

Mallucci London Limited

Mallucci London

Inspection report

13 Crescent Place
London
SW3 2EA
Tel: 02079018502
www.patrickmallucci.com

Date of inspection visit: 17 May 2021
Date of publication: 15/07/2021

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

This service has not previously been rated. 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. They managed medicines well.
- Staff provided good care and treatment, they provided patients with 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, supported them to make decisions about their care and with access to good information. Key services were available when required.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service planned care to meet the needs of their patients, they 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 long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's 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.

However:

- Although the provider carried out checks of the theatre ventilation system in 2017 and 2019, they were not as frequent as recommended by the guidance. The national guidance states ventilation systems should be inspected quarterly and verified at least annually.
- Some equipment was stored in corridors that were designated as fire escape routes; escape routes should always stay unobstructed. After the inspection, the provider told us that suitable storage has been allocated to ensure equipment was not stored in corridors. They reminded all staff that the evacuation routes must stay clear of clutter.
- Seating in waiting areas was covered in hard-to-clean fabrics, which is against the guidance on infection control and prevention. Although the seating appeared in good order and visibly clean, the provider could not tell us when these were cleaned last; they could not confirm the cleaning method that was used helped to control the potential spread of infection. After the inspection, the provider arranged for all fabric-covered seating to be steam cleaned. They also arranged for a routine cleaning service to control and minimise the spread of infection.
- Although we found medicines were stored and managed safely, staff responsible for managing medicines did not receive regular formal training that would allow them to review their skills and update their knowledge in relation to medicines management practices.
- The provider told us they were in the process of developing business continuity plans. This meant at the time of the inspection there was no formalised framework for responding to a disruptive incident the clinic could potentially face.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	<p>As the inspection covered only one core service the summary of it is provided in the initial overall summary section of this report.</p> <p>We rated this service as good because it was safe, effective, caring, responsive, and well-led.</p>

Summary of findings

Contents

Summary of this inspection

Background to Mallucci London	5
Information about Mallucci London	5

Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

Summary of this inspection

Background to Mallucci London

Mallucci London Limited (Mallucci London) is a private clinic, established in 2016 specialising in plastic surgery related consultations, treatment, and surgery. The service specialises in aesthetic breast surgery, abdominal surgery and body contouring. Primary breast augmentation was the main procedure performed at the clinic followed by scar and soft tissue procedures performed under local anaesthetic. Other procedures included: implant exchange or removal, fat transfers, liposuction, breast lift, gynecomastia, upper lid blepharoplasty, or labiaplasty.

Procedures at the clinic were performed under sedation in the presence of an anaesthetist. When a need for general anaesthesia was identified, patients underwent the procedure at another hospital with inpatient facilities and access to 24-hour care. This arrangement was managed by a service level agreement.

Mallucci London is based in a purpose-built clinic. Patients may self-refer or be referred by a doctor and the clinic accepts both insured and self-paying patients.

The main service provided by this clinic was surgery.

How we carried out this inspection

We carried out the unannounced inspection visit to the service on 17 May 2021.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question.

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 clinic **SHOULD** take is because it was not doing something required by 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 provider should ensure fire escape routes always stay unobstructed.
- The provider should ensure that the theatre ventilation systems are checked and validated annually in accordance with the national guidance on specialised ventilation for healthcare premises.
- The provider should ensure training needs are reviewed for all staff to take into consideration their day to day responsibilities, this should include safe medicines management training.
- The provider should minimise the use of hard-to-clean fabrics in the clinic to ensure suitable infection prevention and control. Where fabrics are used, for example in waiting areas, the provider should ensure they are periodically cleaned and maintained in a way that minimises the spread of infection.

Summary of this inspection

- The provider should ensure they develop business continuity plans that provide a framework for responding to any disruptive incident the clinic faces.






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 

Are Surgery safe?

Good 

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training of patients and staff met service profile and patient's needs. Managers monitored mandatory training and alerted staff when they needed to update their training.

Training included information governance, health and safety, and basic life support amongst others. The frequency of the training was varied depending on the subject and job role.

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 received training specific for their role on how to recognise and report abuse. There was a named safeguarding lead who had completed level 3 safeguarding training for adults and children (only adults were seen at the clinic). Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and whom to inform if they had concerns.

To ensure patients were safeguarded, the provider undertook suitable recruitment checks to confirm staff qualifications, experience, and if they were of a good character. They maintained regular disclosure and barring service checks and had arrangements to be informed of any issues related to staff's professional conduct.

Cleanliness, infection control and hygiene

Surgery

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.

Clinic areas were clean and had furnishings that were clean and well-maintained. The provider used fabric armchairs in the waiting area which were not easy to wipe clean or disinfect; these are not recommended in clinical areas as can be a source of cross-contamination. The provider was not sure when these were last cleaned and of the method used. After the inspection, the provider confirmed the furniture was last cleaned in September 2019, they also told us they contracted a six-monthly steam cleaning service and booked cleaning of all fabrics.

The service performed well for cleanliness. They contracted a cleaning company that cleaned daily. They carried out an infection prevention and control audit in January 2021 and where shortcomings were identified they had developed an action plan to address them.

They had a named member of the team responsible for ensuring adequate infection control standards were met. Staff followed infection control principles including the use of personal protective equipment (PPE). They implemented recommendations from the COVID-19 infection prevention and control guidance.

Staff worked effectively to prevent, identify and treat surgical site infections. The service used an external contractor to supply sterilisation and decontamination service.

Environment and equipment

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

The design of the environment followed national guidance. The provider told us that they followed principles of the suitable health building note (HBN 10-02 Facilities for day surgery units) when facilities were designed.

We observed evacuation routes were partially obstructed due to limited storage facilities with equipment being stored in corridors. The provider told us that these were removed after the inspection and all staff were reminded of the importance of keeping evacuation routes free of obstruction.

The service had access to an evacuation chair to ensure patients with impaired mobility (i.e. shortly after the surgery) could safely exit the building during an emergency evacuation. However, staff were not provided with training on how to use the equipment safely. The provider told us that training arrangements were reviewed after the inspection and appropriate training was booked, for all staff, for July 2021.

The theatre ventilation systems were not fully checked and validated annually, by a qualified professional, since they were commissioned in 2017. The provider carried out additional checks in 2019, it included filters and grills cleaning or exchange and generic safety checks. However, the national guidance on specialised ventilation for healthcare premises states systems should be inspected quarterly and verified at least annually (Heating and ventilation systems, Health Technical Memorandum 03-01: Specialised ventilation for healthcare premises. Part B: Operational management and performance verification). Following the inspection the provider told us they would ensure compliance with the HTM guidance.

Surgery

The service had enough suitable equipment to help them safely care for patients. Staff carried out visual safety checks of specialist equipment. Equipment was serviced and its safety was tested annually or when staff observed any malfunction.

The service had suitable facilities to meet the needs of patients. They could separate waiting areas to support social distancing guidance and provide a separate entrance and exit from the clinic to avoid mixing.

Staff disposed of clinical waste and sharps safely.

Assessing and responding to patient risk

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

Staff used a nationally recognised early warning identification tool to identify deteriorating patients and escalated them appropriately. Surgical safety checks were undertaken to decrease errors and adverse events and to improve teamwork. The provider audited the surgical safety checks' records completeness monthly.

Staff could recognise signs of sepsis (septicaemia; life-threatening reaction to an infection). All clinical staff completed immediate life support training (ILS) which covered sepsis awareness and initial response to the infection. The provider told us that non-clinical staff will receive formal training related to sepsis recognition and response to ensure they follow the best practice and minimise risk to patients.

Clinical staff completed intermediate life support training and non-clinical staff completed a basic life support training. In case of a medical emergency, staff would call the local emergency service as described in service emergency response protocols.

Staff had access to emergency medicines and equipment, such as a defibrillator or access to oxygen should a patient experience breathing difficulties. They completed life support training regularly to ensure they knew how to respond to potential medical emergencies.

Staff reviewed individual risks for each patient before admission, using a standardised tool, and reviewed this on the day when the procedure was undertaken. It included the risk of a VTE (venous thromboembolism is a condition in which a blood clot forms most often in the deep veins of the leg, groin or arm known as deep vein thrombosis).

If patient worked in a hospital environment or had been hospitalised within the two years prior the surgery they would be screened for MRSA (methicillin-resistant *Staphylococcus aureus*; type of bacteria that is resistant to several widely used antibiotics which might cause an infections that can be harder to treat than other bacterial infections).

Patients were monitored by suitably trained and experienced staff until they recovered from the effects of sedation. Patients were formally assessed of suitability for discharge from the recovery area. Discharge criteria was set out to ensure risks were minimised and patients were safe to leave the clinic.

Staff shared key information to keep patients safe when handing over their care to others. Staff arranged follow up calls with the initial call arranged on the day after the surgery to ensure aftercare arrangements were reviewed, and the patient's questions answered.

Surgery

The clinic's 'admission pack' included information on available out of hours support. An allocated nurse was available to answer queries when clinic was not operational. The main consultant or the clinic manager were named as a second point of contact in the event of an emergency. The provider used an external phone answering and customer support service which also had the emergency contact details to give patients if necessary.

Nurse and 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 regularly reviewed and adjusted staffing levels and skill mix, they did not use an agency or bank staff. Staff were provided with induction.

The service had enough nursing, medical, and support staff to keep patients safe.

The manager could adjust staffing levels according to the needs of patients.

The service had low vacancy rates and turnover rates and many of the staff had worked at the clinic for many years which ensured continuity of care standards.

The service could access the lead consultant during evenings and weekends should an emergency occur and medical advice was required.

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 all staff could access them easily.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely.

Medicines

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

Although the clinic did not involve a pharmacist to review storage arrangements and management of medicines, staff followed systems and processes when safely prescribing, administering, recording and storing medicines. It included weekly stock checks, to ensure medicines needed were available and within its expiry date, and daily checks of controlled drugs. We observed the stock was well arranged and medicines were within its 'use by' date. The provider told us that they had arranged for regular medicines management audits to ensure they are fully meeting professional guidance and prevent any potential mismanagement.

Medicines were only managed by clinically trained member of staff and administered as prescribed for use of individual patients. The provider told us that only one nurse has had a formal training for medicines management, and they were looking to arrange for training for all staff that handled medicines.

Surgery

The provider told us there were no incidents or near misses in relation to medicines storage and administration.

The provider did not formally review use of antibiotics. They told us they rarely prescribed antibiotics to be taken at home by patient after the surgery as the surgical procedures were deemed as low risk with low infection rates, therefore not requiring the use of antibiotics.

Staff reviewed patients' medicines regularly and provided specific advice to patients about their medicines.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Staff followed current national practice to check patients had the correct medicines. They had undertaken audits to prevent oversubscribing.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

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. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with the provider policy.

The service had no never events.

Staff reported serious incidents clearly and in line with the provider's policy.

Staff understood the duty of candour. They were open and transparent and aware of the requirement to provide patients with a full explanation if things went wrong.

There was evidence that changes had been made as a result of feedback, incidents, or near misses.

Managers debriefed and supported staff after any serious incident.

Are Surgery effective?

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.

Surgery

Staff followed up-to-date policies to plan and deliver high-quality care according to national guidance.

The provider used the ASA score (American Society of Anaesthesiology) to identify risk to patients. It is a classification system that uses a scale from I to VI, with I allocated to a healthy patient with minimal risks, to VI being allocated to a person on an artificial life support machine that no longer has any brain functions. To minimise the risk to a patient they used sedation for procedures performed for patients with an ASA I-III score.

The provider told us that sedation was only administered by a consultant anaesthetist (on the GMC specialist register) who had been granted practicing privileges by the clinic. The anaesthetist was present throughout the course of surgery and supervised the entire recovery pathway of the patient.

The service audited sedation complications in January 2021 for 196 patients that used the service in 2020 and concluded there were no major complications in a large majority of cases with one patient experiencing side effects in response to the local anaesthetic used. The provider updated its procedure for use of the local anaesthetic in response to the incident.

Nutrition and hydration

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

Patients were advised not to eat for 6 hours before their appointment and not to drink for 2 hours before the procedure. Staff ensured patients did not have to wait longer than necessary without eating or drinking.

All patients were offered a meal of their choice which was ordered into the clinic post operatively.

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 using a recognised tool and gave pain relief in line with individual needs and best practice.

Patients received pain relief soon after requesting it.

Staff prescribed, administered and recorded pain relief accurately. The clinic monitored the use of pain medicines after patients discharge to prevent oversubscribing and adequate pain control.

In October 2019, the service undertook an audit of postoperative pain and painkiller use which indicated that the use of pain control medicines was adequate. They did not identify overuse of opioid-based pain medication.

Patient outcomes

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

The service had limited opportunities to participate in national clinical audits.

Surgery

Although staff told us outcomes for patients were positive, consistent and met expectations, the service did not benchmark themselves against other providers to verify it and there were limited opportunities for the provider to do so.

The service had a low return to theatre rate. In 2021, the provider undertook a clinical audit of breast surgery complications which showed the risk of an immediate return to the theatre was 0.44% (1 in 226 cases) and the overall infection risk of 0.88% (2 out of 226 cases).

The service had applied to get onto the Breast and Cosmetic Implant Registry and aimed for the register to be completely up to date by the end of June 2021. The registry records the details of any individual who had breast implant surgery, so they can be traced in the event of a product recall or other safety concern relating to a specific type of implant. All providers of breast implant surgery had been expected to participate since 2016.

The provider did not use Q-PROMS; patients reported outcomes measures, for cosmetic surgery service providers, that are reported through condition-specific questionnaires that measure the severity of the condition from the perspective of the patient before and after the procedure. Although the use of Q-PROMS is not obligatory it helps to measure and improve the quality of the treatment and care received.

The provider told us they report on outcomes through peer-reviewed publications of the individual consultant's work, in the relevant sector-specific literature. In addition, they compared their outcomes to published international standards, for example when reviewing surgical site infection rates or return to theatre rates.

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.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work.

Doctors were appraised in accordance with General Medical Council requirements by an external appraiser annually. Their practice was also revalidated every five years. All staff at the clinic were appraised annually.

Managers made sure staff attended staff meetings or had access to notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

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

Managers made sure staff received any specialist training for their role.

Multidisciplinary working

Surgery

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

Staff held regular and effective staff meetings to discuss patients and improve their care. Doctors nurses and other staff worked well together to ensure information related to patients pathway was shared and to promote good clinical outcomes delivery.

Generic multidisciplinary meetings did not apply to the patient group and scope of care, however, specific cases requiring discussion occur with the relevant specialist present. Such cases were discussed during clinical governance meetings and weekly staff meetings if appropriate.

Seven-day services

Key services were available when required to support timely patient care.

There were arrangements for patients to call for support seven days a week should a patient need any urgent support related to the surgical procedure. The service told us there were no out of hours emergencies, where a patient needed hospital admission or emergency support. The clinic was able to offer flexible appointments to suit individual patient's needs.

Health promotion

Staff assessed each patient's health when admitted and provided support for any individual needs to achieve good clinical outcomes.

The doctor proactively and routinely advised patients regarding weight loss, cessation of smoking, and exercise as part of their assessment for suitability for surgery and also for maintaining good outcomes post-surgery.

The service cooperated with an integrative nutritionist and health coach and with a weight loss expert. They recommended their services to patients who required or desired to maximise the longevity of surgical outcome and enhance general wellbeing.

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.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff made sure patients consented to treatment based on all the information available.

Staff recorded consent in the patients' records. The provider audited consent records monthly to ensure these were accurate and fully completed.

Surgery

There was a period of a minimum of two weeks between the initial consultation and the surgery taking place to allow patients for a potential decision change. This was in line with the professional standards for doctors carrying out cosmetic procedures as set out by the Royal College of Surgeons.

Access to information

Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

The surgical notes audit indicated that despite overall good completeness of records, on occasion there was no evidence of VTE risk assessment being completed (venous thromboembolism is a condition in which a blood clot forms in a vein) or prescriptions for to take home medicines were not fully completed.

Patient records reviewed by us on the day of the inspection, for patients who underwent a surgical procedure at the clinic, were complete.

Are Surgery caring?

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 the time to interact with patients in a respectful and considerate way.

One patient we spoke with said staff treated them well and with kindness.

The feedback provided through patient's feedback forms, gathered by the provider, indicated patients were "satisfied" or "very satisfied" with the service provided by Mallucci London. They thought it was easy to make an appointment and the service ran on time. Patients also reported that they were treated with dignity and respect. One patient wrote that "staff were very caring and professional, and polite", another one wrote that the "service was excellent". Comments that suggested improvement included providing patients with information on potential waiting time after they arrived at the clinic and standardisation of the laser scar treatment procedure as variance was noted depending on who performed the procedure.

The service monitored feedback provided by patients via the internet. They responded to it through appropriate consumer review websites where required. The feedback provided was mostly positive with patients being complimentary of the care and treatment offered, staff friendliness, and their professional conduct.

Staff followed a policy to keep patient care and treatment confidential.

Surgery

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude.

Emotional support

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

Staff offered patients and those close to them help, emotional support and advice when they needed it. Although there was no routine access to psychology or counselling support, staff told us that they would refer patients to an external support service if they thought this would support the patient with the decision-making process.

There was at least two weeks gap between the time when the decision to undertake the surgery was taken and the surgery date with an aim to allow patients to change their mind.

Understanding and involvement of patients and those close to them

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

Staff made sure patients understood their care and treatment. Staff talked with patients in a way they could understand.

Patients could give feedback on the service and their treatment and staff supported them to do this.

Staff supported patients to make informed decisions about their care.

Are Surgery responsive?

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of their patients. It also worked with others to plan care.

Managers planned and organised services so they met the needs of the patients.

Facilities and premises were appropriate for the services being delivered. They reflected the profile of the service and were designed to ensure a good patient experience.

The service had systems to help care for patients in need of additional support or specialist intervention.

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.

Surgery

The provider told us that patients' treatment plans were tailored to their individual needs. There was no "one-for-all" approach.

The service had an account set up with a language line to provide video, face-to-face, or telephone translation and interpretation services on demand.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times were in line with patients' expectations and were clearly communicated at the point of initial contact.

Staff monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes.

Staff worked well to keep the number of cancelled appointments to a minimum.

When patients had their appointments cancelled, staff made sure they were rearranged as soon as possible.

Managers and staff worked to make sure that they started discharge planning as early as possible.

There were systems to monitor patients after the procedure, at regular agreed intervals, to support prompt recovery, wound healing and avoid any potential post-surgical complications.

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 provided information about how to raise a concern.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and patients received feedback after the investigation into their complaint. Managers responded to complaints in a friendly manner looking to resolve them at the early stage.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Surgery well-led?

Leadership

The clinic was led by the director, the main consultant, and the clinic manager. Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

Surgery

Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Vision and strategy

The service did not formalise its strategy or vision. The plans leaders spoke about were focused on patients care and potential service development driven by patients' feedback and their needs. The service had a mission statement which defined its business, objectives, and approach to reach those. It stated that the service aimed to uphold values centred around delivering the highest level of patient care, treat patients with dignity and respect, and support informed decision making. It also wanted to ensure the service was "reflective and progressive" so it could achieve excellence in care.

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 and staff could raise concerns without fear.

Governance

Leaders operated effective governance processes throughout the service. There were processes for ensuring safe care and high standards were upheld. Decisions were agreed formally during clinical governance meetings attended by the director of the clinic, the clinic manager and the anaesthetist. The provider used an external consultancy service to support them with developing policies and procedures to ensure they reflected the published guidelines and sector-specific standards.

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.

Managing risks, 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. We did not identify major risks the provider was not aware of nor did we identify risks that were not listed on the provider's risk register already.

The service was in a process of developing business continuity plans to ensure they could respond to unexpected events.

Staff contributed to decision-making to help avoid any potential issues compromising the quality of care.

The service undertook local audits to identify learning and used them to improve the service and quality of the care and treatment.

The service contacted the Private Healthcare Information Network (PHIN) to enquiry about opportunities for data submission. They told us they would begin data submission as soon as they were clear about submission requirements.

The provider had system for managing critical safety alerts. They acted upon safety alerts and reviewed the practice in line with recommendations to ensure alerts' recommendations were complied with and risks were minimised.

Surgery

Managing information

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. Staff were aware of their responsibilities of data or notification submissions to external organisations as required.

Engagement

Leaders and staff actively and openly engaged with patients to plan and manage services. They collaborated with the hospital where procedures under the general anaesthetic were performed to provide continuous care and to help improve services for patients.

To ensure a good patient experience, the service engaged with other providers where required, this included the hospital where patients underwent surgical procedures under a general anaesthetic.

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.

Improvements were driven by patients' feedback.

The consultant told us that they were working towards publishing their studies related to the use of mesh in mastopexy surgery, which primarily looked at the safety of the mesh, the complications, and its effectiveness in patient outcomes. In addition, in 2021 the consultant had co-published another paper on the use of anatomical implants in aesthetic breast surgery. It audited the impact of implant selection on patient outcomes. The provider gave other examples where the consultant facilitated learning or shared their research through numerous publications in specialist journals.

The consultant facilitated learning sessions four times a year with fellow surgical colleagues from other European countries. They told us they were appointed an international representative by the American Society of Plastic Surgery on a task force for breast implant-associated anaplastic large cell lymphoma.