

Staianoplasticsurgery Ltd

Staianoplasticsurgery

Inspection report

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

Ratings

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

Summary of findings

Overall summary

We had not previously rated this service. 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 managed infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their procedure.
- The service planned care to meet the needs of the patients, considered patients individual needs, and made it easy for people to give feedback.
- People could access the service when they needed it.
- Staff provided good care and treatment 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, advised them on procedures and supported them to make decisions about their care.

However:

- Training records were not always clear or easy to understand.
- A vent in the clinic room required attention to improve the quality of ventilation.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We rated it as good. 'See the summary above for details.'

Summary of findings

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Summary of this inspection

Background to Staianoplasticsurgery

Staianoplasticsurgery registered with CQC in February 2014 to provide the regulated activities of diagnostic and screening procedures and surgical procedures.

The service is in a converted house in Edgbaston, Birmingham that has been adapted to provide medical services.

The service is open for appointments Monday to Friday between 9.15am to 4.30pm. On a Wednesday the service opening times extend until 8.15pm. The service also opens on an ad hoc basis for Saturday appointments.

The services provided at the clinic were pre-surgery and post-operative consultations for patients considering and undergoing plastic surgery. Post operative care and wound management were facilitated at the clinic.

During the 12 months between January 2022 and January 2023 the provider had carried out 165 consultations at the clinic and 92 minor surgical procedures under local anaesthetic.

Staffing included the lead consultant (plastic surgeon) and two additional plastic surgeons working at the service through 'practicing privileges' which is permission granted through legislation to work in an independent hospital clinic. There was a consultant anaesthetist as part of the team to support and advise with major procedures.

Other staff included a nurse, a clinic manager, a secretary, and a small team of administrative staff, including remote IT support.

There were no overnight facilities at the clinic. All procedures were performed under local anaesthesia with light sedation if required.

The principal consultant specialised in breast and body contouring procedures.

Post operative dressings and some minor procedures (under a local anaesthetic) were also carried out on site.

Procedures requiring a general anaesthetic were not carried out at this location.

We last inspected the service in October 2018. At that inspection we did not have a duty to rate and instead published a narrative report.

At that inspection we found some areas for improvement but noted broadly good practice and standards of care. The service had provided a completed action plan to address concerns raised in the 2018 inspection.

How we carried out this inspection

The inspection team consisted of one CQC inspector and a specialist advisor with expertise in surgery. An inspection manager supported the inspection team.

Summary of this inspection

During the inspection we visited all areas of the location. We spoke with 5 members of staff including the clinic manager and the registered manager. We also spoke with 3 patients and reviewed 5 patient records. In addition, we partially observed 1 patient procedure.

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 SHOULD take to improve:

- The service should consider a review of the identification and recording of adverse incidents and significant events, to be clearer which location was involved.
- The service should consider providing training for staff on the Mental Capacity Act and updating training records.
- The service should ensure that actions to be taken following audits are clearly documented and actions reviewed with a timeframe for completion (Regulation 17).






Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Is the service safe?

Good 

We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff.

Staff received mandatory training based on their role at the service. All staff received and were up to date with basic life support training (BLS), first aid - level 2, manual handling and fire safety. Additional training had been completed in relation to specific job roles. For example, the lead nurse had completed a specialist course for infection, prevention, and control (IPC). IPC training was completed by clinical staff and all staff had training in legionella awareness and chaperone training.

Although staff told us they were trained and demonstrated good knowledge, the recording of the information was not clear. For example, it was not clear if staff had been trained in the mental capacity act within the data provided post inspection.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff were trained to level 2 in adult and child safeguarding and the lead nurse was trained to level 3. Extra support and advice could be accessed through agreement with a local hospital.

Staff we spoke with had a good understanding of the principles of safeguarding and understood the provider's policy, including how to act quickly when they thought someone might be at risk of harm.

Staff had undertaken chaperone training to ensure there was always a trained member of staff available.

We saw that a process was in place to allow patients to discuss issues privately if they were accompanied by someone. This helped in preventing a patient being coerced into having a procedure they were not sure about.

Surgery

Since the last inspection the service identified 2 safeguarding concerns raised, one in 2018 and the second in 2021. Both incidents were escalated and managed appropriately.

Cleanliness, infection control and hygiene

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

The service had risk assessments and policies for infection prevention and control (IPC). There was a legionella policy, daily cleaning check lists for clinical areas and separate schedules for the reception and waiting rooms. All areas were visibly clean and well-maintained, except for a window vent in the clinic room, which had been found on an audit.

Staff followed IPC principles including the use of personal protective equipment (PPE) in clinical areas. We observed good hand hygiene by staff and patients and visitors encouraged to use hand sanitising gel. Audits were completed using a standardised audit tool for hand hygiene.

A cleaning schedule was in place and staff routinely cleaned areas as part of a daily routine. Cleaning products and hazardous materials were stored correctly and in line with Control of Substances Hazardous to Health (COSHH) guidelines.

All staff who entered the clinic theatre room wore scrubs and appropriate footwear and adhered to IPC principles for clinical areas.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.

The service was in a building not originally equipped for clinical care and environmental challenges reflected this, such as consultation rooms having to combine a pleasant relaxing environment, with a safe and compliant area for clinical examination to take place.

The design of the clinic, in most areas, followed national guidance, including the Department of Health and Social Care (DHSC) Health Building Note (HBN) 00/09 and 00/10 in relation to clinical environment design and infection control in the clinical environment. However, waiting areas and some consultation rooms were furnished to provide a luxurious and relaxing environment, with carpets laid in communal and reception areas.

Most surgery was performed at an independent hospital, but minor procedures were done in a well-equipped clinic room. Staff carried out daily safety checks of specialist equipment and they flushed taps daily and checked water supplies for legionella monthly. Equipment was maintained in accordance with relevant guidelines or manufacturer instructions.

Clinical waste was minimal and managed well. Sharps and hazardous waste were disposed of appropriately and staff monitored the disposal as part of a daily routine.

We found a vent in the clinic to be in poor condition and potentially a risk to infection, prevention, and control. This had been identified by staff and was recorded as a risk to be managed until repair or replacement could take place.

Surgery

Staff carried out general safety inspections that included fire safety, hazard management and access and egress for patients.

Building maintenance was provided by the landlord services and a system was in place to report and record work to be done.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration and made sure patients knew who to contact to discuss complications or concerns.

Consultations, minor surgery, and post operative reviews were all risk assessed using a recognised tool. Processes were in place for a deteriorating patient or someone that was suddenly taken ill, to be taken to hospital using the 999 emergency services. Non urgent complications would be reviewed, and further surgery would be scheduled with the hospital that performed the procedure or to a local hospital, if appropriate.

The service recorded 16 adverse incidents and 2 significant events between January 2022 and May 2023. All were reviewed and managed appropriately with actions and lessons learned discussed with staff.

Patients were required to complete documentation which provided details of past medical history, medications, allergies, and details of the patients GP. Information was appropriately shared with the patient's GP.

There were criteria set for patients considering day surgery and all patients were risk assessed against these criteria to ensure appropriate after care could be provided. For example, a patient living with diabetes would need to be able to manage their blood sugar appropriately before and after surgery.

The service had processes in place to ensure age verification was completed on all patients 25 years and under.

Staff completed risk assessments for each patient before surgery, using a recognised tool, and reviewed this regularly. They used the World Health Organisation (WHO) surgical safety checklist to ensure safe standards of practice in clinic, when completing the minor surgery.

Patients were given comprehensive information from the hospital performing the major procedure, which included emergency contact numbers for the surgeon. They were also given the lead consultant contact details, who could be contacted at any time of the day or night.

Emergency equipment was available to support patients that may have a reaction to local anaesthesia, such as anaphylactic shock.

Staff told us they worked closely with a psychologist that they would refer patients to if they were concerned about the vulnerability of a patient.

The service completed annual audits as member of British Association of Aesthetic Plastic Surgeons (BAAPS) measuring numbers of patients and identifying the types of surgery performed. Complications and readmissions to hospital were monitored and the clinic reported 3 readmissions out of 115 between April 2021 and March 2022.

Surgery

Medical and Nurse staffing

The service had enough nursing and medical staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service was overseen by a consultant surgeon that owned and ran the clinic as a private healthcare provider. They were qualified in surgery and had over 20 years' experience working in the NHS as a surgeon specialising in breast surgery.

Consultants and anaesthetists provided care and treatment under practising privileges arrangements. At the time of our inspection 3 individuals held practising privileges. This arrangement enabled clinicians in substantive posts in NHS hospitals to deliver independent care at the clinic and perform major surgery at other independent hospitals.

Appraisals were obtained from the hospitals where the consultants worked as substantive surgeons. We reviewed appraisals and practicing privileges and found them to be completed appropriately and up to date.

There was a full-time clinical lead nurse that supported the procedures done in clinic and the major surgeries at the hospitals. They supported in surgeries completed at other hospitals, usually on set days, and provided after care, such as wound management, at the clinic.

Records

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

Patient notes were comprehensive and clear. We examined 5 sets of case notes which were signed dated and legible. Consent forms and risk assessments were completed and there was an electronic record of all consultations, procedures, and aftercare that the lead nurse managed.

Patient information was locked in a secure cabinet within the administration offices.

Medicines

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

The use of medicines was limited at the clinic as all major surgery was completed at the nominated hospital.

Local anaesthetic was used for some minor procedures performed in the clinic. This was well managed and stored appropriately in refrigerated conditions. Daily fridge temperature checks were completed and recorded by the staff.

The emergency pack used for adverse effects of local anaesthetic was stocked with the correct equipment and medicines were within the use by date.

A weekly stock check for drugs was performed and signed for by staff. This included expiry dates and quantities of the medicines at the clinic.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Surgery

Concerns and near misses were identified, and risks managed using the electronic records system. The service recorded incidents as Adverse incidents or significant events, depending on severity, but it was unclear what the threshold was for escalation to the more severe event.

There were 2 incidents classed as significant events that occurred between April 2022 and May 2023. They were reviewed appropriately, and actions developed to mitigate further risks. Lessons were shared at team meetings and recorded for staff to refer to.

Is the service effective?

Good 

We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

All care was consultant-led, and the service only worked with specialists in cosmetic surgery. Staff followed up-to-date policies to plan and deliver care according to best practice and national guidance including that issued by the Royal College of Surgeons and the National Institute for Health and Care Excellence (NICE).

Nutrition and hydration

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

Patients were able to access drinks and snacks whilst waiting for consultations and post operative treatment.

For major procedures (not completed at the clinic), the consultant arranged food and hydration in accordance with the hospital policy.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

There was limited use of pain relief at the clinic due to the low numbers of procedures completed on site. Regularly available analgesia was recommended for pain relief.

A patient we spoke to that had a procedure under local anaesthetic said that there was no pain afterwards and that any discomfort would be treated with paracetamol bought over the counter.

Pain relief for major surgeries was managed in accordance with the hospital policies for the location of the procedure.

Patient outcomes

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

Surgery

The service was registered with and complied with the Competition and Markets Authority legal requirement to submit private patient episode data to the Private Healthcare Information Network (PHIN).

Management of revisions and complications were done in conjunction with the hospital where the procedure had been performed. The clinic at Birmingham only performed minor procedures associated with aftercare and wound management or revisions that could be performed under local anaesthetic.

Surgeons were focussed on achieving the best outcome and satisfaction for the patient and were aware that this may increase revision rates. For 2022 there were 73 procedures performed under general anaesthetic at a hospital location. There was a 31% revision rate for these procedures of which 14% were performed under general anaesthetic and 17% under local anaesthetic at the clinic.

During the same period, 92 procedures were performed under local anaesthetic, with 13 (6.5%) revision rate.

All care and treatment was monitored by the team at the clinic and information gathered on all procedures were recorded on an electronic database and reviewed by the lead consultant.

Competent staff

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

Except for the lead consultant, who was the owner and registered manager of the clinic, staff working under practising privileges were in substantive NHS posts. Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. However, data did not show any training in the mental capacity act.

At the time of our inspection, all staff were up to date with their appraisals. Consultants were appropriately qualified and had many years' experience working as plastic surgeons. As a small team it was appropriate to review and support on every case. The lead consultant was diligent in ensuring surgeons were of the highest standard to perform surgery for the clinic. They reviewed appraisals of each consultant working under practising privileges to ensure the outcome met the needs of the service.

Turnover of staff was small, but induction was available for any new starters at the service.

Clinicians at the clinic were supervised by the lead consultant and in turn the lead was supported by a responsible officer based at a local hospital.

Staff had the opportunity to discuss training needs and were supported to develop their skills and knowledge.

Multidisciplinary working

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

We observed a collaborative team that supported each other in their roles. Patient care was at the forefront of their work and non-clinical staff were greatly involved in the patient journey.

Professionals from other areas were consulted appropriately and there was a strong relationship between clinicians at the clinic and the hospitals where major surgery took place.

Surgery

Staff worked with health care professionals and with other agencies to care for patients with more complex needs, such as, working with psychologists and counselling services to support patients pre - surgery and post-surgery.

Seven-day services

Key services were available seven days a week to support timely patient care.

Although the clinic did not provide major surgery on site, under general anaesthetic, it completed minor surgery and wound management during the normal clinic hours. The main surgeon provided a personal contact number for patients to use at any time.

The hospitals providing the major surgery had a 24-hour, 7 day a week contact line for all patient's post-surgery.

Health promotion

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

Staff worked with patients on an individual basis and signposted them to sources of help and guidance. The clinic provided extensive information about the procedures and aftercare, which included healthy lifestyle information.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

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

Staff clearly recorded consent in the patients' records. They understood how and when to assess whether a patient had the capacity to make decisions about their care or whether there was coercion present. Mental capacity act training was not available to staff at the time of inspection. However, staff ensured that patients were fully capable of making informed decisions about their care.

The type of procedures performed dictated that there was a robust process in place to ensure that patients could make the decision to have surgery and that they were not coerced into having a procedure done.

Consent was sought at all appropriate stages and documented. Patients were asked to repeat consent forms if staff had any concerns, such as appearing nervous or potentially coerced. This offered the chance to have a 1 to 1 discussion with a clinician.

Consultants ensured each patient had a cooling off period of at least 7 days between initial consent and a surgical procedure taking place. Often this period was extended to help support the patient in understanding the procedures.

Is the service caring?

We rated caring as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity.

Surgery

We observed patients being treated with care and kindness. The staff treated everyone as important guests and respected their privacy when booking them into the clinic or talking over the telephone.

Staff were very welcoming when a patient came into the service, drinks were offered on arrival and served by staff.

Companions to the patient were treated well and a chaperone could be made available if patients required. A policy was in place for guidance on the chaperone procedures.

Patients told us that they were cared for very well from beginning to end and that even well after the procedure had been done, they could return for a consultation or advice. We were told that it was “like being a lifetime member of an exclusive club”.

Emotional support

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

Staff gave patients and those accompanying them, help, emotional support, and advice when they needed it. Consultants told us they would rather talk someone out of proceeding with surgery if the patient had any doubt or reservations. They understood the emotional impact on patients and provided extra time and support to suit the patient.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those accompanying them understood their care and treatment. Information for patients, family members and carers was easily accessed on the provider website and printed information packs were available at the clinic.

Staff supported the decisions made by patients and offered advice and gave time for any questions. The consultations were not kept to a strict time, and we were told a patient could take as much time as needed to discuss the procedure and their options.

The service facilitated a confidential buddy system where a patient could discuss concerns with a previous patient that had experienced the same procedure.

Feedback for the service was consistently high and online ratings reflected the comments made by patients that we spoke with.

Is the service responsive?

We rated responsive it as good.

Surgery

Service delivery to meet the needs of local people.

The service provided elective cosmetic surgery for fee paying patients. NHS patients were never treated at the clinic.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The lead consultant facilitated a live question and answer stream on Facebook, to support those considering a cosmetic surgery procedure. They had written and published a book on how to choose the best plastic surgeon and guide people in understanding qualifications for surgeons and some of the issues in the field of cosmetic surgery.

Access to the clinic was suitable for all patients and visitors. A ramp was available for people with mobility issues or were wheelchair users. There were consultation rooms on the ground level, however access to the minor treatment room required the use of stairs.

The service ensured staff and patients could get access to interpreters or signers when needed. There were arrangements in place with a local hospital to use a language line and other interpreting services if required.

In some circumstances the service provided transport or a driver to support patients travelling to the hospital for surgery.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from consultation to treatment were minimal.

Patients were not referred from other healthcare providers. They were self-funding and could access a consultant surgeon easily. The waiting lists were managed with patient preference in mind and with coordination with the hospital where the procedure was to be performed. The surgeons operated on certain days of the week and would book the place in the hospital accordingly.

Cancellations were rare and managed well, giving the patient a priority to reschedule into a spare slot incorporated into daily lists. The service did not monitor waiting times as patients were usually able to book an appointment at a suitable time for them.

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 were encouraged to provide feedback using a form that could be accessed online or completed manually. The service had high returns from the feedback forms, and they were overwhelmingly positive.

Patients could access the complaint policy and make complaints easily. They were actively encouraged to provide feedback to staff and directed to online forums to voice their experience.

Formal complaints for the clinic were rare, and the team proactive to resolve them quickly and identify opportunities for learning. Between March 2022 and March 2023, there were 12 complaints made, but all were about treatment and care provided by the hospital where the surgery was performed.

Surgery

Staff were aware of the requirements of the Duty of Candour and told us that a culture of openness and honesty was encouraged and formed the basis of all consultations. The service had not had incidents that required Duty of Candour to be initiated.

Staff knew how to resolve minor concerns and avoid them escalating into a formal complaint. They were trained in dealing with patients on the phone and face to face, in a highly professional manner, akin to premium hospitality services.

Is the service well-led?

Good 

We rated well-led as good.

Leadership

Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The clinic was owned by the lead consultant surgeon who was also the registered manager.

There was a clear structure in place showing the staff roles and area of responsibility.

The lead consultant was visible and interacted with every patient. Staff could access them easily and as a small team were always involved in decision making and patient care, where appropriate.

Staff told us that they had a voice and were considered in decisions that were made.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

The service had clear vision which strived to make procedures positive for all patients. The vision is to create a brand that stands for transparency and accountability, prioritising patient experience over profit and ensuring the process is consultant led.

The clinic mission statement is to be the lead in the transformation of the plastic surgery industry, into a more caring part of healthcare.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Staff were proud to work at the clinic. They worked well as a team and although a small group, they supported in each other's roles to provide good care for patients.

Surgery

Staff felt respected and included in decisions about the clinic. They were involved in supporting patients with the decisions to proceed with surgery and non-clinical staff contributed to communication with patients throughout their journey.

Governance

Leaders mostly operated effective governance processes. 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.

Staff had defined roles and responsibilities and were flexible in being able to support other team members, as required. There were processes in place to ensure the accurate recording and reviewing of patient information and the service had policies in place for guidance. Staff had access to policy and procedures through an online system and there were physical copies available in the administration office.

The staff completed audits regularly. However, we found that the actions from the audits were not always clear or followed through. For example, the theatre infection control audit highlighted that the ventilation and extractor fan was not adequate, in an audit on 12/05/2022. This was noted as non-compliant on all subsequent audits, including the latest one available to examine on 21/02/2023.

Governance was discussed at regular meetings and every 6 months at formal recorded meetings. The lead consultant chaired the medical advisory committee (MAC) with input from surgeons, clinical staff, and team managers. The service based the governance process on NHS standards and practices, which reflected the usual systems in which consultants worked, and meant the service had awareness of national standards of practice.

Management of risk, issues and performance

Staff 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 used a basic risk register on an electronic system to record and manage risks. These were reviewed regularly at team meetings and formally every 6 months at the risk management and governance section in the MAC meeting.

The provider had in place systems for business continuity in the event of unforeseen disruptions to services, including when hospitals, used for major surgery, were in crisis or could not facilitate surgery.

Procedures undertaken at the clinic were low risk and there was a clear process in place for any unusual events or the need to escalate care.

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 consistently submitted to external organisations as required.

All staff undertook information governance training and could explain the importance of managing data safely and on a secure system.

Information was easily obtained by staff with the right level of secure access. Consultants working under practising privileges could access patient records when needed for clinical purposes.

Surgery

Records were a mixture of paper-based and electronic and stored securely. Only authorised staff could access the information.

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.

We saw very good engagement with patients through consultation, decision making and well beyond the completion of surgery.

The registered manager supported patients in decision making by regularly hosting online forums and question and answer sessions regarding cosmetic surgery. The senior team used a variety of online review platforms to help patients provide feedback using a system they preferred. Feedback was consistently positive.

The service worked closely with external stakeholders where appropriate to ensure patients received care they needed. This included a psychologist and several private hospitals.

Learning, continuous improvement and innovation

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.

Although rare, when things went wrong staff were keen to learn and improve services. Reviews were done to assess the services provided and new technology was embraced to aid in communicating concerns and used to improve the patient experience.

The provider had a well-established buddy system for patients considering surgery to speak to someone who had already gone through the same procedure they were considering.

There was a secure Facebook group, only for patients, to discuss procedures and support them in communicating concerns and making decisions without a clinician present.

Patients could refer others to use the service, and this attracted rewards for both parties. Free consultations and gifts were given for each referral.

The service used new technology to support the feedback process. Smart surveys and online platforms had been introduced to make it easier for patients to provide feedback. And there was an online chat set up for people to discuss concerns or ask questions.