EA Clinic Limited

EA Clinic Limited

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	Requires Improvement
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?	Requires Improvement

Summary of findings

Overall summary

We have not rated this service before. We rated it as requires improvement because:

- The service did not have an effective system to monitor bank staff training.
- Flammable substances were not stored safely.
- The clinic did not have a formal admission or exclusion criteria, setting out the safe and agreed criteria for the selection and admission of patients.
- This clinic did not routinely share information about the patient's surgery with their GP.
- Policies did not always reflect the service being delivered.
- Local audits were completed on an ad hoc basis.
- Staff had used family members to interpret information for patients who did not speak English.
- There were no arrangements in place for the independent review of complaints.
- The service had a vision for what it wanted to achieve but no strategy to turn it into action.
- The clinic did not have effective arrangements for the identification, recording and management of risks.
- The service did not have effective systems to regularly review and discuss clinical governance.

However:

- Staff knew how to report incidents and most staff were confident describing what types of incidents they would report.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. In most areas the design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff knew how to assess, monitor and manage patient risk.
- The service had enough staff with the right qualifications, skills and experience to keep patients safe. The service made sure staff were competent for their roles. Staff had training on how to recognise and report abuse and knew how to apply it.
- 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.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Information about the outcomes of people's care and treatment was routinely collected and monitored.
- Staff worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients to minimise their distress. Staff supported patients to make informed decisions about their care and treatment.
- The service provided care in a way that met the needs of patients and took account of some patients' individual needs and preferences. People could access the service when they needed it and received care promptly.
- It was easy for people to give feedback and raise concerns about the care they had received. The service treated concerns and complaints seriously and investigated them appropriately.

Summary of findings

- Managers had the skills and abilities to run the service. They were visible and approachable leaders. Staff reported an open and honest culture, focussed on the needs of patients.
- Patient information was managed in line with data security standards.
- Managers engaged with patients and staff to plan and manage services. Staff were committed to continually learning and improving services.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Requires Improvement 	

Summary of findings

Contents

Summary of this inspection

Background to EA Clinic Limited

EA Clinic Limited opened in 2009 and is located in Marylebone, London. The clinic primarily serves the communities of London but accepts patient referrals from outside this area. Facilities include one operating theatre, a recovery area and consulting rooms.

The clinic provides cosmetic surgery to adults. The clinic also offers cosmetic procedures, such as dermal fillers and laser hair removal, that are not within our scope of regulation and therefore were not inspected as part of this inspection.

The current registered manager has been in post since 2015. The clinic is registered to provide the following regulated activities:

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

Activity (August 2020 to July 2021)

- The clinic carried out 132 surgical procedures. The three most common surgical procedures were ultrasound assisted liposuction, radio frequency assisted liposuction and skin tightening.
- The clinic carried out approximately 550 outpatient appointments.

As of July 2021, the clinic employed three members of staff; a medical director, a clinic manager and an administrator. The clinic also had its own bank of registered nurses and operating department practitioners. One anaesthetist worked at the clinic under practising privileges.

How we carried out this inspection

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

We inspected the service on 12 July 2021 using our comprehensive inspection methodology. This was the service's first inspection since registration with CQC.

During this inspection, we visited the whole clinic, including the reception, waiting area, operating theatre, recovery area and consultation rooms. We spoke with six members of staff including registered nurses, medical staff, operating department practitioners, and senior managers. We spoke with two patients and reviewed seven sets of patient records.

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.

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust 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:

We told the service that it must take action to bring services into line with legal requirements.

- The service must ensure that there is a formally documented admission or exclusion criteria, setting out the safe and agreed criteria for the selection and admission of patients. (Regulation 12(1))
- The service must ensure there are effective arrangements for the identification, recording and management of risks. (Regulation 17(1))

Action the service SHOULD take to improve:

- The service should ensure it has an effective system to monitor bank staff training.
- The service should ensure that all policies are specific to the clinic and reflect the service being delivered.
- The service should consider observational audits of the World Health Organisation's (WHO) Five Steps to Safer Surgery checklist.
- The service should ensure flammable substances are stored safely.
- The service should consider sharing information about the patient's surgery with their GP.
- The service should consider a more structured programme of audits.
- The service should ensure family members are not used as interpreters.
- The service should ensure there are arrangements in place for the independent review of complaints.
- The service should ensure they have effective systems to regularly review and discuss clinical governance.
- The service should consider introducing a formal strategy outlining how it will turn its priorities into action.

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Surgery

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

Are Surgery safe?

Requires Improvement

We have not rated this service before. We rated it as requires improvement.

Mandatory training

Staff completed mandatory training in key skills. However, the service did not have an effective system to monitor bank staff training.

Staff completed a mixture of in-house training with EA Clinic and training with their main employer. EA clinic's mandatory training modules included: the equality act; health and safety; infection control; manual handling; and mental health and wellbeing. Staff did not receive training on sepsis management. Training was delivered through a combination of online assessment and practical training days.

Managers kept staff training certificates from both their in-house and external training. However, the clinic did not have an effective system to monitor the training completed by bank staff with their main employer. It was unclear how managers knew what training bank staff had completed and when they would need to update their training.

Safeguarding

Staff had training on how to recognise and report abuse, and knew how to apply it.

Staff knew what the term safeguarding meant and how to recognise signs of abuse. Safeguarding posters were displayed around the clinic, offering advice and guidance to staff on how to recognise and report abuse.

The clinic had two safeguarding policies, one for safeguarding vulnerable adults and another for safeguarding children. Both policies had been recently reviewed and referenced up-to-date national guidance.

The clinic manager was the safeguarding lead and had completed training in safeguarding vulnerable adults (Level 3) and safeguarding children and young people (Level 3). Bank staff completed safeguarding training with their main employer, and we saw evidence that staff had completed safeguarding training appropriate for their role.

Requires Improvement

Surgery

The clinic did not treat patients under the age of 18. The medical director told us that they would request proof of age for any patient whose appearance indicated that they may be under the age of 18, to ensure that young people seeking treatment were over the age of 18.

Cleanliness, infection control and hygiene

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

All areas visited were visibly clean and tidy. The clinic was cleaned before and after surgical procedures and received an annual deep clean. The clinic had a cleaning checklist to indicate what areas required cleaning each day. During our inspection, we found that the checklist had not been completed for several months. We raised our findings with the clinic manager who could not provide an explanation as to why the checklist had not been completed.

Staff took steps to prevent the transmission of infections, including screening patients for methicillin-resistant staphylococcus aureus (MRSA) and COVID-19 on admission. Hand sanitiser points were widely available to encourage good hand hygiene practice and we saw staff washing their hands before and after contact with patients, as well as entering and exiting theatre.

Personal protective equipment (PPE), such as gloves and aprons, was accessible for staff in all clinical areas. Wearing PPE reduces the risk of cross-infection when providing care. We saw staff using PPE appropriately. PPE was also used by non-clinical staff and patients, in order to reduce the risk of transmitting COVID-19.

A surgical site infection is a type of healthcare-associated infection in which a wound infection occurs after an invasive (surgical) procedure. Staff worked effectively to prevent and treat surgical site infections with the use of antibiotics. The clinic's surgical site infection rate was <1%.

The clinic carried out ad hoc hand hygiene audits to monitor staff compliance and identify areas that required improvement. Audit results from the last six months showed 100% compliance with infection prevention and control policies and procedures.

Environment and equipment

In most areas the design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. However, flammable substances were not stored safely.

The service had suitable facilities and enough equipment to meet the needs of patients.

The clinic had two resuscitation trolleys for staff to use in the event of a cardiac arrest. Staff checked resuscitation equipment against an equipment checklist to ensure essential equipment was suitable for use. With the exception of two out-of-date tracheal tubes, all essential equipment was available, in date and in working order.

There was a rolling testing programme for all medical devices. We checked a range of medical equipment. All equipment had been safety tested and was within the stated date for review. However, not all consumable equipment was within its expiry date. We found four pregnancy tests and two pairs of single-use scissors that were out of date. We also found 17 out of date blood vials that were no longer used by the clinic but were still stored in a clinical area.

Requires Improvement

Surgery

The Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR) require employers to control dangerous substances, such as those that are flammable. The clinic did not have a suitable cupboard for the safe storage of flammable substances and therefore did not comply with the DSEAR. Following our inspection, the clinic purchased a suitable cabinet for the safe storage of flammable substances.

Staff correctly disposed domestic and clinical waste. We saw appropriate facilities for the disposal of clinical waste and sharps such as needles in clinical areas.

Assessing and responding to patient risk

The clinic did not have a formal admission or exclusion criteria. However, staff knew how to assess, monitor and manage patient risk.

The clinic did not have a formal admission or exclusion criteria, setting out the safe and agreed criteria for the selection and admission of patients. Managers could articulate which patients they would and wouldn't admit, such as high-risk patients, but nothing formal had been drafted. A formal admission or exclusion criteria ensures only patients who can be safely treated are admitted to the clinic. Following our inspection, managers drafted a formal admission and exclusion document, which described how the clinic will use the ASA physical status classification system to assess a patient's fitness for surgery.

All patients had an initial consultation to assess their general health and suitability for surgery. At this stage, any required investigations, such as testing for methicillin-resistant staphylococcus aureus (MRSA) or pregnancy would be performed. Patients would also have their psychological needs assessed.

Staff completed risk assessments for each patient on admission. All patients were risk assessed for venous thromboembolism (VTE) and provided with thromboembolism-deterrent (TED) stockings and Flowtron boots, as appropriate. This complied with guidance published by the National Institute for Health and Care Excellence (NICE) which states that all surgical patients should have their risk of VTE and bleeding assessed using a national tool.

Staff used recognised tools to assess and monitor patient risk. If a patient deteriorated or had a cardiac arrest, staff would contact the emergency services to transfer the patient to the nearest hospital. The clinic had resuscitation equipment and staff had been trained so that they could respond to an emergency while awaiting the ambulance's arrival. Depending on their role, staff had completed training in either basic life support (BLS) or advanced life support (ALS).

There were processes in place to reduce the risk to patients undergoing surgery. The World Health Organisation's (WHO) Five Steps to Safer Surgery is a surgical safety checklist, made up of five steps: briefing, sign-in, timeout, sign-out and debriefing. The checklist is designed to be completed for all surgical procedures, in order to reduce the risk of patient complication and mortality. As part of this inspection, we observed two surgical procedures. We observed all staff to be fully engaged when completing the WHO checklist.

The service audited WHO checklist compliance by checking the checklist documentation within patient records. Audit results from the last six months showed 100% staff compliance. The clinic did not carry out observational WHO checklist audits. Observational audits provide a better way to monitor compliance, as managers can observe whether staff are engaged in the process.

Requires Improvement

Surgery

All patients undergoing surgery were given a 24-hour telephone number to use if they had any concerns following treatment. They were also given post-operative information with detailed written instructions on aftercare, and the time and date of their follow-up appointment.

Staffing

The service had enough staff with the right qualifications, skills and experience to keep patients safe.

The clinic employed three members of staff; a medical director, a clinic manager and an administrator. One anaesthetist worked at the clinic under practising privileges. All other staff, including registered nurses and operating department practitioners, were employed as bank staff.

The service had enough staff to keep patients safe. Theatre staffing levels complied with the Association for Perioperative Practice (AfPP) guidelines.

Managers limited their use of agency staff and requested staff familiar with the service. Managers made sure all bank staff received a full induction.

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 care records were held electronically, and staff could access them easily. The seven records we reviewed were all clear, complete and up to date. All records reviewed included details of the patient's pre-assessment, consent, surgery, and post-operative care. Access to the electronic record system was password protected to prevent unauthorised access.

As part of the patient's discharge checklist, staff ticked to indicate that a GP letter had been given to the patient. However, in the seven records we reviewed, we did not see evidence that a GP letter had been written.

The clinic audited patient records on an ad-hoc basis. Audits from the past six months showed that staff kept detailed records of patients' care and treatment.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. All medicines checked during the inspection were within date and stored appropriately. We reviewed seven medicine administration records and found that they were all completed appropriately, with allergies and weights clearly documented. The service did not store controlled drugs.

The clinic held oxygen and helium cylinders in theatre for use in an emergency. Both cylinders contained safe levels of gas and were within their expiry date. We found the helium cylinder was not stored securely. We raised this with the registered manager who immediately chained the cylinder to the wall.

Requires Improvement

Surgery

There was a clear process in place for the safe disposal of medicines.

Incidents

Staff knew how to report incidents and most staff were confident describing what types of incidents they would report. The clinic had not registered to receive patient safety alerts.

Incidents were reported using a paper-based system. Staff we spoke with knew how to report an incident and most staff were confident describing what types of incidents they would report.

From August 2020 to July 2021, the clinic reported two incidents. Staff were aware of both incidents and had discussed them as a team. In the same reporting period, the service reported zero never events and zero serious incidents.

Staff understood the term duty of candour and could give examples of when it should be triggered. Staff knew the importance of being open and transparent with patients when things went wrong.

Prior to our inspection, the clinic had not signed up to the Central Alerting System (CAS) and therefore did not receive national patient safety alerts. Following our inspection, the clinic registered to receive safety alerts through the CAS.

Are Surgery effective?

Good

We have not rated this service before. We rated it as good.

Evidence-based care and treatment

Policies were based on national guidance and best practice but did not always reflect the service being delivered.

Staff had access to the clinic's policies and procedures via an online dashboard. The policies we saw were version controlled, ratified and included clear dates for review. Policies referenced current national guidance and best practice. However, not all policies reflected the service being delivered. For example, the clinic's medicine policy referenced visiting patients at home, but the clinic only provided care on-site.

Nutrition and hydration

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

Staff provided patients with information on what to eat and drink before and after their surgery. Patients waiting to have surgery were appropriately hydrated and were not left nil by mouth for long periods. Patient records showed that staff checked to ensure patients had adhered to fasting times before their surgery, and that nausea and vomiting were appropriately managed.

Requires Improvement

Surgery

Pain relief

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

Staff assessed patients' pain and gave pain relief in line with individual needs and best practice. We reviewed seven patient records and found staff prescribed, administered and recorded pain relief accurately. Staff gave patients information on how to best manage their pain post-operatively.

Patient outcomes

Information about the outcomes of people's care and treatment was routinely collected and monitored. However, local audits were completed on an ad hoc basis.

The service did not have a formal clinical audit programme and audits were completed on an ad hoc basis. In the last six months, the clinic had undertaken audits to ensure compliance with hand hygiene, patient records and the Control of Substances Hazardous to Health (2002) regulations (COSHH). All audits from the last six months showed staff compliance to be 100%. We were told audit results were discussed at team meetings however, as these were not minuted, we did not see evidence of this.

Patient Reported Outcomes Measures (PROMS) are questionnaires, used to measure the patient's view of their health status. The clinic sent a PROMS questionnaire to all patients following their surgery. Questions included how patients were coping to perform regular activities and whether they had experienced fatigue following the procedure. Results from the last 12 months showed that most patients reported positive outcomes following their surgery.

From August 2020 to July 2021, the clinic carried out 132 surgical procedures. During this time, there were no unplanned returns to theatre.

Competent staff

The service made sure staff were competent for their roles. However, nursing staff had not had a recent appraisal.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All new staff were required to complete pre-employment checks and an induction, which included a review of the clinic's policies and procedures and mandatory training.

The clinic had arrangements for staff supervision and appraisal. However, we did not see evidence that nursing staff had had a recent appraisal. Managers told us that appraisals had been delayed due to the COVID-19 pandemic. The medical director's appraisal was completed by an external responsible officer. Nursing staff were supported with their revalidation through clinical supervision.

A consultant anaesthetist worked at the clinic under a practising privileges arrangement. Practising privileges is a system which independent organisations use to allow a person to practice in their service. The clinic monitored the suitability of the anaesthetist regularly, including their ongoing training, appraisals and competencies. We saw evidence that the anaesthetist had completed a multi-source feedback exercise during their revalidation cycle.

Requires Improvement

Surgery

Managers made sure staff received specialist training, relevant to their role. For example, we saw evidence that the medical director had recently completed training in body-tightening, and the clinic's anaesthetist had recently completed training in safe sedation and pain management. All nursing staff had completed training on COVID-19. The medical director had recently attended a seminar on psychiatric disorders in aesthetic patients. Following this training, the medical director held in-house training for the rest of the team.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

There was effective multidisciplinary working across the service. We saw the clinical team working well together in the treatment room. Each staff member knew their role and carried it out effectively within the team. Staff told us they enjoyed working with their colleagues and were complimentary about the support they received from one another.

At the beginning of each theatre day, the team completed a morning briefing, identifying staff roles and responsibilities. The team brief also included an update on any specific issues that staff should be aware of.

Seven-day services

The clinic was open 9am and 5pm, Monday to Friday. The clinic occasionally opened on a Saturday between 9am and 1pm, at the request of patients. Surgical procedures were carried out on a Monday and Friday.

Health promotion

Staff gave patients information on how to best prepare for surgery. On discharge, patients were provided with further information on how to look after themselves post-surgery. Patients were encouraged to book a lymphatic drainage massage to reduce their healing time and any post-surgery bruising, swelling and pain.

Consent and the Mental Capacity Act

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

It was the responsibility of the clinic's medical director to assess capacity to consent. The clinic only accepted patients who were able to give fully informed consent.

Staff gained consent from patients for their care and treatment in line with legislation and national guidance. Consent was obtained in line with the Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016) which states that consent should be gained by the doctor who will be delivering the treatment, 14 days prior to the treatment. This is to ensure that the patient has a 'cooling-off' period to consider and reflect on their decision to go ahead with surgery.

Staff made sure patients consented to treatment based on all the information available. All patients had an initial consultation with the medical director, to discuss the patient's treatment options, risks and outcomes. The cost of the

procedure was also provided at this stage. Patients wishing to go ahead with the surgery were then required to sign three consent forms; one form to consent for the procedure, one form to consent for sedation and another form to confirm that they understood the additional risks associated with COVID-19. We saw consent was clearly documented in patient records.

Are Surgery caring?

Good

We have not rated this service before. 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 treated patients with dignity and respect. We saw consultation and clinic room doors were closed to protect the privacy and dignity of patients. Staff knocked and sought permission before entering clinical areas.

We observed two surgical procedures taking place. Staff were courteous, professional and kind when interacting with patients. We observed staff greet patients appropriately and introduce themselves by name.

Emotional support

Staff provided emotional support to patients to minimise their distress.

Staff gave patients help, emotional support and advice when they needed it. In theatre, we observed staff explain what they were doing, answer questions and provide reassurance to reduce patient anxieties. We observed staff comfort patients before their sedation.

Patients were given an out-of-hours telephone number and could contact the service if they had any concerns.

Understanding and involvement of patients and those close to them

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

Staff at the clinic communicated with patients about their care and treatment in a way they could understand.

Staff provided patients with relevant information, both verbal and written, so that they could make informed decisions about their care and treatment. Patient records showed that discussions had taken place about the potential risks and complications of surgery, as well as the benefits and the alternative treatment options available. Patients had sufficient time at their consultation and pre-operative assessment to ask questions.

Patients could give feedback on the service and staff supported them to do this. Feedback collated by the clinic indicated that patients were happy with the care, treatment and service they received.

Requires Improvement

Surgery

Patients were given information about the cost of their treatment after their initial consultation with the medical director.

Are Surgery responsive?

Good

We have not rated this service before. 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 patients.

The clinic was open 9am and 5pm, Monday to Friday, providing consultations and elective cosmetic surgery by appointment only. The clinic occasionally opened on a Saturday between 9am and 1pm, at the request of patients. Surgical procedures were carried out on a Monday and Friday.

Facilities and premises were appropriate for the services being delivered. The clinic comprised of a reception, waiting area, one operating theatre, a recovery area and a number of consultation rooms. The clinic's location was close to public transport links.

Meeting people's individual needs

The service took account of some patients' individual needs and preferences.

The patient's consultation and pre-admission check was used to identify any additional needs. The service did not treat complex patients, such as psychiatric patients, or those living with dementia. The clinic did not have wheelchair access due to its layout. Staff were able to signpost patients to other clinics if EA Clinic could not meet their needs.

Staff told us that they would ask patients to book their own translator, if required. Staff also told us that patients had, on occasion, used family members as translators. This is not good practice as there is no guarantee of impartiality, language ability or knowledge of medical terminology.

Before their surgery, patients were sent a range of information on their treatment and aftercare. This information could be provided in different formats and languages, on request.

Access and flow

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

The service provided elective cosmetic surgery to self-referring patients. Consultations were done either face-to-face or via telephone. All procedures were booked in advance, at a time to suit the patient.

Requires Improvement

Surgery

After surgery, patients were provided with information on how to look after themselves post-operatively and had follow-up appointments to discuss their post-operative care. Patients were also provided with the contact details of the surgeon and the clinic manager, and were encouraged to contact them should they develop problems or have concerns following their discharge.

Staff worked to keep the number of cancelled appointments and operations to a minimum. The clinic administrator contacted patients a few days before their surgery to ensure patients were still suitable for surgery and had arranged a chaperone.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about the care they had received. The service treated concerns and complaints seriously and investigated them appropriately. However, there were no arrangements in place for the independent review of complaints.

The service clearly displayed information about how to raise a concern in patient areas and on their website.

There was a formal process for staff receiving and investigating complaints, documented in the clinic's complaints policy. The clinic aimed to acknowledge all complaints within two working days and provide a full response within 20 working days. Where this timeframe was not possible, a letter was sent to the complainant to inform them of the revised schedule.

From August 2020 to July 2021, the clinic received three complaints, of which two had been closed. Both complaints took over 20 working days to investigate. Managers told us the delay had been due to the COVID-19 pandemic. Upon a review of the complaint responses, it was clear that managers investigated complaints thoroughly. However, in both responses, there was no information about how the patient could escalate the complaint if they were not satisfied with the clinic's response. Providers should have arrangements for the independent review of complaints when their internal complaints process has been exhausted. Following our inspection, the clinic subscribed to the Independent Sector Complaints Adjudication Service (ISCAS). ISCAS is the recognised independent adjudicator of complaints for the private healthcare sector.

Are Surgery well-led?

Requires Improvement

We have not rated this service before. We rated it as requires improvement.

Leadership

Managers had the skills and abilities to run the service. They were visible and approachable leaders. They were knowledgeable about their service, but unable to articulate the risks the clinic faced.

The clinic was managed by the medical director and the clinic manager. The current registered manager was also the nominated individual and medical director. They delegated most of the clinical governance arrangements to the clinic manager. At the time of our inspection, the medical director had applied to the CQC to change the registered manager to the clinic manager.

Requires Improvement

Surgery

The clinic was managed by visible, experienced and enthusiastic leaders. Staff spoke positively about their local leadership and described feeling valued and supported in their role. Although managers were knowledgeable about their service, during our inspection they were not able to articulate the main risks the clinic faced.

Vision and Strategy

The service had a vision for what it wanted to achieve but no strategy to turn it into action.

The service had a clear vision, based on five key priorities: professional, ethical, integrity, caring and ambition. However, the service had no strategy outlining how staff would turn these priorities into action. Following our inspection, managers drafted a strategy, outlining how the service would achieve its key priorities.

Culture

Staff reported an open and honest culture, focussed on the needs of patients.

The service had an open culture, focussed on the needs of patients. We observed positive working relationships and cohesive teamwork across the service. Managers were visible throughout the clinic and were actively involved in the delivery of services. Staff felt able to raise concerns without fear.

The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. The clinic had a 'being open (duty of candour)' policy which covered the requirements of the regulation. Staff we spoke with were aware of the principles of duty of candour and could give examples of when it should be triggered.

Staff felt valued and well supported in their role. The clinic promoted staff wellbeing and included mental health and wellbeing resources in their mandatory training programme. During the COVID-19 pandemic, the clinic had signed up to an employee assistance program which included a 24-hour helpline for staff.

Governance

The service did not have effective systems to regularly review and discuss clinical governance.

Within the clinic, staff were clear about their roles and understood what they were accountable for. We were told that there were regular team meetings throughout the service, but these meetings were not minuted and did not have a set agenda. Without minutes, the service relied on informal sharing of information.

The clinic held a managers meeting approximately once per month. These meetings were minuted but did not have a set agenda. From the minutes, it showed that managers discussed and addressed issues as they arose. However, there was no regular review or discussion of clinical governance items such as incidents, audits or patient outcomes.

The medical director was registered with the General Medical Council and had indemnity insurance.

Management of risk, issues and performance

Requires Improvement

Surgery

The clinic did not have effective arrangements for the identification, recording and management of risks.

The clinic did not have a risk register or system to record risks, and managers were not able to articulate what the biggest risks to the service were. The clinic did, however, discuss some risks at a monthly managers meeting and had carried out various risk assessments to manage different risks, such as COVID-19, legionella and laser protection. Following our inspection, the service developed a risk register. The risk register contained five risks, with each risk given a rating, review date, responsible individual and set of control measures.

The service collected performance data through Patient Reported Outcomes Measures.

The service did not have a formal clinical audit programme and audits were completed on an ad hoc basis.

Prior to our inspection, the clinic had not signed up to the Central Alerting System (CAS) and therefore did not receive national patient safety alerts. Following our inspection, the clinic registered to receive safety alerts through the CAS.

Information Management

Patient information was managed in line with data security standards.

The clinic had arrangements in place to ensure the availability and confidentiality of identifiable data and patient records, in line with data security standards. Staff followed the clinic's policy on Information Management and Access to Health Records when accessing patient information and records. All patient records were stored electronically. Access to patient records was password restricted and levels of access differed for various staff, dependant on their role. Staff reported that the electronic patient record system was easy to use and navigate. Bank staff had completed information governance training with their main employer.

Data or notifications were consistently submitted to external organisations, as required.

Engagement

Managers engaged with patients and staff to plan and manage services.

The service captured feedback on care and treatment through various means. Patients could provide feedback via the clinic's website, via an external consumer feedback website, via a comments box or directly to staff. Staff told us about actions that had been taken following patient feedback. For example, following feedback that the clinic's emergency on-call phone was engaged, the service introduced a second person to be on call to ensure that there was always someone available to support patients post-operatively.

Staff told us they would be comfortable suggesting service improvements with managers. Regular staff meetings and email communication ensured staff knew what was going on at the clinic. There was no staff survey due to the small size of the service.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services.

Requires Improvement

Surgery

Minutes from the monthly managers meeting showed that staff were continuously looking at ways to improve the service for patients and staff. For example, in October 2020, managers discussed the impact of their revised sedation guidelines on patient recovery.

The medical director was an associate member of the British Association of Body Sculpting. The association aimed to standardise and develop best practices in liposuction by building on the experiences of surgeons working in this field.

Prior to the COVID-19 pandemic, managers were looking to expand the service by employing additional consultants to work at the clinic under practising privileges. At the time of our inspection, these plans were on hold as the pandemic continues.

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 clinic did not have a formal admission or exclusion criteria, setting out the safe and agreed criteria for the selection and admission of patients. (Regulation 12(1, 2a))**

Regulated activity	Regulation
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The clinic did not have effective systems in place for the identification, recording and management of risks. (Regulation 17(1, 2b))**