021 with an outcome score of 99% and in January and May of 2022 the score was 100%.

Patients are requested to complete a body dysmorphia questionnaire prior to any treatment to identify the potential for patients who may have body dysmorphia. During an initial consultation, a patient raised that their concerns may be psychological, but this was not discussed further during the consultation. The GMC guidance states that 'you must consider your patients' psychological needs and whether referral to another experienced professional colleague is appropriate'. Physicians told us they signpost patients they feel require further psychological assessment prior to any procedures, to NHS services.

A consultant told us that a patient had their procedure cancelled due to concerns over their current medical state. Staff told us patients' don't always give consent for their GP to share their medical records and the clinic then relies on patient disclosure. Following questions to the patient and a health check by clinic staff, the patient then disclosed previously unknown health issues. The procedure did not commence and was rearranged.

There was an anaphylaxis kit in the treatment room. However, there was one anaphylaxis pen in the treatment room that had an expiry date of March 2022, meaning it was not suitable for use.

Staff shared key information to keep patients safe when handing over their care to others. Patients were provided with a letter to their GP, stating the procedures they had undergone. It was the patients choice if they shared this with their GP.

Shift changes and handovers included all necessary key information to keep patients safe. Staff were given patient information at the beginning of their shift to ensure they had awareness of the patients needs.

However, the patients receive "Before Liposuction Instructions" from the provider which instructs them not to take anti depressants two weeks prior to their procedure. These instructions do not follow the NICE guidance on the ceasing of anti depressants which states this should be done gradually over a four week period. The instructions do not provide any advice to seek professional help from the patient's GP or health professional to cease anti-depressants. This could lead to patient harm.

Nurse staffing

Good

Surgery

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers planned and adjusted staffing levels and skill mix to ensure surgical days had suitably qualified staff on those days. Agency and locum staff had an informal induction.

The clinic is a small provider and employs nursing staff on a part time basis. The service had enough nursing and support staff to keep patients safe. Staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. We viewed staff training and saw that training was appropriate for each specific role of the staff.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. Managers limited their use of bank and agency staff and requested staff familiar with the service. Agency and locum staff had an informal induction as there was not a formal induction or checklist in use at the clinic. The informal induction involved orientation of the clinic, location of policies, processes and procedures. The registered manager told us that all documentation required prior to any staff commencing was viewed prior to any informal induction commencing.

Medical staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers planned and adjusted staffing levels and skill mix to ensure surgical days had suitably qualified staff on those days. Agency and locum staff had an informal induction.

The service had enough medical staff to keep patients safe. Patient care was consultant led. Consultants were available for advice and to admit and review all patient care out of hours. The service was a small operation and there were two physicians in place, the surgeon and the anaesthetist. In the absence of surgeon, no procedures are carried out. In the absence of the anaesthetist, the clinic stated they must have a consultant anaesthetist present, otherwise procedures will not commence.

All consultants had four to six monthly contact with a medical advisory committee (MAC). The committee shared meeting notes with clinicians to ensure they were kept up to date with current practice and guidelines.

The medical staff matched the planned number for surgical days. If there were not enough staff, the clinic would cancel and rearrange any procedures. Managers could access locums when they needed additional medical staff and ensured they had the appropriate skills, qualifications and experience to keep patients safe.

Managers made sure locums had an informal induction to the service before they started work. The informal induction involved orientation of the clinic, location of policies, processes and procedures. The registered manager told us that all documentation required prior to any staff commencing was viewed prior to any informal induction commencing.

The service always had a consultant on call during evenings and weekends.

Records

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

Good

Surgery

Patient notes were stored securely, comprehensive and all staff could access them easily. We reviewed six patient records. Records were legible, up to date and contained relevant information regarding care and treatment. Patient medical history was generally well documented. Patient care records were well documented and included pain scores, early warning scores (EWS), venous thromboembolism (VTE) risk assessments, consent and medications given.

Records were paper and stored securely in locked filing cabinet and behind a locked door. Discharge letters were printed and handed to patients to share with their own GP if they wished to do so.

However, two patients did not have completed body dysmorphia questionnaires. This was brought to the providers attention during the inspection and they stated they would investigate and address this.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines. However not all medicines were in date in the service.

Staff followed systems and processes to prescribe and administer medicines safely. Staff stored and managed all medicines and prescribing documents safely. Staff completed medicines records accurately and kept them up to date. However, the systems in place did not identify or rectify the out of date medicines in use.

The consultants were the only staff to prescribe medicines. Patients took medicines prescribed following any guidance from the consultants. Controlled drugs (controlled drugs are drugs that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful) were stored securely in a locked safe within a locked room. These medicines were not stored onsite, but temporarily for the day of the procedure. Staff told us that if any controlled drugs that had been ordered for specific patients and those procedures were cancelled, then those medicines were disposed of immediately. Controlled drugs were disposed of with a staff member to witness the process of disposal and stored in clinical waste bins for collection in line with best practice and national guidance.

There were medicines logs with good documentation of any controlled drugs issued. Medicines prescribed on the log were dated and signed by the prescriber, with details of the date, patient name, dose and the time the medicine was administered.. Private prescriptions were in use for such medicines as anti biotics. NHS prescriptions were in use for sedation medicines only. Prescriptions were kept securely. Temperature gauges were in use to monitor ambient and medicine storage areas.

Prescriptions were both paper and electronic. The clinic had a service level agreement with a local pharmacy to support with medicine needs but this did not contain details of the arrangement, so we could not be assured what their processes and procedures were. Consultants would seek the support and advice of the pharmacist if they required any clarity around contra indications of patients medicines.

Staff learned from safety alerts and incidents to improve practice. Staff told us they were informed of any patient safety alerts through team meetings or the staff noticeboard.

Incidents

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

Good

Surgery

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy We viewed the incident log and saw that it contained two records of customer concerns and one record for a post op issue. The record documented the concerns clearly and any steps taken to resolve those concerns. Managers shared learning about never events with their staff at team meetings and via the staff notice board. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Managers debriefed and supported staff after any serious incident.

The service had no never events. Never Events are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.

Are Surgery effective?

Good

The service did not have a previous rating. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The clinic followed established NHS protocols in the care and treatment of patients with lipoedema. The medical director had forged professional relationships with NHS specialists and sought the clinical expertise of other clinicians in the field of lipoedema when required.

The service had up-to-date policies and procedures to ensure care and treatment was delivered in line with national guidance and best practice. Updates to policies and guidance were identified by the governance lead and shared with the registered manager to then disseminate to all staff at the clinic.

Staff monitored patients in line with guidance. The clinic completed a range of audits throughout the year to ensure healthcare was provided in line with their policies, national guidance and standards. Audits for sharps were carried out and were 99% compliant in 2021 and in January to May 2022 were 100% compliant. Hand hygiene audits for May 2022 were 100% compliant.

Staff had daily briefings before any patient procedures commenced to ensure they had a clear understanding of patients procedures and care needs and the opportunity to raise any concerns or issues.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. The service made adjustments for patients' cultural and other needs.

Staff made sure patients who were not undergoing any procedures, had enough to eat and drink. No food was prepared on site but was purchased from local shops after seeking patients dietary needs.

Good

Surgery

Patients waiting to have surgery were not left nil by mouth for long periods. Staff checked to ensure patients had remained nil by mouth prior to any procedures. Staff told us they had one patient who did not adhere to this and the clinic postponed their procedure.

Pain relief

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

The procedures carried out in the clinic are not generally associated with pain.

Staff assessed and clarified with patients during their procedures if they were experiencing any pain. There was not a recognised pain tool in use, as the procedures were generally free of pain. Doctors prescribed any pain relief required in line with individual needs and best practice.

Patients received any pain relief they required, soon after requesting it. Patients were advised via a patient information pack prior to any procedures, the type of painkillers they would receive. Patients pain levels were monitored during procedures.

Patient outcomes

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

Outcomes for patients were currently anecdotal and staff told us there were positive, consistent and met their expectations. One patient who attended an outpatient follow up appointment, told us they were very happy with the care and treatment they had received and stated it was “life changing” for them.

The service is undertaking qualitative research into patient outcomes but at the time of inspection did not have any findings to share with us. The medical director told us that from between 700 to 800 procedures carried out at the clinic, there had been no pre or post procedure issues and no issues with local anaesthetic toxicity.

The procedure is low risk for surgical site infections and the medical director told us they had not had any patients develop post operative surgical site infections due to the small incision size, fast healing time of those incisions and that patients can bathe following the procedure. The medical director told us that any complications will likely occur in the first 24 hours and he is on call to respond to any patient concerns or issues. If later complications arise, the medical director will review the patient and take any necessary action such as prescribe anti biotics or signpost to other services.

All patients are prescribed a four to six day course of anti biotics and instructed to start them prior to any procedures.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement overtime. The clinic had a comprehensive audit schedule covering all clinical areas. Completed audits included action plans to address any concerns

Competent staff

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

Good

Surgery

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff completed a variety of mandatory training. Competencies were required for each role and included sepsis and VTE. Competencies were recorded in a file for each member of staff.

Consultants were registered with the General Medical Council (GMC) and nurses registered with the Royal College of Nursing. Disclosure and Barring checks (DBS) were completed for all staff.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff told us they could discuss their role and developments needs outside of the annual appraisal. The registered manager was responsible for staff appraisals. Consultants were appraised by an external body and the appraisal report was filed in the staff file.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff attended monthly team meetings where agenda items included, wellbeing, infection prevention and control, training and audits.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Agenda items at staff meetings included wellbeing, safeguarding, infection control and training updates.

Staff worked across health care disciplines and with other agencies when required to care for patients. The service provided patient's GP's with letters informing them of the treatment's they had undergone at the clinic. The service requested consent from patients to share their GP records with the service, prior to any procedures commencing. Not all patients would consent to this, but all patients were provided with a letter to share with their GP's post procedure.

The medical director told us that they can seek external support and advice from other specialists in the NHS or private sector, to ensure their patients' needs are being met.

Seven-day services

The service operates an 'on demand' style. The clinic operates five days a week with surgical and consultation days on specific days of the week. Patients can book appointments to suit their own needs. The consultant told us that they can be contacted out of hours by telephone, should patients have any urgent medical needs or concerns.

Health promotion

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

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Good

Surgery

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The demographic of patients attending the clinic were unlikely to lack capacity to make decisions, but staff were trained in Mental Capacity and were able to identify those who may present with issues.

Staff gained consent from patients for their care and treatment in line with legislation and guidance and clearly recorded consent in the patients' records. Informed consent was gained from patients through explanatory forms issued to patients prior to any treatment or procedures. Staff made sure patients consented to treatment based on all the information available.

Nursing and clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

An audit report from January to May 2022, showed 100% compliance with consent gained and documented in patient records. However, we reviewed the consent form for medical records and it did not give clear details of retention periods and purpose of retention for patients to be fully informed to provide consent. The principles of the General Data Protection Regulation and guidance says that when seeking consent, it should be specified why data is being requested and what that data will be used for. The consent form does state the clinic has their own guidelines and they are available on request, but patients should be able to read these prior to signing consent, in order to provide fully informed consent.

Are Surgery caring?

Good

The service did not have a previous rating. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.Staff throughout the service put patients at the centre of what they did. We saw staff treat patients with warmth and care, they were polite, professional and demonstrated compassion to all patients. Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients.

Patients said staff treated them well and with kindness. One patient said they "Couldn't speak highly enough of them" and felt their care and treatment had been excellent.

We reviewed feedback on several social media platforms and saw all feedback was positive regarding peoples' care, treatment and overall experience of the clinic.

We attended a patient consultation and saw that staff treated patients' with respect, dignity and were discreet if any examinations were undertaken. Privacy screens were used for all patient consultations.

Good

Surgery

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Emotional support

Staff provided emotional support to patients, families and carers to minimise any distress.

For any patients who may require professional emotional support, staff signposted to appropriate NHS services or advised patients to speak to their GP

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff had an understanding of the impact patients conditions had on their lives and treated them with compassion.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment and supported patients to make informed decisions about their care. Patients were given information prior to their treatments and information was available on the clinic website, with videos to show what happens during a treatment for lipoedema.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. Results from a patient survey showed 93.3% of patients felt the overall quality of the service was excellent and the remaining 6.7% felt it was very good. However, the survey report did not have a date on it, so we cannot be assured which time period it related to.

Are Surgery responsive?

Good

The service did not have a previous rating. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.
The service did not always meet the needs of those with a sensory or visual disability.

The service was open Tuesday to Saturday and was an on demand service with patients booking appointment to suit their needs. Managers planned and organised services so they met the needs of the local population.

Facilities and premises were appropriate for the services being delivered. The clinic had been purpose built for the procedures carried out there. There were facilities for patients, such as a disability friendly toilet, an external ramp. Refreshments were available and visually calming videos and music for patients were available in the waiting area.

Good

Surgery

Meeting people's individual needs

The service was not always inclusive of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services but did not always have facilities or information for those with hearing and sensory disabilities.

Staff understood but did not apply the policy on meeting the information and communication needs of patients with a disability or sensory loss.

The service did not have information leaflets available in languages spoken by the patients and local community. Some staff spoke other languages so could provide communication in some languages. There were no facilities such as a hearing loop, for those with hearing issues.

Staff completed equality and diversity training annually as part of their mandatory training. At the time of our inspection eight out of 12 staff working in the service had completed the equality and diversity training. We reviewed the equality policy which recognised the needs and rights of those with a disability but did not fully address how the service would meet the needs of those with a disability using the service

Patients were offered a choice of food and drink to meet their cultural and religious preferences as best they could, but as no food was prepared on site, choices may be limited to whatever local shops provide.

Staff did not have access to communication aids to help patients with sensory disabilities become partners in their care and treatment.

Patients received information explaining about their surgical procedures and what to expect throughout their clinic visits. This information was designed to address patients' questions about their forthcoming procedures. Information included details on preparing for the procedure and what to expect following their treatment. This information was also available to patients on the clinic's internet webpage. Patients could call to discuss any concerns they had prior to commencing any treatments or procedures.

Access and flow

People could access the service when they needed it.

The clinic was an on demand service driven by patient choice. Patients' requested appointment times online, or via the telephone. Patients were then sent the required paperwork to complete, prior to any initial appointments.

However, one patient we spoke to at the clinic had not been sent any paperwork to complete but was given the required paperwork on arrival at the clinic. They had also not been made aware of any costs at this stage. We did not see any costs displayed at the clinic. The clinic's website has a costs section which informs patients of the process but not explicitly the costs.

Waiting times fluctuated at the clinic depending on demand and were between two to four weeks. When patients had their appointments or treatments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

Good

Surgery

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients at the clinic could make complaints verbally, in writing or by telephone**.** Patients, relatives and carers knew how to complain or raise concerns. Patients we spoke to felt confident to complain if they needed to. The service clearly displayed information about how to raise a concern in patient areas. The clinic displayed their membership to Independent Sector Adjudication Service (ISCAS), in the reception area.

Staff understood the policy on complaints and knew how to handle them. We reviewed the policy which was clear and gave detailed information regarding the stages of the complaints process, including escalation to external bodies. The policy included an annual audit of complaints, an impact assessment and learning opportunities from complaints embedded.

Managers investigated complaints and identified themes. We reviewed any complaints made and saw that one complaint made in 2021 followed the policy.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Staff would aim to deal with any complaint themselves. We saw evidence that they would then escalate to the medical or clinical director if a patient was not satisfied. Complaints were well documented with steps and outcomes included.

Managers shared feedback from complaints with staff and learning was used to improve the service. Feedback from any complaints or concerns were shared with staff either at the time of the complaint and at team meetings.

Are Surgery well-led?

Good

The service did not have a previous rating. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The leadership team consisted of three practising physicians. They had their medical revalidation and supervision process overseen by an external body and a named responsible officer appointed to them to carry out supervision and appraisals. Leaders retained clinical skills and kept updated of changes in guidance and practice, through recognised bodies, attending webinars, journals and liaison with other specialists in the field.

A clinical governance lead supported the leadership team with policy formation and auditing processes. The clinical governance lead worked remotely but attended the clinic three to four times yearly and had regular contact with the leadership team and registered manager.

Good

Surgery

Staff told us the leadership team were visible and approachable and there was an open, friendly and honest culture for patients and staff, and they felt like a family.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and to become a centre of excellence. Leaders and staff understood and knew how to apply them and monitor progress.

Leaders told us that they wanted to raise awareness of lipoedema and were doing this through various media methods. The clinic were embarking on research to develop their vision to become a centre of excellence as lipoedema was an under researched field, and to streamline the care for lipoedema, along with a vision to create a formal body for lipoedema care and raise standards of care. Leaders were engaging with other specialists in the medical field to achieve this vision and were developing a strategy to achieve this. Initial research had begun, to measure the quality of life outcomes for patients who received treatment for lipoedema at the clinic. All data used in research was anonymised.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff we met were friendly, polite, welcoming and knowledgeable. Staff were clearly passionate about the care and treatment they gave to their patients. Staff we spoke to said the leadership team were approachable, open and encouraged feedback and change. Staff said they felt comfortable to raise any concerns with leaders and they would be received positively.

Leaders demonstrated an open and respectful culture with their staff. Leaders were open and honest with their patients and encouraged feedback from both staff and patients.

Processes and procedures were in place to address duty of candour responsibilities. Where any concerns had been raised or a patient's experience fell short of what was expected, apologies were given, and actions were taken to rectify those concerns.

Governance

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

There were governance structures, processes and systems of accountability to support the delivery of good quality services and safeguard high standards of care. The governance lead worked remotely but attended on site visits throughout the year. Regular electronic or telephone contact between the governance lead and registered manager ensured policies, guidance and processes were up to date and any issues identified quickly and addressed.

There was a systematic programme of internal audit used to monitor compliance with policies such as hand hygiene and health and safety. The clinical lead produces audit list for the registered manager to then carry out. Audits are carried out on a monthly, quarterly, annual or biannual schedule depending on the area and then sent to the clinical governance lead.

Good

Surgery

Monthly team meetings were held for staff which included agenda items such as training, wellbeing, guidance updates, audits and infection prevention and control.

Leadership meetings were held quarterly. We reviewed the minutes of the last two meetings minutes and saw areas discussed were, guidance updates, audits, training, infection prevention and control, staffing updates, concerns, wellbeing and HR and staffing.

Management of risk, issues and performance

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

The service followed established NHS protocols for the care and treatment of lipoedema.

The service had a risk register in place with identified risks documented clearly.

Risks assessments were in place for needle stick injury, sharps disposal and falls.

Data to capture patient outcomes was currently anecdotal but was in the process of being formalised into qualitative and quantitative data.

During our inspection we highlighted concerns around out of date equipment and medicines. These were addressed following the inspection and leaders told us their processes would be reviewed along with staff training requirements.

Processes were in place to ensure the suitability of patients accepted for treatment.

Information Management

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

The service had both paper and electronic records. These were stored securely in locked filing cabinets and password protected systems. Records were easily accessible to staff caring for patients. This meant all healthcare professionals could follow the patient's journey.

Systems were in place to share new guidance, policies and processes with all staff. This was disseminated through staff meetings and on a staff noticeboard where all staff could access it.

Systems were in place to view audit outcomes and these were shared with staff at team meetings and via the staff noticeboard.

The service had a website where people could access information in both written and visual formats about the surgical procedures available.

Staff had access to paper and electronic policies, processes and procedures.

Confidential waste was shredded onsite.

Good

Surgery

Data or notifications were submitted to external organisations.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Patients were encouraged to leave feedback after procedures and could do this in written and electronic forms. Feedback and reviews from patients were on social media platforms and a patient peer group had been created by patients themselves on social media. Feedback we saw on social media platforms were positive about their treatment and experience at the clinic.

The clinic had recently held a social event for previous patients to attend. The clinic had recently raised awareness of lipoedema through television media and used social media platforms to inform and engage with the public.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Leaders engaged with leading specialists within the NHS to improve knowledge, care and treatment for patients with lipoedema. Leaders followed established NHS protocols in the care and treatment of lipoedema and embedded them into their practice at the clinic.

Leaders were undertaking research into safety and quality of life outcomes for patients who had undergone lipoedema treatments at the clinic. This was with the view to build up the availability of research in an under researched area, to drive improvements and streamline care for patients with lipoedema.

The clinic received a commendation for the best new clinic in UK and Ireland in 2021 by Aesthetics Awards.**treatment**

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
Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service did not have in date equipment in the resuscitation trolley. The service did not have in date medicines in the resuscitation trolley The service did not have effective processes for ensuring the checking of resuscitation trolley equipment and medicines used in the resuscitation trolley The service did not store intravenous fluids securely The service did not securely store substances subjected to the Control of Substances Hazardous to Health (COSHH)