Medical Arts for Cosmetic Surgery

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Medical Arts for Cosmetic Surgery is operated by Medical Arts for Cosmetic Surgery Limited. The service provides cosmetic surgery and outpatient consultations, including pain management. Facilities include one procedure room, a recovery room, and three consultation rooms.

The clinic provides surgery and outpatients. We inspected surgery and outpatients.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection (we gave staff 48 hours' notice that we were coming to inspect) on 28 and 30 November 2018.

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 as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this clinic was surgery. Where our findings on surgery – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service report.

See the surgery section for main findings.

Services we rate

We found safe, effective, caring and responsive were good, and well-led was requires improvement. This led to a rating of **Good** overall.

We found areas of **good** practice:

- Staff cared for patients with compassion, kindness and respect. They made sure that people's privacy and dignity needs were understood and always respected.
- The clinic had enough medical, nursing and support staff with the appropriate skills, knowledge and experience to deliver safe and effective care, support and treatment.
- The service continued to treat incidents and complaints seriously. Managers investigated them, shared lessons learned with staff, and made improvements to service provision where indicated.
- Hygiene practices had improved and staff followed infection prevention and control practices to reduce risks to patients.
- Risks to patients were assessed and their safety was monitored and managed so they were supported to stay safe.
- The service had suitable premises and equipment and looked after them well. Managers had improved the arrangements for clinical waste and equipment maintenance.
- The management team promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff worked well together and were committed to providing the best possible care for their patients.
- Patients were supported to make informed decisions about their chosen procedures and treatments, and were given sensible expectations.
- Patient records were clear, up-to-date and complete. They were easily accessible to staff.

We also found areas of practice that were **outstanding**:

- Staff worked especially hard to make the patient experience as pleasant as possible. The consultant surgeon went above and beyond expectations to ensure patients were fully consulted and had realistic expectations before they

Summary of findings

agreed to perform any cosmetic surgery. They prepared a detailed electronic presentation for each patient's planned surgery, which they went through during the consultation. Patients were encouraged to ask questions and could contact the consultant surgeon or clinic staff at any time. Detailed patient feedback was sought and any concerns or negative feedback received was reviewed immediately and improvements were made. Patient feedback was overwhelmingly positive about the registered manager and clinic staff, and the care they provided.

However, we also found areas of practice that **require improvement**:

- The provider had not taken sufficient action to deal with some of the areas we told them they must improve following our last inspection. While there was a programme of clinical and internal audit in place, we found completed audits lacked detail and it was not clear how often risks were reviewed.
- The provider did not have effective governance arrangements in place to assure themselves that nursing staff had current professional registration and had completed mandatory training. This was outstanding from the inspection in July 2017.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with **one** requirement notice. Details are at the end of the report.

Amanda Stanford
Deputy Chief Inspector of Hospitals (Central)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Surgery was the main activity of the clinic. Where our findings on surgery also apply to other services, we do not repeat the information but cross-refer to the surgery section. Staffing was managed jointly with outpatients. We rated this service as good because it was safe, effective, caring and responsive to people's needs, although it requires improvement for being well-led.
Outpatients	Good 	Cosmetic surgery was the main activity of the clinic. Where arrangements were the same, we have reported findings in the surgery section. We rated this service as good because it was safe, caring and responsive to people's needs, although it requires improvement for being well-led. We do not currently rate outpatient services for the effective domain.

Summary of findings

Contents

Good

Medical Arts for Cosmetic Surgery

Services we looked at
Surgery; Outpatients

Summary of this inspection

Background to Medical Arts for Cosmetic Surgery

Medical Arts for Cosmetic Surgery is operated by Medical Arts for Cosmetic Surgery Limited. The service opened in January 2016. It is a purpose built private clinic in Watford, Hertfordshire. The clinic primarily serves the communities of the Greater London area. It also accepts patient referrals from outside this area.

The main service provided at the clinic is minor cosmetic surgery. All surgery is performed as a day case under local anaesthetic. Pre-operative and post-operative consultations take place for cosmetic surgery that is performed by the cosmetic surgeon at this clinic and other local private hospitals. The clinic also provides a pain management service. This is provided by a consultant anaesthetist.

The clinic has had a registered manager in post since January 2016.

The clinic facilities are laid out over two floors. Situated on the ground floor is the reception and waiting area, the procedure room, recovery room and two consultation rooms. On the first floor there is a small waiting area and third consultation room, as well as an administrative area and meeting room.

The clinic provides day case minor surgery and outpatient services for adults only. No persons under the age of 18 are seen and/or treated at the clinic.

The clinic offers services to self-pay and privately insured funded patients.

The clinic also offers cosmetic procedures such as dermal fillers and Botulinum toxin, and other therapies such as acupuncture and yoga therapy. We did not inspect these services, as these are not regulated by the Care Quality Commission (CQC).

Medical Arts for Cosmetic Surgery has been inspected once by the CQC, in 2017. At the last comprehensive inspection, we did not have a legal duty to rate cosmetic surgery services when provided as a single specialty service. We did issue the provider three requirement notices in relation to regulations that were not being met, and where they needed to make significant improvements in the healthcare provided.

Our inspection team

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 an inspection manager and Bernadette Hanney, Head of Hospital Inspection.

Information about Medical Arts for Cosmetic Surgery

Medical Arts for Cosmetic Surgery provides a range of cosmetic and plastic surgery treatments and surgical procedures. The most common surgical procedures performed are Botulinum toxin injection and dermal fillers, dimpleplasty (dimple creation), and excision of skin lesions. The clinic also provides a pain management service.

- The clinic is registered to provide the following regulated activities:
- Diagnostic and screening procedures.
- Surgical procedures.

Treatment of disease, disorder or injury.

During the inspection, we visited all areas of the clinic including the procedure room, recovery room and

Summary of this inspection

consulting rooms. We spoke with five staff including the registered manager and surgeon, the anaesthetist, the practice manager, and a nurse. We spoke with three patients, reviewed four sets of patient records and observed two surgical procedures.

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once, which took place in July and August 2017. We found the service was not meeting all standards of quality and safety it was inspected against. We issued the provider with three requirement notices in relation to regulations that were not being met.

Activity (August 2017 to July 2018):

- In the reporting period August 2017 to July 2018, there were 152-day case episodes of care recorded at the clinic.
- There were 515 outpatient total attendances in the reporting period; of these 237 were first attendances and 278 were follow-up appointments.
- Most outpatient consultations in the reporting period were for cosmetic surgery (47.2%), with 17.5% attending for low level laser therapy, 10% for plastic surgery, 7.8% for phlebotomy, 7.4% for yoga therapy, 5.8% for acupuncture and 4.3% for pain management.
- All patients were privately funded.

As of November 2018, one surgeon and one anaesthetist worked at the clinic under practising privileges. Practising privileges is a term used when doctors have been granted the right to practise in an independent service. Three registered nurses were employed on a temporary basis and worked when needed. The service also employed four administration staff, including the practice manager, and a yoga therapist.

Track record on safety (August 2017 to July 2018):

- Zero never events
- Four clinical incidents during the reporting period; zero no harm, two low harm, two moderate harm, zero severe harm, zero death
- Zero serious injuries
- Zero incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA)
- Zero incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- Zero incidences of hospital acquired Clostridium difficile (c.diff)
- Zero incidences of hospital acquired E-Coli
- One complaint

Services accredited by a national body:

- None

Services provided at the hospital under service level agreement:

- Clinical and non-clinical waste removal
- Maintenance of equipment
- Pathology and bacteriology

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?

Good

We rated safe as **Good** because:

- Risks to patients were assessed, and their safety was monitored and managed so they were supported to stay safe.
- Patient safety incidents were managed in line with best practice.
- Medical staffing levels were appropriate for the procedures performed at the clinic.
- The clinic had enough nursing and support staff to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment.
- Staff understood how to protect patients from abuse.
- Mandatory training in key skills to staff was provided. Staff employed by the service had completed mandatory training.
- Infection risk was controlled in line with best practice.
- Premises and equipment were suitable for purpose and were well looked after.
- There were generally effective arrangements in place for the management of medicines.

Are services effective?

Good

We rated effective as **Good** because:

- Care and treatment provided was based on national guidance and there was evidence of its effectiveness.
- Staff had the skills, competence and experience to deliver effective care, support and treatment.
- Patients were supported to make informed decisions about their chosen procedures and treatments, and were given sensible expectations.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Staff worked together as a team to benefit patients. Doctors, nurses and non-clinical staff supported each other to provide good care.
- Managers monitored the effectiveness of care and treatment and used the findings to improve.
- Patients were encouraged to live healthier lives and manage their own health, care and wellbeing.
- Staff gave patients enough food and drink to meet their needs.

Summary of this inspection

- The service's opening hours and out of hours arrangements were sufficient to ensure effective care was available to patients.

However:

- We found some guidance being used was out-of-date or not relevant to the clinic. The provider took immediate action to rectify this.

Are services caring?

Good

We rated caring as **Good** because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff ensured patients and those close to them were fully involved in decisions about their care and treatment.

Are services responsive?

Good

We rated responsive as **Good** because:

- The services provided reflected the needs of the population served.
- Patients' individual needs were considered.
- People could access the service when they wanted.
- Concerns and complaints were treated seriously, investigated and lessons learned from the results, which were shared with all staff.

Are services well-led?

Requires improvement

We rated well-led as **Requires improvement** because:

- We were not assured adequate governance arrangements were in place to assure the provider that nursing staff had current professional registration and had completed mandatory training.
- It was not clear how often risks were reviewed and completed audits lacked detail.

However:

- The leadership team generally had the right skills and abilities to run a service providing high-quality care. Where they lacked knowledge and skills, such as regarding finance and information technology matters, they employed the services of people with expertise in these areas.

Summary of this inspection

- There was a vision of what the manager wanted to achieve and plans to turn it into action, which had been developed with involvement from staff.
- There was engagement with patients, staff and the public.
- The management team promoted a positive culture that supported and valued staff, creating a common purpose based on shared values.
- There were governance processes in place to ensure that high standards of care were maintained.
- There were systems in place to identify risks and some basic plans to eliminate or reduce them.
- Secure electronic systems with security safeguards were in place to protect confidential patient information.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Requires improvement	Good
Outpatients	Good	Not rated	Good	Good	Requires improvement	Good
Overall	Good	Good	Good	Good	Requires improvement	Good

Good

Surgery

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

Are surgery services safe?

Good

The main service provided by this clinic was surgery. Where our findings on surgery – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery section.

In this section, we also cover the clinic's arrangements for dealing with risks that might affect its ability to provide services (such as staffing problems, power cuts, fire and flood) in the overall safety section. The information applies to all services unless we mention an exception.

We rated safe as **good.**

Mandatory training

- **Mandatory training in key skills was provided to staff. Staff employed by the service had completed mandatory training.**
- Staff received mandatory training in safety systems, processes and practices. Training was mostly provided via e-learning modules, with face-to-face sessions for basic life support training. Staff within the service understood their responsibility to complete mandatory training.
- At the time of our inspection, all staff employed had completed information governance, customer care, equality and diversity, health and safety, fire safety, infection prevention and control, and basic life support training. Two non-clinical members of staff had completed chaperone training.
- Nursing staff were employed on a bank basis (as and when they were needed). We saw up-to-date mandatory training certificates for two of the three nursing staff employed, but we found none filed for the third bank nurse. We raised this concern with the registered manager. Following our inspection, we were sent copies of their up-to-date training certificates. This meant while we were assured staff had completed mandatory training, we were not assured there were effective governance processes in place to confirm this.

Safeguarding

- **Staff understood how to protect patients from abuse.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- There were processes and practices in place to safeguard adults and children from avoidable harm, abuse and neglect that reflected relevant legislation and local requirements. The clinic's safeguarding policy was in-date and accessible to staff via the clinic's intranet. This policy referred to adults and children, and included details of who to contact if staff had any concerns about an adult or child. There was a separate policy for safeguarding children. However, the policy included a flowchart for how to raise a safeguarding concern, which referred to the safeguarding lead of another independent hospital. We raised this with staff and were told this error had been identified and would be corrected. Following our inspection, we were sent a copy of the updated safeguarding children policy, which referenced the appropriate safeguarding lead (Source: Additional Data Requests DR2).
- Staff had received training on how to recognise and report abuse and knew how to apply it. Safeguarding training was provided via e-learning courses, which staff

knew how to access. As of November 2018, all staff had completed safeguarding adults training and all clinical staff, including the bank nurses used, had completed safeguarding children training. Three members of staff, including the cosmetic surgeon, had completed safeguarding children training at level three (Source: Additional Data Requests DR3). This was an improvement from our last inspection, when we found no evidence that staff had safeguarding children's training.

- Staff had a good understanding of their responsibilities in relation to safeguarding vulnerable adults and children. They could tell us what steps they would take if they were concerned about potential abuse to their patients or visitors.
- The registered manager was the clinic's safeguarding lead for vulnerable adults and the anaesthetist was the safeguarding lead for children.
- There had been no safeguarding concerns reported to CQC in the reporting period from August 2017 to July 2018.
- The clinic had an up-to-date chaperone policy in place, which staff knew how to access. Notices were displayed throughout the clinic advising patients that a chaperone was available on request.
- Safety was promoted in recruitment procedures and ongoing employment checks. Staff had Disclosure and Barring Service (DBS) checks carried out at the level appropriate to their role. According to the safeguarding policy, all clinic employees were subject to a three-year DBS re-checking process (Source: Provider Information Request, P7 Safeguarding people from abuse or improper treatment). We found one member of staff's DBS certificate had expired in August 2018. The service took immediate action to rectify this and we saw an up-to-date certificate was issued in November 2018. All other members of staff had up-to-date DBS certificates.

Cleanliness, infection control and hygiene

- **Infection risk was controlled in line with best practice.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Standards of cleanliness and hygiene were generally maintained. A service level agreement was in place between the clinic and an external cleaning provider. The premises were cleaned regularly, in accordance with daily, weekly and quarterly cleaning schedules. We saw a checklist was in place, which confirmed the clinic was cleaned daily. However, there was no evidence that the weekly and quarterly cleaning tasks were completed. Staff told us this concern had been raised with the cleaning provider and action was being taken. Following our inspection, we were told this had improved. We found all areas of the service were visibly clean and tidy.
- Flooring throughout the clinic was well maintained and visibly clean. Flooring in the procedure and recovery rooms was in line with national requirements (Department of Health (DH) Health Building Note 00-10 Part A: Flooring (2013)). The consultation rooms were carpeted. We were told that no clinical procedures were carried out in these rooms. This meant there was very little risk of infection from blood or other bodily fluid spillages.
- The clinic had a service level agreement for microbiology support and infection control advice with a third party. They were available to offer telephone advice as needed. The clinic was deep-cleaned six-monthly. Following this, swabs were taken from surfaces in the operating room such as the worktop and trolley, to ensure no potentially harmful microorganisms were present. This was last carried out in October 2018, and no microorganisms were detected (Source: A14 Environment Audit).
- The air conditioning and ventilation system had been serviced in August 2018. The service report found all systems were working correctly and were in good order (Source: Additional Data Requests DR4).
- There were reliable systems in place to prevent and protect people from a healthcare associated infection. We saw clinical staff adhere to the service's 'arms bare below the elbow' policy. This is an infection prevention and control (IPC) strategy to prevent the transmission of infection from contaminated clothing and enables clinicians to thoroughly wash their hands and wrists. We observed staff wash their hands between each patient contact, in accordance with national guidance (NICE Infection prevention and control: QS61, quality statement 3 (April 2014)). This was an improvement from our last inspection. An annual audit of hand hygiene compliance had been carried out. In June and July 2018, the audit results for the service showed hand hygiene compliance was 100% for five measures, such as staff washed their hands before patient contact, after body fluid risk, and after contact with patient

surroundings (Source: A14 Hand Hygiene Audit). There was access to hand washing facilities, hand sanitising gel, and personal protective equipment (PPE) such as gloves, in all areas. Hand sanitising gel dispensers were available throughout the clinic for staff, patients and visitors to use. Hand washing posters were displayed in the public toilet and clinical areas.

- We saw staff used appropriate PPE and aseptic non-touch technique when carrying out invasive procedures.
- Surgical instruments used at the clinic were single patient use only. This eliminated the risk of cross patient contamination from re-used medical equipment.
- Appropriate theatre attire was worn by staff when they carried out minor surgeries in the procedure room. Theatre wear (commonly referred to as "scrubs") was washed on site at 60 degrees Celsius after every theatre list. A scrubs washing checklist was in place, which confirmed this happened. Designated theatre shoes were available for staff, patients and visitors to wear in the procedure room. This was in line with best practice (Association for Perioperative Practice Theatre Attire (2011)), and was an improvement from our previous inspection.
- We found some flammable cleaning wipes that were not stored in line with the control of substances hazardous to health (COSHH) guidelines. This guidance recommends that potentially hazardous chemicals are stored in a COSHH cabinet. Following our inspection, immediate action was taken to address this. We saw that a COSHH cabinet had been ordered for the clinic.
- The service had up-to-date infection prevention and control policies in place (Source: P11 Infection prevention and control policy; P11 Appendix 2 Hand hygiene and PPE policy).
- Patients were not routinely screened for MRSA (antibiotic resistant bacteria) unless they had previously been colonised with or infected by MRSA. This was in line with national guidance (Department of Health Implementation of modified admission MRSA screening guidance for NHS (2014). The pre-operative risk assessment form included patient history for MRSA.
- From August 2017 to July 2018, the service reported zero surgical site infections resulting from surgeries.

Environment and equipment

- **Premises and equipment were suitable for purpose and were well looked after.**
- The premises were well designed, maintained and had adequate facilities for the minor cosmetic surgeries and consultations provided.
- At our inspection in 2017, we found the maintenance of equipment was inconsistent. At this inspection, we found improvements had been made. A service level agreement was in place between the clinic and an external maintenance provider. They attended the clinic annually to service and safety test the electrical equipment. We found all items of equipment had been serviced in June 2018.
- We found the control solution used to test the blood glucose monitor for accuracy was out-of-date. This meant staff could not be assured the monitor was fit for patient use because they were unable to accurately test it. We saw a replacement was on order. During our inspection, a local healthcare provider's blood glucose monitor had been used, which was located in the same building. We saw this monitor had been tested and was fit for patient use.
- At our inspection in 2017, we found clinical waste was not stored securely, and sharps bins were not labelled or dated. At this inspection, we found improvements had been made. Waste management was handled appropriately with separate colour coded arrangements for general waste, clinical waste and sharps. Sharps bins were clean, dated and were not overfilled. Clinical waste and sharps containers were labelled with the clinic's details for traceability purposes. This was in line with clinic policy (Source: P11 Infection prevention and control policy) and national guidance (Health and Safety Executive Health and Safety (Sharp Instruments in Healthcare) Regulations 2013: Guidance for employers and employees (March 2013)). In response to a concern raised at our last inspection, the service had introduced a clinical waste log. This included the date, number of clinical waste bags disposed of, who disposed of it in the external waste bin, and whether the bin was locked. This was to ensure the external clinical waste bin was kept locked when not in use. We saw the external clinical waste bin was locked. A service level agreement was in place for the monthly collection of clinical waste. Additional collections could be arranged if needed.
- There was a resuscitation pack and automated external defibrillator (used to help resuscitate a patient in a cardiac arrest) in the procedure room. The resuscitation pack had been put together by the anaesthetist and

contained a range of airway devices, a bag valve mask (used to ventilate a patient who is not breathing), intravenous fluids and medicines that may be used in the event of a cardiac arrest, anaphylaxis (extreme allergic reaction), asthma attack, epileptic seizure, and hypoglycaemia (low blood sugar level). Tamper evident seals were in place. The emergency equipment was checked prior to every surgical list. We found all equipment, fluids and medicines were in-date.

- We checked a range of consumable items in the procedure room, including theatre drape sets, sponge holders, swabs, needles, cannulas and syringes. We found all were in-date, except for 15 blood collection tubes. We raised this concern with staff and when we returned to the clinic one day later we found all blood collection tubes were in-date.
- There were arrangements in place for managing clinical specimens that kept people safe. A service level agreement was in place for the collection, processing and reporting of clinical specimens. They were collected by the external provider on the day they were taken.
- There were processes in place for providing feedback on product failure to the Medicines and Healthcare Products Regulatory Agency (MHRA). This was an improvement from our last inspection. Details of products used on each patient such as the lot number (an identification number assigned to a particular quantity or lot of material from a single manufacturer), was recorded and stored on the electronic patient record.
- We were assured that fire safety equipment was fit for purpose. This included fire extinguishers, fire blanket, alarm system, heat and smoke detectors, and emergency lighting. Fire safety equipment was serviced six-monthly. We saw the service was last carried out in August 2018.

Assessing and responding to patient risk

- **Risks to patients were assessed, and their safety was monitored and managed so they were supported to stay safe.**
- Pre-operative consultations for cosmetic surgery were carried out in line with national guidance. They included a risk assessment of the patient's suitability for the procedure, such as their medical history, general health, age, existing diseases or disorders, medications and other planned procedures. Psychologically vulnerable patients were identified and referred for appropriate psychological assessment (Royal College of Surgeons Professional Standards for Cosmetic Surgery (2016)). Following the pre-operative consultation, the surgeon wrote to the patient's GP advising them of the planned procedure and to ask if there were any contraindications they needed to be aware of.
- The American Society of Anaesthesiologists (ASA) classification of physical health was used to assess a patients' suitability for treatment at the clinic. Most patients had an ASA score of one. This meant they were completely healthy and fit for surgery. Occasionally, the surgeon would operate on a patient with an ASA score of two. This meant the patient had a mild systemic disease, which was well-controlled and had no functional limitations. The exclusion criteria for treatment at the clinic included patients with a body mass index more than 35 (obese), a history of deep vein thrombosis (a blood clot that develops in a deep vein in the body), and any cardiac (heart), renal (kidney) or pulmonary (lung) conditions.
- All patients treated at the clinic had undergone a pre-operative consultation and assessment and had access to a telephone, in case they needed to contact someone for follow up advice and/or treatment.
- There were arrangements in place to ensure patient safety checks were made prior to, during and after surgical procedures were completed. This was in line with national recommendations (National Patient Safety Agency (NPSA) Patient Safety Alert: WHO Surgical Safety Checklist (January 2009)). This was an improvement from our last inspection. A safety huddle was carried out prior to each operating list, which was attended by the surgeon, scrub nurse, practice manager and administration staff. We saw each case was discussed, including any potential risk factors, and equipment and medicines needed to perform each procedure. We observed that staff adhered to the WHO safety checklist and checklists were completed in the patient records we reviewed.
- We saw that swab and needle counts were recorded on a white board in the procedure room. This meant it was clear to both the surgeon and scrub nurse the number of swabs and needles that had been used. These were counted for completeness by the surgeon and scrub nurse at the end of each procedure.

- All patients seen at the clinic had consultant-led care. There was access to consultant medical input the whole time a patient was in the clinic. The surgeon remained in the clinic until all patients had been discharged.
- At the initial consultation and again on discharge, patients were given the surgeon's personal mobile number and the clinic telephone number for any questions or concerns they had. The surgeon had clinical commitments at other hospitals and told patients that if their call was not answered immediately and they had concerns postoperatively, that they should contact either their GP or their local accident and emergency department, depending on the severity of their concerns.
- All patients received a courtesy call the day after their surgery from a member of the clinic team. If any concerns were raised during this call, they would be escalated to the surgeon.
- Patients were discharged once they had recovered appropriately from their procedure and anaesthesia. This included ensuring their vital signs were within limits normal for them, they were alert and orientated, able to swallow and cough, had eaten and drunk, were not suffering from any nausea or vomiting, had passed urine and were comfortable and pain free. The surgeon reviewed each patient prior to discharge. They were given verbal and written postoperative advice, a prescription for medicines, contact telephone numbers and a follow-up appointment.
- The clinic only carried out minor cosmetic procedures that could be performed under local anaesthesia. Therefore, there was no service level agreement in place with the local acute NHS provider for the transfer of patients who required a higher level of care. There was however, a policy in place detailing what action should be taken if a patient deteriorated and required transfer (Source: Provider Information Request, P18 Admission, transfer and discharge policy). Staff were able to describe what they would do if a patient required immediate transfer. This involved dialling 999 and requesting an ambulance transfer. The consultant surgeon would accompany the patient on transfer until they had safely reached the hospital and the patient had been accepted and handed over to their care. No patients treated at the clinic had required transfer to the local acute NHS provider. We were told the clinic was in the process of setting up a service level agreement with a local independent hospital care provider. This was so that patients who required further care and treatment, but did not need acute and immediate admission had the option to receive this in an independent hospital setting.
- A modified early warning score had been introduced, which was designed to allow early recognition and deterioration in patients by monitoring physical parameters such as blood pressure, heart rate and oxygen saturations. The chart was initiated in the recovery period, with a minimum of two sets of observations performed. These were carried out following transfer to the recovery room and prior to discharge. If any concerns were identified, these were escalated to the surgeon for review. We reviewed two charts and found they were completed and scored appropriately. Patients had regular observations carried out when they were undergoing their procedure. These were documented in the operating notes. If any concerns were identified these were immediately escalated to the surgeon.
- Patients who attended the clinic underwent minor day-case procedures under local anaesthetic. This meant patients did not require routine screening for risk of VTE because there was a very low risk of acquiring a VTE while having treatment. Patients with a history of VTE and/or taking blood thinning medicine were treated by the surgeon at a local independent hospital.
- Patients seen at the clinic were generally fit and healthy. Therefore, it was very unlikely they would see a patient with suspected sepsis. Staff were aware of the signs and symptoms of sepsis. If they suspected a patient had sepsis they would arrange for immediate transfer to the local acute NHS trust.
- Staff we spoke with were unable to tell us when they had last carried out a fire drill, although they thought it had been within the last 12 months. Following our inspection, we were told a fire drill was carried out in December 2018, although we did not see evidence of this on inspection. (Source: Additional Data requests). The practice manager was the designated fire marshal for the clinic. We saw they had completed training for this role.

Nursing and support staffing

- **The clinic had enough nursing and support staff to keep people safe from avoidable harm and abuse and to provide the right care and treatment.**

- Three bank nurses were employed and used when needed. The clinic was staffed with a minimum of one nurse when operating lists were performed. We saw that staffing levels were sufficient, with each patient attended to by the cosmetic surgeon and a registered nurse.
- Four non-clinical staff were employed, including the practice manager and receptionist. Three were based at the clinic and one worked from home.
- There were no nurse and support staff vacancies at the time of our inspection.

Medical staffing

- **Medical staffing levels were appropriate for the procedures performed at the clinic.**
- The registered manager was the only surgeon who performed operations at the clinic.
- A consultant anaesthetist also worked at the clinic under practising privileges. They ran the pain management service. As all procedures were performed under local anaesthesia, an anaesthetist was not required to be available when procedures were performed.
- As all patients attended the clinic as a day-case or outpatient, there were no handovers or shift changes. The surgeon remained in the clinic until all patients were discharged.

Records

- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date and easily available to all staff providing care.
- All the information needed to deliver safe care and treatment was available to relevant staff in a timely and accessible way. The clinic reported that 0% of patients were seen without all relevant medical records being available.
- In March 2018, a limited audit of recovery form records showed 100% of clinical data was completed. However, the name of the nurse who recorded the recovery observations was not always documented. These omissions were not quantified in the audit (Source: A5 Audit on documentation). Staff were advised of the results and reminded to record their name on each form. We reviewed four sets of patient records and found they were completed. This was an improvement from our last inspection. There were clear operative notes that gave sufficient detail to enable another doctor to assess the care of the patient at any time.
- Appropriate pre-operative assessment information was recorded. This included a full explanation of the procedure, likely outcome, the patient's medical and social history, and fees. This was in line with national guidance (RCS Professional Standards for Cosmetic Surgery (April 2016)).
- Patients were given a discharge summary and information, which included details of the surgery performed, postoperative advice, contact numbers and follow-up appointments. Patients were asked for their consent to share information with their GP. All patients who consented had GP letters sent, detailing consultations and procedures performed. Patients who did not consent were given a copy of their discharge summary and advised it to show it to their GP.
- Records were organised in a way that allowed identification of patients who had been treated with a particular device or medicine in the event of product safety concerns or regulatory enquiries. This was in line with national guidance (RCS Professional Standards for Cosmetic Surgery (April 2016)).
- Patient records were electronic. Access to the electronic records system was protected with individual log-ins and passwords, which all staff employed by the clinic or who had practising privileges were given. We saw computer terminals were locked when not in use. This reduced the risk of unauthorised people accessing patient records. The only paper records used were for patient consent and their signed contracts. When the patient had received their procedure, these documents were scanned and saved to the patient's electronic record. The paper copies were then shredded.

Medicines

- **There were generally effective arrangements in place for the management of medicines.**
- Patients were given a private prescription for any medicines they required postoperatively. These were printed from the electronic record system. We observed that all members of staff had access to this application. This meant there was a risk that unauthorised staff could print prescriptions. We raised this concern with

the registered manager, who took immediate action to address this. When we returned to the clinic a day later, we saw that access to the prescription application was restricted to the registered manager and anaesthetist.

- Medicines were stored securely in locked cupboards in the procedure room. When clinical staff were on site, they were responsible for the safe custody of the medicines keys. The practice manager also had access to these keys. No controlled drugs (medicines subject to additional security measures) were kept on the premises.
- We checked a range of medicines, all of which were within the use by date.
- Medicines requiring refrigeration were stored appropriately in a locked fridge. The fridge temperature was checked and recorded daily to ensure medicines were stored within the correct temperature range and were safe for patient use. Staff understood the procedures to follow if the fridge temperature was out of range. We saw fridge temperatures were within the recommended range.
- The ambient room temperature where medicines were stored was not monitored. There is no national requirement to monitor the temperature, but it is considered best practice. However, the procedure room where medicines were stored was air-conditioned, which meant the temperature could be maintained within the recommended range (below 25°C). We saw the room temperature was within the recommended range on the days of our inspection.
- We saw that prescription records were completed correctly and patient allergies were clearly documented.
- We saw all medicines given to patients during their procedure were explained before they were administered, including potential side-effects. Patients were given advice about the medicines they had been prescribed for use at home.
- The clinic had an up-to-date medicines management policy in place, which included the arrangements in place for the ordering, receiving, storage and prescribing of medicines.
- Emergency medicines were kept in the tamper-evident resuscitation kit bag. This was in line with national guidance (Resuscitation Council (UK) Statement: Keeping resuscitation drugs locked away (November 2016)).
- The service ordered medicines from a pharmacy provider as and when required.

Incidents

- **Patient safety incidents were managed in line with best practice.** Staff recognised incidents and reported them appropriately. Incidents were investigated and lessons learned were shared with the whole team. When things went wrong, staff apologised and gave patients honest and suitable support.
- The clinic had an up-to-date incident reporting policy in place, which staff were familiar with.
- There were arrangements in place for reviewing and investigating safety and safeguarding incidents and events when things went wrong. An incident form was used to record all incidents or accidents that occurred within the service. Staff were familiar with this. The form included patient details, the date, time and description of the incident or accident, who it was reported to, action taken by staff, risk grading, learning outcomes and changes to practice. We reviewed four incident reports and saw that learning outcomes were identified and changes to practice were made, when indicated. For example, one incident reported concerned a patient who could not tolerate the pain of their combined procedure under local anaesthetic. Immediate action taken included suspension of the procedure and discussion with the patient of alternative options available. The procedure was completed the next day under general anaesthesia at a local independent hospital. Furthermore, the cosmetic surgeon decided to withdraw this procedure at the clinic, but offers it at a hospital where stronger anaesthesia is available.
- From August 2017 to July 2018, the clinic reported four clinical and four non-clinical incidents. Of the four clinical incidents, two were graded as having caused moderate harm and two as low harm (Source: Provider Information Request).
- There had been no never events reported during the period from August 2017 to July 2018. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- Patients who used the service were told when something went wrong, given an apology and informed of any actions taken as a result. Staff were aware of their responsibilities with regards to the duty of candour. 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, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. None of the incidents reported met the threshold for the duty of candour.

Safety Thermometer (or equivalent)

- The service monitored patient safety information such as unplanned emergencies, complication and infection rates, and re-admission rates within 30 days of the original procedure. From August 2017 to July 2018, the clinic reported zero unplanned emergencies, complication and infection rates, and re-admissions (Source: Provider Information Request, D12 Quality measures).
- For the same period, the clinic reported zero incidents of hospital-acquired venous thromboembolism (a deep vein blood clot) or pulmonary embolism (PE) (a blood clot in the lungs). The clinic did not monitor the incidence of pressure ulcers. Patients who attended the clinic underwent outpatient or minor day-case procedures. This meant there was a very low risk of patients acquiring a pressure ulcer, VTE or PE while having treatment.

Are surgery services effective?

Good

The main service provided by this clinic was surgery. Where our findings on surgery - for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery section.

In this section, we also cover the clinic-wide arrangements such as the use of current-evidence based guidance and how they ensure staff are competent to carry out their duties, in the relevant sub-headings within the effective section. The information applies to all services unless we mention an exception.

We rated effective as **good.**

Evidence-based care and treatment

- **Care and treatment provided was based on national guidance and evidence of its effectiveness. However, we found some guidance being used was out-of-date or not relevant to the clinic. The provider took immediate action to rectify this.**
- From patient records we reviewed, staff and patient's we spoke with, and observation of practice, we found cosmetic surgery was managed in line with professional and expert guidance (Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016)).
- People's suitability for proposed treatment was holistically assessed. The surgeon considered each patient's medical history, general health, mental health concerns, and history of previous cosmetic surgery before any surgery was performed. The expected outcome was identified and discussed with each patient before treatment, and was reviewed postoperatively. This was in line with professional standards (RCS Professional Standards for Cosmetic Surgery (April 2016)).
- On the day of surgery, women of childbearing potential were asked if there was any possibility they could be pregnant. Pregnancy tests were carried out with the patient's consent, where indicated. This was in line with national guidance (National Institute for Health and Care Excellence (NICE) NICE guideline [NG45]: Routine preoperative tests for elective surgery (April 2016)).
- Technology and equipment was used to enhance the delivery of effective care and treatment. For example, the service offered video call consultations to patients who found it difficult to attend the clinic.
- Patients were supported to be as fit as possible for surgery. For example, patients were advised to stop, or at least reduce, smoking and alcohol intake before and following surgery. They were also told they could eat and drink as normal before their surgery, which was in line with national guidance.
- Patients were told who they should contact if they had any concerns following their surgery.
- There were policies in place to ensure patients and staff were not discriminated against. This included those with protected characteristics, in accordance with legislation (Equality Act 2010).
- The provider had a programme of clinical and internal audit in place to monitor consistency of practice. These included perioperative nursing documentation, record keeping in theatre register and types of surgery

conducted. While the results showed care was generally delivered in line with guidance, we saw very few patient records had been looked at for some audits. For example, only four patient records were audited for compliance with postoperative pain and recovery care. As an action, the provider planned to review more patient records when they re-audited in 2019. From August 2017 to July 2018, the provider reported no failed or poorly executed admissions, transfers and discharges.

- We found some guidance being used was out-of-date or not relevant to the service. There was a folder in the procedure room, which included national guidance on managing common emergencies. We found the guidance for anaphylaxis (severe allergic reaction) and bradycardia (slower than normal heart rate) was out-of-date. Other guidance in the folder such as managing an asthma attack, epileptic fit and cardiac arrest, did not detail the source and year of the guidance. Therefore, we could not be assured staff had access to current guidance. While we found the clinic's resuscitation policy was in-date, it included a hyperlink to out-of-date Resuscitation Council (UK) guidance (Source: P9 CPR resuscitation policy). We raised this concern with staff who took immediate action to address this. By the following day, the clinic's policy had been amended and included a hyperlink to current guidance (Resuscitation Council (UK) Adult advanced life support guideline (2015)). A copy of the Resuscitation Council's current advanced adult life support algorithm was available in the procedure room. We also found some information in policies was not always relevant to the clinic. For example, the clinic's safeguarding children policy included a reference to the safeguarding lead of another independent hospital. Following our inspection, staff corrected this accordingly.

Nutrition and hydration

- **Staff gave patients enough food and drink to meet their needs.** Adjustments were made for patients' religious, cultural and other preferences.
- Patients were advised that they did not need to fast prior to their surgery. This was in line with national recommendations for patients having local anaesthesia (Source: NHS website).
- Patients nutrition and hydration needs were met. Patients were given a light meal, such as a sandwich, and hot or cold drinks following their procedure. Food was purchased for patients from a local sandwich shop. Patients could choose what they wanted from an extensive menu, which catered for dietary and cultural needs.
- Patients were routinely monitored for nausea and vomiting during and following their procedure. Vomit bowls were available if needed. We were told that no patients had reported nausea or had vomited following their surgery.

Pain relief

- **Staff assessed and monitored patients regularly to see if they were in pain.** They gave additional pain relief to ease pain when needed.
- Pain was assessed and managed well. The minor surgical procedures carried out at the clinic were performed under local anaesthesia. No patients were given general anaesthesia or conscious sedation.
- Pain was regularly assessed both during and following surgery, until the patient was discharged from the clinic. We observed the surgeon regularly asked patients if they were comfortable and pain free when carrying out procedures. If they felt any pain, additional local anaesthesia was administered. All patients were given pain relief medication to take home with them following their surgery, unless contraindicated. Each patient was followed up the next day with a telephone call to check their well-being and whether they were in any pain.
- We found limited audits regarding pain relief were conducted. This was similar to what we found at our last inspection in 2017. Data provided showed that a documentation audit of pain scores following surgery was completed in February 2018. The audit found that 100% of patient records had pain scores documented. However, only four patient records were audited. According to the action plan, more patient records would be checked at the next audit (Source: Provider Information Request – A15 Audit of pain recording 2018).

Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings to improve.**
- Patients' outcomes were routinely collected and monitored. Detailed questionnaires were sent to patients following consultation, surgery, one-week post-surgery and follow-up appointment. For example, the one-week post-surgery questionnaire asked

patients to rate their experience as excellent, very good, good, fair or poor against 18 measures. These included the quality of explanation for procedure outcome, cleanliness, effectiveness of pain control, quality of care given prior to discharge, follow-up care by the clinic nurse, and overall satisfaction with surgical outcome. Patients were also asked for any improvement suggestions and if they would recommend the clinic to a friend. This data was collated and reported annually. In April 2018, results showed the intended outcomes for people were being achieved, with most patients rating their experience as excellent, very good or good. We were told that if any concerns or negative feedback was received, this was reviewed immediately and changes were made to improve where indicated. For example, one incident concerned a patient's refund that was sent to the wrong account. Following this, the process was changed so that all refunds were approved by the registered manager and patient details were checked by two members of staff.

- From August 2017 to July 2018, there were no unplanned readmissions within 28 days of discharge, no unplanned returns to theatre and no surgical site infections.
- The consultant surgeon told us they had performed very few revision surgeries. This is when patients want their procedure to be done again because they were unhappy with the outcome. Most were related to dimpleplasty (dimple creation), with patients wanting deeper dimples. The surgeon recognised this was not uncommon and informed patients they may need further surgery to achieve their desired result. This was because it was easier to increase the depth of the dimple, then to try and reduce it.
- Q-PROMs were collected for all patients who underwent certain cosmetic surgeries, such as blepharoplasty (eyelid surgery). This was in line with RCS standards.
- At our last inspection we reported that the service was not submitting data to the Private Healthcare Information Network (PHIN), and we told the provider they must take action to address this. At this inspection, we saw that the service had engaged with PHIN and had been advised that because they were only performing minor procedures under local anaesthetic, they were not required to submit data at present. However, they could choose to participate if they wished. On behalf of the Competition and Markets Authority (CMA), PHIN publishes data for 11 performance measures at both hospital and consultant level. These measures include the volume of procedures undertaken, infection rates, readmission rates and revision surgery rates. We saw that the service did collect data on the PHIN performance measures applicable to them, such as the number of procedures undertaken, infection, readmission and revision rates.

Competent staff

- **Staff had the skills, competence and experience to deliver effective care, support and treatment.**
- The consultant surgeon was skilled, competent and experienced to perform the treatments and procedures they provided. They performed plastic and cosmetic surgery procedures for NHS, privately funded and self-insured patients at a local independent hospital, in addition to the minor cosmetic surgeries they performed at the clinic. They also taught doctors how to perform cosmetic surgeries at a local medical school, and conducted international masterclasses in dimpleplasty.
- The consultant surgeon was on the General Medical Council (GMC) Specialist Register. The Specialist Register was introduced on 1 January 1997. Since then doctors must be on the Specialist Register to take up any appointment as a consultant in the NHS. The surgeon was listed on the Specialist Register for plastic surgery in March 2005.
- The surgeon had evidence of current GMC revalidation and appraisal. Their appraisal was carried out with their employer at a local independent hospital. We saw evidence that they participated in continued professional development activities.
- From July 2017 to June 2018, 100% of clinical and support staff had completed an annual appraisal (Source: Provider Information Request). We reviewed the staff files of six members of staff and saw that five of them had completed a recent appraisal, since June 2018. Nursing staff who were employed on an ad hoc basis had received an annual appraisal. This was an improvement from our last inspection, when we found that the nurses employed on a bank basis had their appraisals completed by their substantive employer.
- From the staff files we reviewed, we saw that nursing staff had completed competency assessments for the medical equipment used. This was an improvement from our previous inspection, when we found there were no equipment competencies for staff.

- We reviewed the curriculum vitae of the nursing staff and saw they had the qualifications, skills and experience required to carry out their role. However, we found the staff file of one nurse contained out-of-date evidence of registration with the Nursing and Midwifery Council (NMC). Staff took immediate action to rectify this and printed off their current NMC status, which was valid until November 2019. This was similar to what we found at our last inspection, when we reported the service did not have a process in place for regularly checking that the nurses employed were registered and did not have any interim conditions or suspensions on their practice.
- Administration staff were given additional training to support the delivery of safe and effective care, where necessary. For example, two members of staff had received chaperone training, so that they could chaperone patients when needed. The administration staff had also received basic life support training.
- There was an up-to-date policy in place for the granting and reviewing of practising privileges. The documents required before practising privileges were granted included evidence of private medical insurance cover, immunisation status, appraisal records, Disclosure and Barring Service (DBS) check, and references. At the time of our inspection, only the consultant surgeon and consultant anaesthetist had practising privileges at the clinic.
- We saw evidence that consultants had current medical indemnity insurance. This was an improvement from our previous inspection.
- The consultant surgeon did not hold Royal College of Surgeons (RCS) cosmetic surgery certification. This is a voluntary certification scheme developed in response to the 2013 Keogh Review, which highlighted an urgent need for the robust regulation of cosmetic practice. The scheme provides recognition to surgeons who have the appropriate training, qualifications and experience to perform cosmetic surgery, and provides assurance to patients. The surgeon told us they were not required to have RCS certification to undertake work within the NHS and for health insurance companies. However, they would apply for certification if required.
- Work experience placements for medical students who had an interest in cosmetic surgery was provided at the clinic. One medical student had written: "Thank you so much for this unique work experience opportunity. I learnt so many useful and interesting things about a very different side of medicine and was a truly eye-opening week. Thank you so much for being so welcoming and accommodating, and willing to spend some of your time to help us learn".

Multidisciplinary working

- **Staff worked together as a team to benefit patients. Doctors, nurses and non-clinical staff supported each other to provide good care.**
- The team worked well together, with care and treatment delivered to patients in a co-ordinated way. We observed positive working relationships between medical, nursing and administrative staff. Staff told us they worked closely together to ensure patients received person-centred care and support.
- Treatment provided was consultant-led. All team members were aware of who had overall responsibility for each patient's care.
- Relevant information was shared between the clinic and the patient's GP. If patients consented, the surgeon wrote to their GP following the consultation. They informed them of the planned procedure and asked whether there were any contraindications. A discharge summary was sent to the patient's GP postoperatively. This included details of the surgery performed and any implants used, where appropriate.
- The surgeon would involve mental health services when indicated. They had links with a psychologist, who they would refer patients to if they felt this was needed. They would also write to the patient's GP if they had any concerns about a patient's mental health.
- We saw multidisciplinary communication between clinical and non-clinical staff. A safety huddle took place prior to planned surgeries, which was attended by the consultant, nursing and support staff. The safety huddle included a brief overview of each planned procedure, likely local anaesthesia needed, plans for discharge, potential risks and individual patient needs.

Seven-day services

- **The clinic's opening hours and out of hours arrangements were sufficient to ensure effective care was available to patients.**
- The clinic was open six days a week. From 9am to 7pm, Monday to Friday, and 10.30am to 4.30pm on Saturday.
- The clinic only undertook planned minor surgery, with operating lists organised in advance.

- The consultant surgeon told patients to call their personal mobile number or clinic telephone number if they had any concerns. If their call was not answered immediately and they were concerned, they were advised to contact their local GP or accident and emergency department.

Health promotion

- **Patients were encouraged to live healthier lives and manage their own health, care and wellbeing.**
- The smoking status and alcohol intake of patients was recorded at the initial consultation. Patients were advised to stop or at least reduce smoking before and after their surgery. They were also advised to avoid alcohol at least one week before and after surgery. Written information was sent to patients on the potential risks and side-effects of smoking and having cosmetic surgery. This was to reduce the risk of any complications and help promote healing.
- Postoperative information for patients included advice on the use of proven non-medicinal products such as Arnica and Vitamin E, to help promote healing post-surgery.
- We saw video feedback from one patient who said; "The surgeon would not perform any surgery until they had reduced their blood pressure and lost weight. [They were] delighted with the results".

Consent and Mental Capacity Act

- **Patients were supported to make informed decisions about their chosen procedures and treatments, and were given sensible expectations**. Staff understood their responsibilities under the Mental Capacity Act 2005.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. This was an improvement from our last inspection.
- The consultant told us they had not had any patients at the clinic who lacked capacity, request their services. If they had any concerns about a patient's capacity to consent, they would not perform cosmetic surgery without involvement from the patient's GP and a psychologist. The surgeon gave an example of a patient they had seen who had shown no insight regarding the procedure they wanted. In this instance, the surgeon decided it was not appropriate to treat the patient because they were not assured they understood the procedure and implications of having surgery.
- Staff understood their responsibilities regarding consent. The consultant surgeon offered patients a minimum of two consultations before they carried out any surgery. They explained the expected outcomes and ensured the patient understood these and any potential risks before agreeing to go ahead with surgery. We saw detailed preoperative information, which included managing expectations, risks and potential complications. This was supported with photographs of what to expect postoperatively. The surgeon told us if they felt a patient's expectations were unrealistic they would refer them to a psychologist for assessment, before carrying out surgery. One patient said they were; "given very realistic expectations".
- Consent was obtained in line with national standards (Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016)). Consent was obtained in a two-stage process. Most patients undergoing cosmetic surgery waited a minimum of two weeks between consultation and surgery. The surgeon told us they would treat patients within this period if they felt this was appropriate, such as to revise previous surgery or if patients were travelling from abroad. Patients who requested surgery within the cooling off period were asked to sign a disclaimer. As of December 2018, 9% of patients had surgery performed within the 14-day cooling off period. All of which had signed a disclaimer form. Information on the procedure was given at a different time to the signing of the consent form. Written consent was formally taken on the day of surgery. Consent was always taken by the operating surgeon.
- The surgeon told us that if a patient changed their mind about the size of breast implants they wanted within the 14-day cooling off period, for example, they would restart the consultation process again. Patients were told they could change their mind at any point.
- We reviewed four patient records and found consent forms were fully completed, signed and dated by the patient and the operating surgeon. The consent forms were comprehensive and included details of the planned surgery, intended benefits, potential risks and complications.

Good

Surgery

- The clinic had an up-to-date policy regarding consent, which included a section on capacity to consent.
- We saw staff gained verbal consent before undertaking interventions, such as clinical observations and giving local anaesthesia.
- Patients under the age of 18 were not treated at the clinic. We reviewed the theatre register, which contained details of all surgeries performed in the clinic since February 2016. No-one under the age of 18 had been treated.

Are surgery services caring?

Good

The main service provided by this clinic was surgery. Where our findings on surgery - for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery section.

We rated caring as **good.**

Compassionate care

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.**
- There was a strong, visible person-centred culture. Staff were motivated and inspired to provide care that was kind and promoted patient's dignity. We saw staff took the time to interact with people who used the service and those close to them in a polite, respectful and considerate way. Staff introduced themselves to patients and made them aware of their role and responsibilities.
- We observed two surgical procedures. Staff worked especially hard to make the patient experience as pleasant as possible. Staff were compassionate, and provided reassurance and support to both patients throughout their procedure. Patients were encouraged to talk to staff and ask them questions throughout their procedure.
- Patients' privacy and dignity needs were understood and always respected. Where care and treatment required a patient to undress, staff ensured this was done in complete privacy through the provision of a private room, curtains and/or screening. Appropriate clothing such as gowns were provided, where necessary. Female patients were examined in the presence of a chaperone.
- Staff were encouraged to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes.
- Staff understood and respected patients personal, cultural, social and religious needs, and took these into account in the way they delivered services.
- The service sought patient feedback following the initial consultation, surgery, one-week post-surgery, and the follow-up appointment. Patients were asked to rate their experience as excellent, very good, good, satisfactory and unsatisfactory. From January 2017 to February 2018, 348 responses rated their experience as excellent (84.5%), 53 as very good (12.9%), 6 as good (1.5%), 3 as satisfactory (0.7%) and 2 as unsatisfactory (0.4%).
- We saw thank you cards from patients displayed in the clinic. One patient wrote; "Thank you for doing my surgery, and to everyone for looking after me so well, and for making me feel welcome during my recent visits." Another patient wrote; "Been an absolute wonderful experience with my [surgery]. You have all been amazing."
- Patients could also post reviews of the service on various social media platforms. We looked at one independent on-line review website. Since January 2018, 11 patient reviews had been posted of which 100% rated the service as five-star (excellent). In October 2018, one patient wrote; "I could not recommend [the registered manager] more. From start to finish I felt I was in the best possible hands. [The registered manager] was professional, knowledgeable, always happy to see me and made me feel comfortable at every appointment."

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- Staff understood the impact that a person's care and treatment could have on their wellbeing. Staff were empathetic to patients who were anxious about their surgery. They took the time to reassure them. One patient told us; "I never felt rushed".
- Patients were given appropriate and timely support and information. All patients were given the surgeon's

personal mobile number, who they could contact if they had any concerns or questions. We observed the surgeon advise one patient who had travelled a considerable distance to attend the clinic, to contact him if they had any concerns. He knew a plastic surgeon local to the patient and would arrange for them to see the patient if needed.
- The registered manager had links with a psychologist who they could refer patients to, if they had any concerns about their emotional wellbeing.

Understanding and involvement of patients and those close to them

- **Staff ensured patients and those close to them were fully involved in decisions about their care and treatment.**
- Staff communicated with people so that they understood their care, treatment and any advice given. The surgeon went above and beyond expectations to ensure patients were fully consulted and had realistic expectations before they agreed to perform any cosmetic surgery. They prepared an electronic presentation for each patient's planned surgery, which they went through during the consultation. We saw a comprehensive presentation for dimpleplasty (surgery to create dimples). This included the anatomy involved, relevant research, how dimples were surgically created, potential risks and complications of the procedure, and what the patient should expect. The presentation also included photographs of expected postoperative bruising and swelling. This was in line with national recommendations (Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016)).
- Patients told us they felt involved in their care and had received the information they needed to understand their treatment. One patient wrote; "Consultation was done with utmost care. All questions were answered in detail with real life examples (evidence). There was no pressure or hard sell. I was given time to think. I was also informed of all available options, with pros and cons involved…Amazing communication and all the staff are always available to help and also to listen."
- There were appropriate and sensitive discussions about the cost of treatment. Patients were advised of the cost of their planned treatment at the booking stage. This information was also sent by email, so that patients were fully aware of their planned treatment costs.
- The service only performed minor surgeries under local anaesthetic. This meant patients were empowered to be independent and manage their own health very quickly after surgery.

Are surgery services responsive?

Good

The main service provided by this clinic was surgery. Where our findings on surgery - for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery section.

In this section, we also cover clinic-wide arrangements such as service planning and learning from complaints, in the relevant sub-headings within the responsive section. The information applies to all services unless we mention an exception.

We rated responsive as **good.**

Service delivery to meet the needs of local people

- **The services provided reflected the needs of the population served.**
- A range of minor cosmetic treatments and procedures were available at the clinic. The most common surgeries performed were dimpleplasty, excision of skin lesion, blepharoplasty (eyelid surgery), and debridement of wound (the removal of unhealthy tissue from a wound to promote healing). Procedures were available for men and women. The surgeon had the experience, skills and expertise to carry out the procedures and treatments provided at the clinic.
- All consultations and postoperative checks were carried out by the operating surgeon. This ensured patients received continuity of care.
- The facilities and premises were appropriate for the services delivered. There were small waiting areas on the ground and first floor, three consultation rooms, one procedure room and one recovery room. This was sufficient for the number of patients who attended the clinic. There was adequate seating for patients and visitors.
- The clinic was located in the rear part of a building complex on a one-way system, which made it difficult for some patients to locate. To combat this, directions

were sent to patients by email, telephone and/or text prior to their appointment. They had also subscribed to an on-line mapping service, to help people travelling by car locate the clinic. There was no patient car parking at the clinic. However, a public car park was situated within a two-minute walk. The clinic was accessible by public transport. The nearest Tube and rail stations were approximately a 10-minute walk from the clinic.

Meeting people's individual needs

- **Patients' individual needs were considered.**
- There were arrangements in place for patients who required translation services. This was an improvement from our last inspection. The service used a local interpreting and translation service as needed.
- Reasonable adjustments had been made so that people with a disability could access and use the service on an equal basis to others. The clinic was accessible to wheelchair users. There was a lift to the first floor and suitable toilet facilities. Whilst a hearing loop was not available, the service used an external company who provided communication professionals for deaf, deafblind and hard of hearing patients, when needed. Service and guide dogs were also permitted.
- Arrangements were in place for ensuring psychiatric support where necessary. The registered manager referred patients to a psychologist if they were concerned about their mental health and wellbeing.
- Patients were asked what music they would like to listen to while their procedure was carried out. This was to help create a calm atmosphere and encourage them to relax.
- Patients were given a choice of light meals, which took account of their individual preferences, respecting cultural and personal choice.
- A drinks machine was available to patients and their companions for complimentary hot drinks and water. There was a range of information leaflets on display in the waiting area.

Access and flow

- **People could access the service when they wanted.**
- Patients had timely access to consultations, treatment and after care. Most patients undergoing cosmetic surgery waited a minimum of two weeks between consultation and procedure. This 'cooling off' period was in line with national recommendations (Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016)). The surgeon told us they would treat patients within this period if they felt this was appropriate, such as to revise previous surgery.
- The appointment system was easy to use and supported people to access appointments. Patients could arrange an appointment by phone or make an enquiry via the clinic's website. The on-line enquiry form was easy to use.
- Patients could access care and treatment at a time that suited them. Evening and weekend appointments were available, which facilitated flexibility and promoted patient choice. The clinic was open on Saturdays from 10.30am to 4.30pm. Weekday appointments were available up to 7pm.
- Appointments and treatments were only cancelled or delayed when necessary. If surgery had to be cancelled or delayed, this was explained to the patient and they were supported to access treatment again as soon as possible. From August 2017 to July 2018, four procedures were cancelled for a non-clinical reason. Based on the number of day case procedures performed during this period, this equated to a cancellation rate for non-clinical reasons of 2.6% (Source: Provider Information Request).
- There was one theatre session scheduled per week, dependent on activity levels.
- Services generally ran on time. Patients were informed of any delays. The patients we spoke with said they had timely access to treatment.
- Technology was used to support timely access to care and treatment, and facilitate patient choice. The service offered video call consultations to patients who found it difficult to attend the clinic.

Learning from complaints and concerns

- **Concerns and complaints were treated seriously, investigated and lessons learned from the results, which were shared with all staff.**
- Complaints could be made to any member of the clinic staff either verbally or in writing. If a patient wished to make a complaint while they were in the clinic, staff would attempt to resolve the issue immediately. The clinic sent a written acknowledgment of the complaint within two working days of receipt, or within five days if the complaint could be investigated and responded to fully within this time. Otherwise, the clinic aimed to provide a full written response to the complaint within

20 working days. The written acknowledgement included the name and contact details of the person investigating the complaint. All complainants were offered a meeting to discuss how the complaint would be handled and how the issue(s) might be resolved.

- The clinic kept a record of all complaints received. All complaints received were discussed at the clinical risk management and governance committee meetings. Staff we spoke with were aware of complaints received.
- From August 2017 to July 2018, the clinic received one complaint. This was regarding dissatisfaction with the outcome following planned treatment. We saw the complaint had been responded to in a timely and courteous manner. Actions were taken to resolve the complaint to the patient's satisfaction, which included the offer of a second opinion from an independent plastic surgeon and revision treatment.
- The patients we spoke with knew how to make a complaint or raise concerns. Information on how to make a complaint was publicly displayed in the waiting area.
- In the same reporting period, there were no complaints referred to the ombudsman or ISCAS (Independent Healthcare Sector Complaints Adjudication Service).

Are surgery services well-led?

Requires improvement

The main service provided by this clinic was surgery. Where our findings on surgery - for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery section.

In this section, we also cover clinic-wide arrangements such as leadership, the management of risks and governance processes, in the relevant sub-headings within the well-led section. The information applies to all services unless we mention an exception.

We rated it as **requires improvement.**

Leadership

- **The leadership team generally had the right skills and abilities to run a service providing high-quality care. Where they lacked knowledge and skills, such as regarding finance and information technology matters, they employed the services of people with expertise in these areas.**
- The overall lead for the service was the registered manager, who was the consultant plastic surgeon. They were supported by the practice manager and the consultant anaesthetist, who was also the clinical governance director. There was a management structure in place with defining lines of responsibility and accountability.
- The clinic employed the services of people with expertise in finance and accounting, and information technology to support the effective running of the service. When we raised concerns regarding the lack of restricted access to the prescription software, the management team took immediate action to address this with their external provider. When we returned to the clinic a day later, we found this concern had been rectified. The registered manager told us they were currently looking to engage the services of a health business development consultant to advise and support them with their plans to develop the service.
- All staff we spoke with were overwhelmingly positive about the senior management team. They told us they were very visible and they felt well supported, valued and respected.

Vision and strategy

- **The service had a vision of what it wanted to achieve and plans to turn it into action, which had been developed with involvement from staff.**
- The philosophy of the service was to give patients a "natural" result, which made them look and feel better about themselves.
- All members of staff had been involved in developing the service's values. They reflected the priorities for the service and what was important to staff. Many one-word values had been adopted, including beauty, health, wellness, happiness, safety, teamwork, care, quality, commitment, dedication, communication and honesty. The values were publicly displayed throughout the clinic.
- There was a clear vision for the service. The vision was; "Become the number one small scale day surgery unit to provide unique services to walk-in-walk-out and day

case patients" (Source: Provider Information Return). A business plan had been developed to support the vision and priorities for the service. The aim of the business plan was to expand utilisation of the clinic and source additional patients. The service had identified various ways to enable achievement of the business plan. These included:

- Increasing awareness of the clinic with local GPs.
- Engaging a health business development consultant to enable them to bid for appropriate NHS contracts.
- Liaising with the local acute NHS provider, with the aim of treating conditions that could be safely performed at the clinic and where patients typically had to wait 18 weeks or more for treatment at the hospital, such as carpel tunnel release surgery.

- The service recognised that it could take a number of years to achieve the vision and fulfil the business plan. Minutes of meetings we reviewed showed that the business plan was regularly discussed. However, there were no detailed action plans that clearly showed what progress had been made to date, what actions were outstanding and when they planned to have completed them. This was similar to what we found at our last inspection, when we reported there were no dates for when the aims of the business plan would be completed, or any way of assessing progress against the plan.
- Staff knew and understood the vision, values and strategy for the service and their role in achieving them.

Culture

- **The management team promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- All staff we spoke with felt supported, respected and valued. They told us there was an open culture, which was centred on the needs and experience of people who used the service. Staff were positive and felt proud to work at the clinic.
- Staff we met were welcoming, friendly and helpful. It was evident that staff cared about the services they provided and told us they loved working at the service. We observed staff work collaboratively and shared responsibility in the delivery of good quality care. Staff were aware of their role in the patient experience and were committed to providing the best possible care for their patients.
- The management team encouraged openness and honesty. They recognised the importance of staff raising concerns and we saw that learning and action was taken because of concerns raised. Staff told us they felt confident to raise concerns.
- There was a system in place to ensure patients were provided with a statement that included the terms and conditions of the services being provided. This was sent to patients by email before the planned procedure was carried out. The amount and method of payment of fees was included.
- The clinic's team ensured all marketing was honest and responsible and complied with guidance from the Committee on Advertising Practice (CAP) and industry standards (Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016)). There were no financial incentives offered that might influence the patient's decision, such as time-limited discounts or two-for-one offers.
- There were arrangements in place to promote the safety and wellbeing of staff. There was an up-to-date lone worker policy in place, which had been written specifically for the clinic (Source: Additional Data Requests DR12). This was an improvement from our last inspection, when we found the lone worker policy had been taken from another provider but had not been adapted for the clinic, which meant it was not fit for use. Access to the building was secure, with security cameras at the entrance.

Governance

- **We were not confident that adequate governance arrangements were in place to assure the provider that nursing staff had current professional registration and had completed mandatory training. Otherwise, improvements to the governance arrangements had been made to ensure high standards of care were maintained.**
- Definite improvements had been made to the governance arrangements at the service since our last inspection. However, we found the provider had not taken sufficient action to ensure all staff had evidence of current professional registration and completed mandatory training.

- We were not confident there were adequate governance processes in place to assure the provider that nursing staff had current professional registration and had completed mandatory training. For example, during our inspection we found no training certificates were available for one bank nurse. Another staff file contained out-of-date evidence of registration with the Nursing and Midwifery Council (NMC). Staff took immediate action to rectify this. However, we told the provider they must take action to improve this at our last inspection, and while improvements had been made we still found some omissions and/or out-of-date evidence.
- There were governance processes in place, which was an improvement from our last inspection when we found no governance framework in place. There was a clear organisational structure, which detailed which members of staff were responsible for clinical governance, operational procedures and administration. Staff at all levels were clear about their roles and understood what they were accountable for and to whom.
- The service had effective governance processes in place to ensure equipment and medicines were checked regularly and were safe and fit for patient use. The checklists we reviewed corroborated this. They also had arrangements in place to ensure all theatre attire was washed at the correct temperature and the external storage area for clinical waste was kept locked.
- A formal business development meeting was held monthly. We reviewed the minutes of five meetings that took place from March to July 2018. These were well attended by all members of the team, including clinical and support staff. We saw that the service's business plan to increase utilisation and patient activity was regularly discussed, although it was less clear what progress had been made to date. It was not clear if governance matters such as incidents, complaints, performance and policies were regularly discussed and reviewed. For example, while minutes of the meeting held in March 2018 showed incidents, complaints and policies were discussed, and the meeting minutes for June 2018 showed incidents were discussed, these items were not mentioned in any of the other meeting minutes we reviewed. However, we found there were processes in place to ensure incidents and complaints were investigated in a timely manner, with lessons learned and improvements made to service provision where indicated. All staff we spoke with were familiar with the incidents and complaints that had been reported and could describe improvements that had been made.
- Due to the small size of the service, separate clinical governance meetings were not held. Staff told us that if an incident or complaint was received, this was dealt with immediately and discussed amongst the team. The service could manage effectively in this way because there were so few staff working at the clinic and they worked so closely together, which we observed during our inspection.
- Staff working under practising privileges had an appropriate level of professional indemnity insurance in place.

Managing risks, issues and performance

- **There were systems in place to identify risks and basic plans to eliminate or reduce them. This was an improvement from our last inspection. However, it was not clear how often risks were reviewed and completed audits lacked detail.**
- Improvements had been made to the management of risks at the service since our last inspection. A basic risk register was in place, which was dated June 2018. This detailed two risks, which concerned the transfer of a patient to another hospital for continued care and electricity failure. The risks included a brief description of actions required to minimise the risk, progress against actions, risk score, existing assurances and intended outcomes. A target date for when identified actions should be completed was included. The service also had a risk assessment document, dated June 2018, which detailed 25 potential risks that had been identified. These included no patient consent, incorrect or missing notes, breach of patient privacy and dignity, operating on wrong surgical site, fire, and failure of decontamination standards. The risk assessment document included a brief description of who or what was at risk, existing controls in place, further actions and/or controls needed, and the grading of the risk without and with controls in place. Most were graded low risk. However, there was no evidence to show how often each risk should be reviewed or when these documents had been updated to reflect any changes. Minutes of the meetings we were sent did not include any reference to the risk register or risk assessments. We reported similar findings at our last inspection, when we

found there was no evidence that the risk register was reviewed at team meetings. Staff told us that because of the size of the service and closeness with which they worked, they did regularly discuss risks and issues within the service and we found staff had knowledge of them.

- We found the risk register and risk assessments generally reflected those within the service. However, we found lack of staffing, such as if the consultant surgeon or nursing staff were unavailable on the day of planned surgery, had not been identified, despite the service employing so few staff.
- Only the registered manager performed cosmetic surgeries. This meant they had oversight of all operations undertaken.
- There was a programme of clinical and internal audit. This was an improvement from our last inspection. However, we found completed audits lacked detail. For example, only four patient records were audited for compliance with postoperative pain and recovery care. As an action, the provider planned to review more patient records when they re-audited in 2019. An audit of the accuracy and completeness of the nurse checklist form sent to us was not dated, nor did it report any findings from the audit. This meant we were not assured robust audits were completed to support the monitoring of quality and operational processes, and to identify where action should be taken. This was similar to what we found at our last inspection.

Managing information

- **The service collected, analysed, managed and used information well to support its activities, using secure electronic systems with security safeguards.**
- At the time of our inspection, the service was not required to submit data to the Private Healthcare Information Network (PHIN). They did collect Q-PROMs data for all patients who underwent certain cosmetic surgeries, such as blepharoplasty (eyelid surgery). This was in line with the Royal College of Surgeons (RCS) standards.
- Data regarding patient outcomes was routinely collected and monitored. The results from patient questionnaires were reviewed and used to improve service provision, where indicated.
- There were arrangements in place to ensure surgical cosmetic procedures were coded in accordance with SNOMED_CT. This is an electronic form of coding procedures and ensures that information is consistent across health settings.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. There were arrangements in place to ensure the confidentiality of patient information held electronically. Staff were aware of how to use and store confidential information. During our inspection, we found computer terminals were locked when not in use to prevent unauthorised persons from accessing confidential patient information. Staff had completed information governance training.

Engagement

- **The service engaged well with patients, staff and the public.**
- People's views and experiences were gathered and used to shape and improve services. Patient feedback was sought following the initial consultation, post-surgery, one-week post-surgery and follow-up appointment. We saw evidence that patient feedback was used to inform changes and improve service provision. For example, the service had subscribed to an on-line mapping service to help people locate the clinic. Patients could also post reviews of the service on various social media platforms. We saw the service responded to these. All patient feedback we saw was overwhelmingly positive.
- The service also subscribed to a video-sharing website, where they posted testimonials from patients who had undergone surgery. Testimonials were only made public with patients' consent. People could also access this forum to see how certain procedures were carried out.
- People considering or deciding to undergo cosmetic surgery were provided with the right information and considerations to help them make the best decision about their choice of procedure and surgeon. We saw patients received comprehensive information about the surgery they were considering. This included how the procedure was performed, costs, and the risks and complications associated with the procedure. They were also sent a personal profile of the consultant surgeon, which included details of their qualifications and experience.
- Information about the complaints procedure was available in the reception and waiting area.

Good

Surgery

- From the conversations we had with staff and observations we made during our inspection, it was evident that staff were engaged in the service. The service only employed a small number of staff, most of which had been employed since the clinic was established. Staff told us that information was shared regularly on an informal basis, as they worked so closely together. They also held regular team meetings. The minutes of meetings we reviewed showed good staff engagement from clinical and support staff.
- The service hoped to develop collaborative relationships with the local acute NHS trust and clinical commissioning group, to help deliver services to meet the needs of the local population. We were told they had started looking at areas that had high waiting lists, to see if they could safely and effectively offer any of these procedures and treatments at the clinic.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong.**
- The service had addressed some of the concerns we reported at the August 2017 inspection. We found many improvements had been made. These included:
  - We observed staff wash their hands between each patient contact.
  - Designated theatre shoes were available for staff, patients and visitors to wear in the procedure room.
  - Equipment was well maintained. All electrical equipment was serviced and safety tested annually.
  - Clinical waste was stored securely. A clinical waste log had been introduced to ensure the external waste bin was kept locked when not in use.
  - Sharps containers were labelled with the clinic's details for traceability purposes.
  - There were processes in place for providing feedback on product failure to the Medicines and Healthcare Products Regulatory Agency.
  - Arrangements were in place to ensure patient safety checks were made prior to, during and after surgical procedures were completed.
  - We found patient records were clear, up-to-date and completed.
  - Nursing staff had completed competency assessments for the medical equipment used.
  - Consultants had current medical indemnity insurance.
  - Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
  - There were arrangements in place for patients who required translation services. The service used a local interpreting and translation service as needed.
- However, there was some ongoing work still required and we identified a number of concerns, which we had also raised at our last inspection. These included:
  - It was not clear how often risks were reviewed.
  - While there was a programme of clinical and internal audit in place, we found completed audits lacked detailed. This was similar to what we found at our last inspection.
  - We were not assured adequate governance arrangements were in place to assure the provider that nursing staff had current professional registration and had completed mandatory training. This was outstanding from our last inspection.
- We found staff at the service were committed to improving services. When we raised concerns during the inspection such as out-of-date guidance and access to prescriptions, staff took immediate action to rectify them.
- The service was accredited by various private health insurance providers.
- Once a year, the consultant surgeon participated in overseas charitable work, performing plastic surgery on children born with cleft lip and palate or who had sustained injuries following trauma, such as blast injuries. They had done this for almost 20 years. They had also helped establish the Help Smile Trust, a charity that helps provide healthcare and education to underprivileged children in India and Africa.

Good

Outpatients

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Requires improvement

Are outpatients services safe?

Good

We rated safe as **good**.

Mandatory training

- Please see information under this sub-heading in the Safe section of the surgery report.

Safeguarding

Please see information under this sub-heading in the Safe section of the surgery report.

Cleanliness, infection control and hygiene

- Standards of cleanliness and hygiene were maintained.
- The consultation room used by the consultant anaesthetist was clean and tidy. There was access to protective personal equipment such as gloves, and hand washing facilities.
- Acupuncture was delivered using single-use sterile needles.
- For our detailed findings on cleanliness, infection control and hygiene, please see the Safe section in the surgery report.

Environment and equipment

- The premises and equipment were suitable for purpose and were maintained well.
- One of the pain relief techniques offered by the service was low-level laser therapy. We were assured this equipment was fit for purpose, and had been recently serviced and safety tested (June 2018).
- Warning signage was not displayed on the door of the consultation room where laser therapy was carried out. Regulations to protect people from exposure to hazardous sources of artificial radiation, such as lasers, came into force in April 2010, and the display of appropriate warning signs is considered a key control measure (Health and Safety Executive (HSE) Control of Artificial Optical Radiation at Work Regulations (AOR) (2010)). However, we observed that the consultation room was locked when a patient was treated with laser therapy. This meant there was no risk that someone could enter the room when the laser was in use. Safety goggles were available and worn by staff and the patient when laser therapy was used. This was in line with the Regulations.
- For our detailed findings on environment and equipment, please see the Safe section in the surgery report.

Assessing and responding to patient risk

- Staff completed risk assessments for each patient.
- All patients seen for pain management had consultant-led care. They completed a medical health questionnaire prior to their appointment, which included what medicines they were currently taking and whether they had any known allergies. This information was reviewed by the consultant to ensure any potential risks or contraindications to treatment were identified.
- The consultant anaesthetist only administered simple trigger point injections at the clinic. Patients who required more intensive treatment were treated at a local independent hospital, where the consultant also worked. Trigger point injections are used to alleviate pain that presents in discrete areas, such as a muscle or

where tendons go into and/or surround the bone. Emergency equipment was available in the event of any complications, such as anaphylaxis (severe allergic reaction that can be life threatening).
- For our detailed findings on assessing and responding to risk, please see the Safe section in the surgery report.

Nursing and support staffing

- Support staffing levels were sufficient for the size of the service.
- There were no nursing staff used within the outpatient service.
- At the time of our inspection, the clinic receptionist was on maternity leave. Their role was covered by the practice manager and other members of the administration team when needed. We observed patients were promptly greeted by a member of the clinic team on arrival.
- For our detailed findings on nursing and support staffing, please see the Safe section in the surgery report.

Medical staffing

- Medical staffing levels were sufficient for the outpatient services provided.
- There was one consultant anaesthetist who led and managed the pain management service.
- As all patients attended the pain management service as an outpatient, there were no handovers or shift changes.
- For our detailed findings on medical staffing, please see the Safe section in the surgery report.

Records

- Records were easily available to staff providing care.
- All the information needed to deliver safe care and treatment was available to relevant staff in a timely and accessible way. Most patients were referred to the pain management service by other consultant specialists, who provided the anaesthetist with the patient's relevant medical history. Referral letters were stored in the patient's electronic medical record.
- For our detailed findings on records, please see the Safe section in the surgery report.

Medicines

- Medicines used in the pain management service were stored in locked cupboards in the procedure room, such as steroids and local anaesthetics. We checked a range of medicines and found all were within the use-by-date.
- Patients treated with trigger point injections were given written information about the procedure including the medicines used and possible side-effects, prior to treatment.
- For our detailed findings on medicines, please see the Safe section in the surgery report.

Incidents

- Please see information under this sub-heading in the Safe section of the surgery report.

Safety Thermometer (or equivalent)

- Please see information under this sub-heading in the Safe section of the surgery report.

Are outpatients services effective?

Not sufficient evidence to rate

We inspected but do not currently rate outpatient services for the effective domain.

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The consultant anaesthetist provided a holistic approach to pain management, which included interventional and non-interventional based therapies. This was in line with professional and expert guidance (Royal College of Anaesthetists Core Standards for Pain Management Services in the UK (October 2015)). Therapies and treatments offered were proven to be effective in the management of pain.
- For our detailed findings on evidence-based care and treatment, please see the Effective section in the surgery report.

Nutrition and hydration

- Please see information on this sub-heading in the Effective section of the surgery report.

Pain relief

- Patients pain levels were thoroughly assessed and various strategies were used to help reduce it.
- A variety of intervention and non-intervention based pain relief strategies were used in the pain management service. These included trigger point injections, laser therapy, acupuncture, and yoga. Patients could also be referred for physiotherapy and cognitive behavioural therapy. These services were provided at a local independent hospital where the consultant also worked.
- We observed a consultation where the patient's experience of pain throughout the previous week was discussed. A pain scoring tool was used to establish the severity of pain and provide a means of measuring the effectiveness of pain relief strategies used.
- For our detailed findings on evidence-based care and treatment, please see the Effective section in the surgery report.

Patient outcomes

- Data was not routinely collected on patient outcomes within the pain management service. The anaesthetist routinely monitored individual patient outcomes at each appointment, to assess the effectiveness of pain relief therapies. They offered up to three sessions of electro-acupuncture and laser therapy. If these treatments did not improve the patient's pain levels they would then review their management plan and would consider pain relieving injections. The anaesthetist had observed that the use of laser and acupuncture therapies had reduced the need for medicine based interventions, and told us they rarely had to perform injections. This showed these techniques were generally effective in reducing patients pain levels.
- For our detailed findings on patient outcome, please see the Effective section in the surgery report.

Competent staff

- Staff had the appropriate skills, knowledge and experience to deliver effective care, support and treatment.
- The consultant anaesthetist who held practising privileges at the clinic was on the General Medical Council (GMC) Specialist Register. The anaesthetist was listed on the Specialist Register for anaesthetics in October 2001. They had extensive experience in pain management. They worked as a consultant in pain management and anaesthesia at a local NHS trust and local independent hospital.
- The anaesthetist had evidence of current GMC revalidation and appraisal.
- For our detailed findings on competent staff, please see the Effective section in the surgery report.

Multidisciplinary working

- Staff from different disciplines worked together to benefit patients.
- The consultant anaesthetist was responsible for the care and treatment of patients who attended the pain management service.
- Since our last inspection, the service had employed a yoga therapist who worked in partnership with the consultant anaesthetist for the benefit of patients. They provided patients with yoga, breathing and meditation techniques, to help them manage their pain.
- For our detailed findings on multidisciplinary working, please see the Effective section in the surgery report.

Seven-day services

- The pain management service was available on Wednesday and Friday afternoons.
- For our detailed findings on seven-day services, please see the Effective section in the surgery report.

Health promotion

- Patients were encouraged to live healthier lives and manage their own health, care and wellbeing.
- The service promoted a holistic approach to pain management. Patients were supported to manage their pain and maximise their wellbeing, with the use of yoga, breathing and meditation techniques.
- For our detailed findings on health promotion, please see the Effective section in the surgery report.

Consent and Mental Capacity Act

- Staff understood their responsibilities regarding consent. The consultant anaesthetist informed patients about the risks and benefits of proposed treatments, such as trigger point injections, as part of the consent process.
- For our detailed findings on consent and Mental Capacity Act, please see the Effective section in the surgery report.

Good

Outpatients

Are outpatients services caring?

Good

We rated caring as **good**.

Compassionate care

- We observed one patient having laser and acupuncture treatment. The consultant interacted with the patient in a kind, compassionate and friendly manner, and provided reassurance throughout the procedure.
- For our detailed findings on compassionate care, please see the Caring section in the surgery report.

Emotional support

- Please see information under this sub-heading in the Caring section of the surgery report.

Understanding and involvement of patients and those close to them

- Any fees associated with a patient's treatment were discussed with them prior to any intervention.
- For our detailed findings on understanding and involvement of patients and those close to them, please see the Caring section in the surgery report.

Are outpatients services responsive?

Good

We rated responsive as **good**.

Service delivery to meet the needs of local people

- Services were provided to meet the needs of local people. Patients had a choice of proven intervention and non-intervention pain relief therapies. Since our last inspection, the clinic had introduced yoga therapy to complement the services provided.
- All consultations and treatments in the pain management service were carried out by the consultant anaesthetist. This ensured patients received continuity of care.
- The environment was appropriate for the services delivered. There was adequate seating, toilets and a drinks machine for patients attending outpatient appointments.
- For our detailed findings on service delivery to meet the needs of local people, please see the Responsive section in the surgery report.

Meeting people's individual needs

- Patients' privacy and dignity was maintained at all times. Privacy curtains were used during all examinations and a chaperone would be provided on request.
- The pain management service was accessible to wheelchair users.
- Patients and their companions were offered hot and cold drinks when attending for outpatient appointments.
- For our detailed findings on meeting people's individual needs, please see the Responsive section in the surgery report.

Access and flow

- People could access the pain management service promptly.
- Appointments for the anaesthetist's pain management service were available on Wednesday and Friday afternoons. We were told all new patients were seen within a week of requesting an appointment.
- Appointments generally ran on time and patients were informed of any delays.
- For our detailed findings on access and flow, please see the Responsive section in the surgery report.

Learning from complaints and concerns

- From August 2017 to July 2018, there were no complaints made about the pain management service.
- For our detailed findings on learning from complaints and concerns, please see the Responsive section in the surgery report.

Are outpatients services well-led?

Requires improvement

We rated well-led as **requires improvement**.

Leadership

Good

Outpatients

- The pain management service was led by a consultant anaesthetist. They had the skills, knowledge, experience and integrity needed for this service. The anaesthetist provided similar services in both NHS and other private healthcare providers.
- For our detailed findings on leadership, please see the Well-led section of the surgery report.

Vision and strategy

- Please see information on this sub-heading in the Well-led section of the surgery report

Culture

- Please see information on this sub-heading in the Well-led section of the surgery report.

Governance

- Please see information on this sub-heading in the Well-led section of the surgery report.

Managing risks, issues and performance

- Please see information on this sub-heading in the Well-led section of the surgery report.

Managing information

- Please see information on this sub-heading in the Well-led section of the surgery report.

Engagement

- Please see information on this sub-heading in the Well-led section of the surgery report.

Learning, continuous improvement and innovation

- Please see information on this sub-heading in the Well-led section of the surgery report.

Outstanding practice and areas for improvement

Outstanding practice

Staff worked especially hard to make the patient experience as pleasant as possible. The consultant surgeon went above and beyond expectations to ensure patients were fully consulted and had realistic expectations before they agreed to perform any cosmetic surgery. They prepared a detailed electronic presentation for each patient's planned surgery, which they went through during the consultation. Patients were encouraged to ask questions and could contact the consultant surgeon or clinic staff at any time. Detailed patient feedback was sought and any concerns or negative feedback received was reviewed immediately and improvements were made. Patient feedback was overwhelmingly positive about the registered manager and clinic staff, and the care they provided.

Areas for improvement

Action the provider MUST take to improve

- The provider must have adequate governance arrangements in place to assure themselves that nursing staff have current registration with the appropriate professional body and have completed mandatory training. Regulation 17(1)(2)(d)(f).

Action the provider SHOULD take to improve

- The provider should ensure progress against achieving the business plan is regularly monitored, reviewed and updated.
- The provider should ensure all guidance is up-to-date and relevant to the clinic.
- The provider should ensure appropriate warning signage is displayed where laser therapy is performed.
- The provider should ensure the risk register and risk assessments include review dates.
- The provider should ensure thorough audits are completed.
- The provider should consider including governance matters such as incidents, complaints and audits as standing agenda items at governance meetings.
- The provider should consider submitting data to the Private Healthcare Information Network (PHIN).

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have adequate governance arrangements in place to assure themselves that nursing staff had current professional registration and had completed mandatory training.