

MYA Clinics Limited (Manchester)

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Overall summary

This service is rated as Good overall. (This service has not been inspected before)

The key questions are rated as:

Are services safe? – Good Are services effective? – Good Are services caring? – Good Are services responsive? – Good Are services well-led? – Good

We carried out an announced comprehensive inspection at MYA Cosmetic Surgery Manchester on 11 December 2019 as part of our inspection programme. This was the service's first inspection since they re-registered on 15 December 2017.

MYA Clinics Limited are a nationwide organisation offering cosmetic surgery. MYA Cosmetic Surgery Manchester is one of their locations where pre and post-operative consultations take place. There is no surgical intervention carried out at this location.

The service manager at this location is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was only one comment card to refer to on the day of the inspection and we did not speak with any patients. However, there was a lot of patient feedback obtained directly by the service which was positive, and we saw that six reviews had been left on NHS choices with both positive and not so positive comments about the service.

Our key findings were :

- People who used the service received care and treatment that was appropriate, met their needs and reflected their personal preferences.
- There was an effective system in place for reporting and learning from incidents.
- There were systems and processes in place to ensure prevention of abuse.
- Care and treatment was provided in a safe way.
- Risks were assessed and well-managed, particularly those relating to recruitment processes, and the premises were fit for purpose.
- Staff assessed people's needs and delivered care in line with evidence-based guidance.
- Staff completed appropriate training to maintain their skills.
- Any complaints received were investigated and acted upon appropriately.
- There were systems and processes in place to ensure the service operated effectively according to the required regulations.

There was a clear leadership structure and staff felt they were supported by management

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector and a nurse anesthetist specialist adviser.

Background to MYA Clinics Limited (Manchester)

MYA Clinics Limited is a specialist private healthcare provider and is part of a national group of cosmetic surgery clinics with ten locations. They were established in 2007 with the aim to provide aesthetic/cosmetic surgery consultations and treatment. The objective of the company is to provide all patients (who have been assessed as appropriate) with an outcome consistent with current best practice guidelines and individual expectations.

The service offers consultations with surgeons for cosmetic and plastic surgical procedures such as laser lipolysis, vaser lipolysis, non-surgical procedures, and surgical procedures such as breast augmentation, nose reshaping, otoplasty, labiaplasty, face lifts, abdominoplasty, penoplasty and other surgical procedures. MYA Clinics Limited (Manchester) is one of the locations where pre and post-operative consultations take place. No surgical interventions are carried out at this location and patients are referred to one of two hospitals for surgical procedures.

The Managing Director is the nominated individual on behalf of the company and there is a registered manager and a patient services co-ordinator based at each location.

MYA Clinics Limited (Manchester) operates from 262 Deansgate, Greater Manchester, Manchester M3 4BG.

The MYA Fitzroy opened in May 2014 and is the first fully owned MYA hospital and primary cosmetic surgery hospital in London. Surgical interventions are undertaken at this hospital where ever possible. Patients can also be referred to The First Trust Hospital in Preston. Information identifying the operating facilities used by MYA are in the Procedural Information guides given to patients.

MYA use a number of experienced and skilled surgeons who are accredited by the General Medical Council (GMC). Each surgeon is appraised and revalidated by the company through a robust quality assurance programme. Information about each surgeon is displayed on the practice website at www.mya.co.uk.

The service opening hours are Monday to Thursday 9am to 9pm, Friday 9am to 7pm, Saturday 9am to 5pm and Sunday 11am to 7pm. Access can be obtained through telephone, on-line telephone call back request and direct on-line booking.

Are services safe?

We rated safe as Good because:

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

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance.
- Staff received safety information from the service as part of their induction and refresher training.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required on all staff as per their own protocols. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- We reviewed the arrangements for planning and monitoring the number and mix of staff needed. We found that staffing levels were sufficient to meet patient demand and there were processes in place to provide cover if staffing fell below expected levels.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

- There was an effective induction system for agency and locum staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place and we saw robust checks on locum and agency staff to ensure their indemnity and training was up to date.
- Risks to patients were assessed, monitored and managed on a day-to-day basis and we saw plans in place to respond to any untoward incidents.

Information to deliver safe care and treatment

Staff had all information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had effective systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Where necessary patients were referred back to their own GP to ensure continuity of care.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- Only emergency medicines were kept on the premises. The systems and arrangements for managing emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Any prescribing was undertaken in line with best practice guidelines for safe prescribing.
- The service does not prescribe controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- Where relevant there were protocols for verifying the identity of patients.
- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes, and took action to improve safety in the service. There had been no serious adverse events recorded in the previous twelve month but the service had reviewed six near misses and had made changes to protocols because of them. For example, a team ethos was developed so that sharing and learning involved all staff and staff.
- The provider was aware of a complied with the requirements of the Duty of Candour. We saw a culture of openness and honesty and there were systems in place to encourage reporting. For example, staff had been empowered to communicate with each other to ensure that any poor practice was reported and safety of staff and/or patients was never compromised.
- We found that patients received verbal and written responses when they were unhappy with any aspects of the service. We reviewed complaints and saw several areas where learning had been achieved and improvements had been made. In one example we saw a change to surgery cancellation lists so that reasons for cancellations could be analysed and patients would be informed in a timely manner if their appointments required re-scheduling.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and locum staff.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- We saw several examples where incidents had been recorded and reviewed.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services effective?

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

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed patient needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat attendances and follow ups. The patient's own GPs were always informed of pre and post-surgery outcomes.
- Staff assessed and managed patients' pain where appropriate.
- Online consultations were available to support patients and reduce the number of visits to the clinic.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example analysis and feedback was requested after every surgical consultation via the customer experience management software.
- Patients were also asked to participate in a six-week post-operative patient satisfaction survey.
- Patients who were operated on at MYA St Luke's Hospital were asked to complete a ward survey prior to discharge. Patients were actively encouraged to comment on any aspect of their care so that any issues could be addressed immediately.

- The service made improvements through the use of completed audits. For example, a recent audit highlighted the need for a new process to improve the audit trail for prescribing medicines and that had been implemented.
- There was a process in place to ensure that locum and short-term placement doctors working within MYA were supported in their continuing professional development, appraisal, revalidation and governance. A framework of quality assurance was in place for responsible officers and revalidation to ensure that the organisation remained compliant with The Medical Professional Regulations.
- All policies were managed within MYA by the Policy Development team and were reviewed and updated on a three-yearly basis.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action taken to resolve concerns and improve quality.
- A number of audits were completed on a monthly basis such as the review of data protection, medical records, medicines, infection control, and chaperoning.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had a robust induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate such as the patient's GP.

Are services effective?

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. There was a protocol in place to deal compassionately with patients who had any mental health illnesses and treatment was delayed until those patients had been signed off by their GP as fit for surgery. In addition, all patients were offered a choice of chaperone and the protection of vulnerable adults was displayed in all waiting areas and clinical rooms.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

- There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. We saw good examples of this through discussions with staff.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support such as patients with mental health issues.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs or back to their GP for further support.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance .

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- At the initial visit to a clinic, patients were supplied with detailed verbal and written information relating to the services provided. If appropriate, a consultation was arranged with an appropriate cosmetic surgeon who took a detailed medical history and discussed the treatment options available.
- The service sought feedback on the quality of clinical care patients received on a regular basis and after every surgical consultation and intervention.
- Feedback from patients was positive about the way staff treated people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Patients were provided with information about treatment benefits, risks and complications prior to booking, allowing them to make an informed decision and provide informed consent.
- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- We saw through patient survey results and on-line feedback that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- There were a number of private areas where patients could discuss their needs.
- Conversations could not be heard through closed doors.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example on-line consultations were available and surgical clinic lists had been reviewed to ensure that cancellations were limited.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. There was a patient list to accommodate those who could not use stairs.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way such as admission for hospital operations and referral back to locations for post-surgery consultations.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, the outcome of surgical consultations was reviewed after each clinic and circulated to clinic staff to follow up any outstanding actions. Complaints with lessons learned to improve practice were discussed at monthly clinic meetings and provider meetings with the pathology provider were introduced to improve the quality of service provision.

Are services well-led?

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

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners where relevant.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

The service and its staff had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff and patients.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There was clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on/did not have appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported, monitored and managed, and staff were held to account if necessary.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. There were several open on-line forums where patients could discuss their care and treatment at the service and provide feedback and assurance to others seeking such a service.
- Staff could describe to us the systems in place where patients could give feedback such as patient surveys, informal suggestions, on-line forums and formal feedback requests after consultations.
- Staff we spoke with told us of their own opportunities to provide feedback through formal and informal meetings. We also saw staff engagement in responding to any suggestions.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work and we saw that the service was continually seeking to improve and enhance access for patients through innovative on-line services.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
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This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
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