Transform Clinic Leeds

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

We carried out an announced comprehensive inspection on 8 March 2016 to ask the service the following key questions: Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Summary of findings

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Transform Clinic Leeds

Services we looked at: consultations for cosmetic surgery.

Summary of this inspection

Background to Transform Clinic Leeds

Transform Clinic Leeds is part of a national group of 25 consultation clinics for cosmetic surgery. It also provides some minor surgery, for example, for the removal of moles. The Clinical Services Director was the nominated individual on behalf of the company. The clinic opened Monday to Saturday.

Our key findings were:

- There was an effective system in place for reporting and learning from incidents. The provider was aware of the requirements of the duty of candour regulations.
- Risks to patients were assessed and well-managed, including those relating to recruitment checks.
- Staff assessed patients' needs and delivered care in line with evidence based guidance.
- Staff completed appropriate training to maintain their skills. Clinical staff had completed revalidation and received a yearly appraisal. However, further development of professional skills and sharing of best practice could be strengthened amongst nursing staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named healthcare professional and that there was continuity of care, with urgent appointments available the same day.
- The provider had good facilities and was well equipped to treat patients and meet their needs. There were good infection, prevention and control procedures. Medicines were managed appropriately.
- There had been a restructuring of the service, which was completed in July 2015. There had been inconsistent management at the clinic since 2010, which had led to low staff morale and a lack of visible management, but this had improved with the appointment of a new manager.
- Governance processes for the monitoring of risk were in place, which were monitored at provider level however, there was no identified process to identify, assess and monitor risks locally.

There were areas where the provider **could** make improvements and should:

- Ensure that independent interpreters are used where required instead of relatives and friends.
- Ensure that processes for further development of professional skills and sharing of best practice are strengthened amongst nursing staff.
- Ensure that a local risk register is developed to identify, assess and monitor risks to the service.

Our inspection team

A CQC inspector who had access to advice from a specialist advisor led the inspection.

Why we carried out this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Summary of this inspection

How we carried out this inspection

We carried out an inspection of this service on 8 March 2016.

Prior to the inspection, we requested information from the provider regarding the service they provide. During our visit we:

- Spoke with a range of staff including, medical and nursing staff, administration and reception staff and managers and spoke with patients who used the service.
- Reviewed the personal care or treatment records of three patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

We spoke with two patients on the day of inspection who provided positive feedback about the service, and with patient consent we were invited to observe two consultations. We asked for CQC comment cards to be completed by patients prior to our inspection.

What people who use the service say

We received 19 comment cards the majority of which were positive about the standard of care received.

Patients reported that they had received an excellent service and the doctors were caring and helpful. Many comments expressed satisfaction at being listened to and found staff friendly, efficient and helpful.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- There were systems for reporting and learning from incidents. The service followed the duty of candour regulations and provided an apology and explanation to patients following incidents.
- Infection prevention and control processes were in place. Systems for the management and administration of medicines and checking of equipment were followed.
- Staff were aware of safeguarding procedures and had received training.
- Staffing levels were sufficient to meet patient demand. Processes were in place to provide cover if staffing fell below expected levels.
- Risks to patients were assessed, monitored and managed daily. Plans were in place to respond to medical emergencies.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Patients were assessed and treated in line with evidence-based practice. There were effective consent processes and patients received sufficient information to make decisions about their treatment.
- There was participation in a yearly audit programme. Audits were reviewed and working practices and policies amended as necessary before being implemented throughout Transform.
- Staff completed appropriate training to maintain their skills. Clinical staff had completed revalidation and received a yearly appraisal. However, further development of professional skills and sharing of best practice could be strengthened amongst nursing staff.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of this inspection

- Information for patients about the service was easy to understand and accessible.
- Patient feedback was positive about the standard of care they had received.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The service was responsive, and reasonable adjustments were made to ensure patients' needs were met.
- Appointment times were managed appropriately. There was out of hours service provision.
- Processes were in place to respond to complaints. Complaints and concerns were taken seriously and learning was evident.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There had been a restructuring of the service, which was completed in July 2015. The service vision statement was under review to be more patient centred.
- There had been inconsistent management at the clinic since 2010, which had led to low staff morale and a lack of visible management, but this had improved with the appointment of a new manager.
- Governance arrangements were reviewed and local processes fed into the corporate governance structures. However, there was a lack of a local risk register to identify and monitor risks to the service.
- All staff said they enjoyed their job and that patient care was the priority. They commented on the good teamwork and support. The service encouraged feedback from patients through online real time surveys and complaints. Staff engagement in service delivery was improving.

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are surgery services safe?

Our findings

- There were systems for reporting and learning from incidents. The service followed the duty of candour regulations and provided an apology and explanation to patients following incidents.
- Infection prevention and control processes were in place. Systems for the management and administration of medicines and checking of equipment were followed.
- Staff were aware of safeguarding procedures and had received training.
- Staffing levels were sufficient to meet patient demand. Processes were in place to provide cover if staffing fell below expected levels.
- Risks to patients were assessed, monitored and managed on a day-to-day basis. Plans were in place to respond to medical emergencies.

Reporting, learning and improvement from incidents

- There was an effective system in place for reporting and learning from incidents.
- Staff were aware of the processes for reporting of incidents and said that they received feedback from incidents.
- There were six incidents reported for the service in the last 12 months, but there were no specific trends identified.
- We looked at the investigation of one clinic incident, which was comprehensive. Duty of candour regulations were followed and the incident was explained to the patient and an apology given. Action included changes in the tracking of medical records to alert staff when two or more consultations had taken place.
- Incidents and lessons learnt were reported to the corporate governance meetings and minutes were shared with clinic staff. Staff confirmed they had received minutes from these meetings.
- Records showed relevant safety alerts issued through the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Central Alerting System (CAS) were reviewed and actioned where required.

Reliable safety systems and processes (including safeguarding)

- There were arrangements to safeguard adults from abuse. Staff had received training from an external provider. This included training relating to the Mental Capacity Act 2005.
- Staff understood the processes to escalate any concerns for vulnerable adults. Treatment was not provided to patients under the age of 18 years, and staff checked the age of patients at pre- assessment.
- There were systems to ensure that records were stored securely and retained for appropriate periods.

Medical emergencies

- There were arrangements to deal with a clinical or medical emergency. Staff had completed basic life support training. Staff were aware of the emergency procedure and would call 999 if a patient deteriorated. There was a protocol in the staff office, which showed the required actions and included a debriefing for staff.
- Patients were informed of aftercare arrangements following surgery and could access advice out of hours from the on-call regional medical officer based at one of the provider's hospital sites.
- Emergency medicines (including oxygen) were accessible to staff. The clinic did not have a defibrillator available on the premises. We spoke with the clinical

services director who said plans were in place to purchase these for all the clinics during May 2016 and the manufacturer would provide appropriate training to staff.

Staffing

- There was adequate staffing to meet the demands of the service.
- Two clinic nurses worked flexibly to cover clinics. The manager told us staff from other clinics or bank staff provided cover during any absences, which was rare as staff turnover, and sickness absence was low.
- The nurses had a formal handover every Tuesday but discussed any changes to patient treatment where required. Nursing staff reported to the lead nurse for clinical issues and operationally to the clinic manager.
- Eight consultant surgeons were employed at the clinic. Each surgeon had been granted 'practising privileges' by the provider's clinical governance team to perform specific cosmetic surgery procedures.
- The clinic manager reported to the quality services manager and medical director.
- There was appropriate employer's liability and indemnity insurance.
- We reviewed five personnel files and found that all pre-employment checks were competed. This included Disclosure and Barring Service (DBS), General Medical Council (GMC) registration for medical staff and Nursing and Midwifery Council (NMC) registration for nurses.

Monitoring health & safety and responding to risks

- The Control of Substances Hazardous to Health (COSHH) assessments were undertaken. The assessment took account of how substances were used, stored, transported and disposed of and the measures and precautions required.
- Risks assessments were used showing a rating matrix, which gave the scoring for current and future likelihood of risks and impact.
- There were systems for reporting incidents in line with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013.
- There were business continuity plans to deal with disruption to services with escalation plans and details of who to contact.

Infection control

- There was an infection, prevention and control (IPC) policy. Clinical staff followed 'bare below the elbows' national hygiene guidance. There was alcohol gel and liquid soap available for hand hygiene. There was sufficient personal protective equipment.
- MRSA screening was carried out on all patients who worked in or who had recently visited a healthcare setting.
- Records showed nursing staff attended annual infection prevention and control training days. There was also access to a microbiologist for infection advice.
- Risk assessments showed there were no shortfalls identified for nurses carrying out aseptic non-touch techniques for reducing healthcare acquired infections.
- Transport of pathology specimens was risk assessed and standard precautions applied for the handling of these.
- The clinic used an external provider for the removal of hazardous waste. Clinical waste was appropriately segregated and disposed of.
- We saw an infection prevention and control audit tool. This included management; environment; waste disposal; sharps handling and disposal; equipment; infections and antiseptics; hand hygiene; environmental/technical; and clinical practice. Data for December 2015 showed an overall score of 97%.
- The service used an external cleaning provider. A colour-coded system was used for mops; refuse for clinical and non-clinical waste. In the sluice room, there were sinks for clean and dirty water.
- The clinical governance committee monitored surgical site infection rates for each surgeon. Data showed infection rates were within acceptable levels.

Premises and equipment

- The premises were modern, consisting of two floors with reception on the ground floor and stairs leading to the second floor (but no lift).
- Consulting and treatment rooms were a suitable size and contained the necessary patient equipment.
- Premises were secure. There was a buzzer system to enter and doors for secure areas had keypad locks.
- Records showed all electrical equipment was checked to ensure the equipment was safe to use.
- Oxygen cylinders were stored in a lifeline pack from an external provider. This was stored in an accessible and

safe manner, attached against a secure surface, on the wall in the treatment room. Checks were carried out to ensure that there was an adequate oxygen supply for treatment.

Safe and effective use of medicines

- Medicines were stored appropriately and there was a record for the ordering, receipt and disposal of medicines. There were processes to ensure that medicines were safe to administer and supply to patients. However, we found two medicines which had past their expiry date. We informed the staff who actioned this immediately.
- Oxygen was only used for therapeutic purposes, for example in a medical emergency or on prescription from the medical practitioner.
- There were no controlled drugs kept on the premises.

Are surgery services effective?

Our findings

- Patients were assessed and treated in line with evidence-based practice. There were effective consent processes and patients received sufficient information to make decisions about their treatment.
- There was participation in a yearly audit programme. Audits were reviewed and working practices and policies amended as necessary before being implemented throughout Transform.
- Staff completed appropriate training to maintain their skills. Clinical staff had completed revalidation and received a yearly appraisal. However, further development of professional skills and sharing of best practice could be strengthened amongst nursing staff.

Assessment and treatment

- Medical staff followed a patient selection criteria based on national and Transform guidelines to proceed or not proceed with the procedure. There was a specific selection criterion for combined procedures, which set out a number of clinical risk factors that were assessed by the operating surgeon and/or anaesthetist with the patient before surgery.
- Where patients had a previous psychiatric or psychological history, the clinic required a letter from the GP or appropriate specialist. Patients who were assessed as unsuitable by the surgeon could be reviewed again in six months' time.
- With patient consent, we observed two consultations and assessments, which were comprehensive. During the consultation, the surgeon considered the general health of the patient and the appropriateness of the procedure before proceeding with any treatment. The surgeon discussed existing medical conditions, ongoing medications and other planned procedures. Patients were advised of lifestyle changes required before surgery went ahead including losing weight or stopping smoking.
- Clinic nurses carried out a pre- assessment. Where patients were unsure of their pregnancy status this was checked at pre-screening and on admission.
- Following breast augmentation there was a follow-up dressings appointment with the nurse 7 to 10 days post-surgery. The surgeon saw patients at 6 and 12 months post-surgery.
- The clinic held a minor surgical procedures log. This recorded the drugs given, the procedure, name of doctor administering the drug and when the drug was given.
- Medical records were paper based; well-ordered and used standard forms. The records we looked at were detailed, legible and covered issues such as medical history, allergies, and clinical advice.
- There were care pathways for the detection of malignant melanoma following mole removal and a process for reporting of histology. The operating surgeon reviewed the histology report and a copy was faxed to the patient's GP. The results were discussed with the patient and advice given as to follow-up.

Clinical audits

- There was a clear audit pathway, and local action plans and outcomes were reported to the corporate clinical governance committee and up to the board. Audits were reviewed and working practices and policies amended as necessary before being implemented throughout Transform.
- The service had a yearly audit programme. This included infection control, consent, incident forms and pregnancy screening. The informed patient consent

audit summary, 29 February 2016 showed action to discuss chaperone recording with staff and outline how this should be completed and to discuss this at a management meeting on 18 March 2016.
- The provider submitted data to the Private Healthcare Information Network (PHIN). The data included 11 performance measures, including key safety and quality indicators such as mortality rates, readmission rates, unplanned patient transfers and patient feedback.

Staff training and experience

- The service had an induction programme for newly appointed clinical and non-clinical staff.
- Records showed staff had completed training in safeguarding adults, fire safety, moving and handling, equality and diversity, infection control and basic life support.
- Staff had received an appraisal with the exception of one nurse; the manager had arranged a date for this to take place.
- Nursing staff told us they attended annual study days where they met with other clinic nurses. However, there was no regular nurses' forum for sharing best practice with other clinics.
- One surgeon told us they attended at least four conferences each year to keep up to date with best practice.
- Consultants had completed revalidation and received a yearly appraisal with a responsible officer. One surgeon told us their work was reviewed every three months to look at trends such as infection and surgical revision rates.

Working with other services

- The clinic worked with GPs to ensure information was shared about a patient's medical history pre and post-surgery. In circumstances where GP information was not provided following a formal request, the medical director or nurse advisor were informed and a referral made to the surgeon and/or anaesthetist.
- There was some joint working between the clinic and the provider's hospitals for sharing of best practice. The clinical services director told us this was being strengthened and the nurse advisor was attending the clinic to meet with nursing staff.

Consent to care and treatment

- Patients received verbal and written information relating to their procedures. For example, there was a frequently asked questions sheet for breast implant surgery. Consent forms for breast augmentation contained information about the risks and benefits.
- In the 2015 patient survey 94% of patients said the surgeon had explained the risks and benefits, and 93% said they had fully explained the procedure.
- Patients received information about the costs of initial or further consultations. The 2015 patient survey showed that 91% of patients felt that fees had been adequately explained.

Are surgery services caring?

Our findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patient feedback was positive regarding the standard of care they received. Information for patients about the service was easy to understand and accessible.

Respect, dignity, compassion & empathy

- We observed consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The 2015 patient survey showed 97% were satisfied overall with the care they received, 92% would recommend the service to their Family and Friends and 97% of patients said they were treated with dignity and respect.
- Out of the 19 completed CQC comment cards we received, 90% were positive about the service experienced, 5% (one person) did not comment and 5% (one person) perceived the surgeon not to be helpful or understanding.

Involvement in decisions about care and treatment

- Comments from patients told us that they felt involved in decisions about the care and treatment they received.

They also said they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Patients were provided with a seven-day cooling off period to allow them time to ask any further questions or to change their mind.

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Are surgery services responsive?

Our findings

- The service was responsive, reasonable adjustments were made to ensure patients' needs were met.
- Appointment times were managed appropriately. There was out of hours service provision.
- Processes were in place to respond to complaints. Complaints and concerns were taken seriously and learning was evident.

Responding to and meeting patients' needs

- There were processes to refer patients to a psychologist if required.
- Patients were informed of their right to request a chaperone.
- Patients reported they had access to, and received information in the way that best suited them and that they could understand**.** Braille was available if required.

Tackling inequity and promoting equality

- There were facilities for patients with disabilities on the ground floor.
- There was access to interpreter services however, some staff told us that family and friends were sometimes used.

Access to the service

- Patients self-referred to the clinic. The service was open Monday to Saturday. Clinic nurses were available five days a week; they told us they would come in at the weekend if a patient had concerns.
- There was an out of hours service provision. Patients could contact one of the Transform hospital's on-call regional medical officers for advice. Contact details were given to patients post-surgery.
- The clinic used an electronic diary system to book appointments. Staff re-scheduled cancelled appointments to suit the needs of the patient. There was flexibility in the system to provide urgent appointments if required.
- The 2015 patient survey showed that 95% of patients received an appointment at the time they wanted.

Concerns & Complaints

- The service had an effective system in place for handling complaints and concerns.
- There was a copy of the complaints procedure displayed on the wall, which included an Independent Sector Complaints Adjudication Service certificate. Details about how to make a complaint was contained in the patient guide, at the reception desk and in the provider's statement of purpose document.
- The complaints report for 1 January to 31 December 2015 showed 13 complaints, eight of which were unsubstantiated and five were upheld.
- Complaints were discussed at corporate clinical governance meetings and learning from complaints and concerns to improve the service was evident. For example, we looked at one complaint, the outcome provided a detailed explanation, action taken and offered the patient a meeting with the surgeon.

Are surgery services well-led?

Our findings

- There had been a restructuring of the service, which was completed in July 2015. The service vision statement was under review to be more patient centred.
- There had been inconsistent management at the clinic since 2010, which had led to low staff morale and a lack of visible management, but this had improved with the appointment of a new manager.
- Governance arrangements were reviewed and local processes fed into the corporate governance structures. However, there was a lack of a local risk register to identify and monitor risks to the service.
- All staff said they enjoyed their job and that patient care was the priority. They commented on the good teamwork and support. The service encouraged feedback from patients through online real time surveys and complaints. Staff engagement in service delivery was improving.

Surgery

Governance arrangements

- The service had a vision statement, which was being reviewed to be more patient centred. The values were aligned with CQC's five inspection focus areas. The new vision would be launched to clinics once finalised.
- There were a number of initiatives to promote the strategy including a new corporate structure, revised clinic co-ordinator roles and increased surgeon resource.
- The service had a governance framework, which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place including audit, patient outcomes, incidents, claims, complaints and infection control.
- Quarterly clinical governance meetings were held at a corporate level and included Transform staff, and independent experts and specialists. Local processes fed into the clinical governance committee.
- There was a risk management strategy, which was available for staff to access. Although the clinic carried out individual risk assessments, there was no central risk register, which identified all risks, their severity and actions required. The clinical services director was aware of this and said the provider was looking to implement a process to identify risks locally.
- The clinic had access to a compliance manager who worked closely with the clinical leads and clinical director and reviewed audits, complaints and the actions taken by clinics. Feedback for learning was provided to clinic staff.
- The revalidation for surgeons was robust and included a six monthly meeting to review any cases with the General Medical Council liaison officer.
- Practicing privileges were granted through the clinical governance committee. The committee reviewed newly appointed surgeons for the first six months. This included a review of audits, note keeping, complications, readmissions, extended patient stays, complaints and infections.

Leadership, openness and transparency

- There had been a restructuring of the service, which was completed in July 2015.
- To improve oversight and management of clinics a new Director of Service Quality was appointed and was responsible for the day-to-day management of clinics.
- At the Leeds clinic, there had been inconsistent management since 2010, which staff said had led to low staff morale. A regional manager had provided consistent support during this time and following the restructure was the new manager.
- All staff said they enjoyed their job and that patient care was the priority. They commented on the good teamwork and support.
- Staff said there had been limited staff meetings when there was no resident manager but weekly and monthly meetings with staff were now in place.
- Staff knew about the 'being open' policy and said they would raise concerns where required and felt these would be acted on.

Learning and improvement

- The service had responded to the Department of Health 'Review of the Regulations of Cosmetic Interventions'. For example, there was an extended aftercare programme, which was covered by the contractual agreement between the provider and the patient. In the 2015 patient survey, 98% of patients said they understood the aftercare policy.
- Following the issues relating to Poly Implant Prostheses (PIP) breast implants the service completed a review of patient records. This led to the restructure of files to ensure systems were in place to track and trace patients with potentially faulty implants and improve the management of patient files.

Provider seeks and acts on feedback from its patients, the public and staff

- The service encouraged feedback from patients through online real time surveys and complaints. There was also a system called WOW, which allowed patients to nominate staff for good work. We saw examples of this in staff files.
- The clinic also kept a negative feedback log. The last negative comment was in September 2015, and included action for further training for reception staff.
- A few staff said that there had been a lack of staff engagement following the restructuring of the service but this was improving through corporate webinars and completion of a staff survey.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve
There were areas where the provider **could** make improvements and should:

- Ensure that independent interpreters are used where required instead of relatives and friends.
- Ensure that processes for further development of professional skills and sharing of best practice are strengthened amongst nursing staff.
- Ensure that a local risk register is developed to identify, assess and monitor risks to the service.