

Refine Surgical Ltd

Refine Surgical

Inspection report

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Date of inspection visit: 4 December 2023
Date of publication: 19/01/2024

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings


Overall summary

This was the first time we inspected and rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risk to patients, acted on them and kept good care records. The service had policies in place to manage incidents well and learnt from them.
- Staff provided care and treatment based on national guidance and evidence-based practice. Managers monitored the effectiveness of the service and recorded good outcomes for patients. Managers ensured staff were competent in their roles. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to take account of patient's individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait for treatment.
- Leaders ran services well using reliable information systems. Staff understood the service's vision and values and demonstrated this in their work. Staff felt respected, supported and valued. They were focused on the needs of the patient receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and all staff were committed to continual improvement.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We rated this service as good overall because we rated safe, effective, caring, responsive and well led as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Refine Surgical

Refine Surgical is operated by Refine Surgical Ltd. The service specialises in aesthetic treatment to help combat the ageing process. Treatments by the service include:

- Eyelid restoration.
- Skin lesion removal
- Hair transplant (Follicular unit extraction (FUE) method)

All surgeries are day cases and there are no overnight facilities.

The clinic consists of 1 procedure room with access to a second treatment room, if busy. 2 consultant surgeons are employed alongside supporting clinical and managerial staff. This includes a theatre nurse, a senior nurse, a healthcare assistant, an aesthetics nurse, administration manager and service manager.

The service registered with the CQC in December 2021, to carry out the regulated activities of:

- Diagnostic and screening procedures
- Surgical Procedures

The service had a registered manager who had been in post since the registration of the service.

We spoke with 1 surgeon, the relationship manager, 1 nurse, 1 healthcare assistant, 1 administrative assistant and 3 patients.

We carried out the unannounced inspection on 4 December 2023.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. The inspection was carried out by a CQC inspector and specialist advisor. The inspection was overseen by an off-site operations manager.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Outstanding practice

We found the following outstanding practice:

- Body dysmorphia assessments were completed for all cosmetic surgery patients. Should any patient have a high score, and wish to, they were referred to a local body dysmorphia counsellor who supported them in their care.

Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Is the service safe?

Good 

This was the first time we inspected and rated Safe. We rated it as good.

Mandatory training

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

All clinical staff received and kept up to date with their mandatory training. Systems were in place to ensure that mandatory training was kept up to date. Managers monitored mandatory training and alerted staff when they needed to update their training. A red, amber, green light system was used to identify completed, due and expired training. Staff were above the 95% completion target for all their mandatory training set by the service.

The mandatory training was comprehensive and met the needs of patients and staff. Training modules included infection prevention control, moving and handling, equality and diversity, and conflict resolution.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received online training specific for their role on how to recognise and report abuse. Training records showed 100% compliance for safeguarding of vulnerable adults level three and for safeguarding children level two, for relevant clinical staff. The service had a safeguard lead, who was the registered manager, with safeguarding level 4 training.

Staff knew how to raise safeguarding concerns. Staff were supported by an up to date safeguarding policy and could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of or suffering, significant harm. When questioned, clinical and non-clinical staff were able to give examples of abuse and knew how to report a safeguarding concern.

Surgery

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We looked at the safeguarding policy and procedure and saw a safeguarding flowchart. Staff could easily follow the flowchart to find relevant contact information to make a referral to the local authorities within the area.

All staff had a Disclosure and Barring Service (DBS) check on initial employment.

Cleanliness, infection control and hygiene

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

Treatment and non-treatment areas were visibly clean and had suitable furnishings which were dust free and well-maintained. Patients we spoke with described the service as clean.

The service managed equipment well to prevent infections. The service used a mixture of single use disposable equipment and items that were re-sterilised between uses. Tracking and sterilisation processes for this type of surgical equipment was well managed and outlined in the service's infection control policy.

The service used the right equipment to sterilise reusable surgical instruments. An autoclave uses steam to sterilise healthcare instruments. The autoclave was up to date with its annual validation from the manufacturer and was signed off by an externally validated authorised decontamination engineer. We saw up to date records that showed that staff that operated the autoclave were trained to use this piece of equipment. The service was fully compliant with Health Technical Memorandum (HTM) 01/01: Decontamination and management of surgical instruments.

Staff worked effectively to prevent, identify and treat surgical site infections. The clinic had hand washing facilities with posters displaying good hand washing techniques in compliance with the World Health Organisation recommendations. The handwashing sinks complied with Health Building Notes (HBN) 00/09. Hand sanitising gels were available throughout the clinic. We observed good hand washing and hygiene by staff. We looked at the last infection prevention control audit which showed 100% compliance with all measures observed. This included hand washing or sterilising hands before and after patient contact and before and after arranging stock items.

Staff used records to identify how well the service prevented infections. There were no cases of acquired infections including MRSA, MSSA, Clostridium difficile (C. difficile) or E-Coli reported.

Staff followed infection control principles including the use of personal protective equipment (PPE). There were adequate supplies of PPE including gloves which were latex free. Staff wore effective PPE whilst in the operating room such as gowns, gloves, hair nets and a face shield. Staff were bare below the elbow. We looked at the latest clinical PPE audits, which showed 100% compliance.

The service complied with HTM 04/01 Safe Water in Healthcare parts A, B and C. Staffed flushed taps weekly and had good awareness of legionella prevention. Legionella testing was also completed and up to date.

Floors in the service showed compliance with Health Building Note (HBN) 00-10 Part A. They were in a good state of repair with no gaps which allowed for effective cleaning.

Sharps bins were dated and signed. They were not overfilled and were temporarily closed when not in use.

Surgery

Staff cleaned equipment after patient contact and decontaminated the rooms. Cleaning logs were completed and signed off. All logs we looked at were completed well. An external company was used for general cleaning twice weekly or as required to meet the needs of the service.

Environment and equipment

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

The design of the environment followed national guidance. We observed clear signs to notify patients and staff of fire exits within the clinic. The clinic had step free access into the building. The clinic was on the first floor and had access by stairs and elevator. Toilets were designed to be wheelchair friendly, they were large and there was a pull cord for emergencies.

The service had suitable facilities to meet the needs of patients' families. There were 2 treatment rooms of which 1 was arranged as a surgical theatre with a pre-op room, 1 consulting room, and dedicated staff and reception areas. The surgical theatre met the air recycling and filtering requirements established for the procedures undertaken.

The service had enough suitable equipment to help them to safely care for patients. Both treatment rooms were fully equipped and stocked.

Rooms were kept below 20 degrees Celsius. This helped minimise infection risks as well as ensuring the viability of the hair grafts. We observed all room temperatures were set accordingly. There were clear digital displays showing the room temperature which was easily controlled and adjusted with a hand monitor.

Staff carried out safety checks of specialist equipment and had an up to date management of medical emergency policy, which outlined the processes for the safe management of emergency equipment. Staff had access to a fully equipped adult resuscitation grab bag, and to an external defibrillator. The resuscitation bag was well located and easily accessible within the main treatment room. Staff recorded checks for the emergency grab bag. We saw that all entries had been completed well and signed by staff. The service used numbered seals and easy break tags on their equipment bag.

Portable appliance testing and electrical testing for electrical equipment was in date. We observed 7 pieces of equipment that had stickers indicating that they were tested and within date. We looked at the service's latest electrical testing certificate which listed all electrical items at the service and had passed the electrical check.

Staff disposed of clinical waste safely. We observed appropriate waste management facilities which were safe and secure. We observed orange bagged hazardous waste bins which were compliant with HTM 07-01 Safe Management of Healthcare Waste.

We looked at a range of medical consumables which were found to all be in date and organised on surgical trolleys.

Assessing and responding to patient risk

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

Doctors assessed the patients' full medical history and medications before their procedure. Patients were advised to stop certain medications such as blood thinners before their procedure. This was to ensure that the patient's risks of exacerbate bleeding were reduced during surgery. The patient's medical history was repeated and re-signed on the day of surgery to go over medical issues or concerns.

Surgery

Patients completed an in-depth medical questionnaire which included information such as skin disorders, heart conditions and allergies. Surgeons reviewed and went over answers with patients at the preassessment consultations. We saw that there was a set inclusion and exclusion criteria for surgery.

We saw evidence that patients' allergies were documented, checked and reconfirmed at various intervals, including the preassessment stage, immediately prior to the procedure and before medicines were given to the patient to take home. Allergy statuses were highlighted on the patients' electronic medical records and appeared as an alert.

On the day of surgery staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly. The World Health Organisation (WHO) surgical safety checklist was used. We saw this checklist completed accurately in all surgical procedures we observed. The service also carried out an audit to review the correct use of the checklist and showed full compliance.

Staff were able to follow a deteriorating patient pathway in the event of an emergency. All medical staff had at least basic life support training, with some nurses having intermediate life support training and the surgeons having advanced life support training. All staff knew to call 999 in the event of an emergency.

Staff had training in sepsis awareness which was up to date and complete. None of the patients who used the service had met the criteria to raise sepsis concerns.

Staff risk assessed the risk of Venous Thromboembolism (VTE). Patients were able to mobilise during some of the treatments reducing the risk of VTE. We looked at the VTE risk assessments for patients who underwent surgeries on the day which were in date and referred to NICE guidelines.

Surgeons told us they would often avoid taking annual leave immediately after their surgeries so they could be of assistance to their patients, if required, post operatively. The service had processes to ensure that there was always a surgeon available for patients' post-surgery.

The service had measures in place for Control of Substances Hazardous to Health (COSHH). We saw a large, locked cupboard for cleaning items such as bleach. We were assured that all COSHH items were locked away after use and stored correctly.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough nursing and support staff to keep patients safe. In addition to the substantive members of staff, the service had access to speciality hair transplant technicians who were assigned from the hair transplant company which provided the equipment to support the service's needs while the service's own staff were undergoing training.

All relevant staff were undergoing training to harvest the hair grafts and transplant hair grafts. Only the surgeons were able to make the cuts into the skin to determine where the hair was transplanted and direction of the hair growth. Harvesting hair grafts involves punching the skin rather than cutting the skin and therefore staff were not performing surgical aspects of the treatment.

Surgery

The manager and surgeon accurately calculated and reviewed the number and grade of nurses, and healthcare assistants needed for each day in accordance with the procedures being done that day and in accordance with national guidance. They had the ability to adjust staffing levels according to the needs of patients.

The number of nurses and healthcare assistants matched the planned numbers.

The service did not use agency staff.

Managers made sure all staff had a full induction and understood the service.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough medical staff to keep patients safe. Medical staff matched the planned number of patients per day.

All surgeons were registered with the General Medical Council, had up to date appraisals and were up to date with their revalidation.

The service had a good skill mix of medical staff. All surgeons were experienced in their medical field and within different specialities.

The service always had a consultant available when procedures were taking place.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. Patient notes were recorded electronically. Records were stored securely and were password protected.

Notes taken during the surgery, including the WHO checklist, were also taken electronically. All pre- and post-operative photos of the patients were attached to the patient's electronic file.

We looked at 5 patient records and saw that each record followed a clear format and contained the relevant medical notes for surgery. This included a past medical history, known allergies and the consultation notes. The patients chose to inform their GP about their surgery, and this was documented in the patient's notes.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely.

Surgery

Consultants reviewed each patient's medicines and provided advice to patients about their medicines. Patients were given a discharge summary which highlighted any medications to take post operatively. Patients we spoke with were happy with the information provided about their medication and said that instruction were clear and easy to understand.

Staff stored and managed all medicines and prescribing documents safely. Staff completed medicines records accurately and kept them up to date. Anaesthetic drugs used for surgery were stored in a locked fridge which was temperature monitored. Variations to temperature were recorded and acted on in accordance with legislation.

Medicines were supplied by a local pharmacy and were stored in a medicine stock room when treatment room medicine cupboards were full.

The service did not store any controlled drugs on site.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. If things went wrong, staff would apologise and give patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. The policy was up to date and outlined good practice principles.

The service had no never events or serious incidents.

Staff reported incidents clearly and in line with the service policy. The service reported 3 incidents between October 2022 and December 2023.

Managers investigated incidents thoroughly. We reviewed the service's incident log and were assured that all recorded incidents were rated correctly, investigated and lessons learnt identified and actioned.

Staff received feedback from the investigation of incidents. Staff met to discuss the feedback and look at improvements to patient care. We saw records of these being discussed in team meetings. There was also evidence that changes had been made because of incident investigations.

Staff understood the duty of candour. They explained how they would be open and transparent and give patients and families a full explanation if and when things went wrong.

Is the service effective?

This was the first time we inspected and rated Effective. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Surgery

Staff followed up to date policies to plan and deliver high quality care according to best practice and national guidance. The clinical policies and procedures we reviewed were all in date and referenced relevant guidelines such as National Institute of Health and Care Excellence (NICE) and the International Society of Hair Restoration Surgery (ISHRS) professional standards for hair transplant surgeons.

The service received regular updates from NICE, Medical Healthcare products Regulatory Agency and Government guidance by email.

All cosmetic surgical treatments followed a cooling off period in line with best practice. A cooling off period is a fixed length of time, normally 2 weeks for cosmetic surgery, after the consent process to allow patients to reflect on their decision. This followed guidance as set out in the Professional Standards for Cosmetic Surgery set by the Royal College of Surgeons.

All policies were accessed electronically and a hardcopy of the policies were kept in a file. Policies were reviewed at set regular periods. These were done in house by the registered manager and senior clinical staff. Policies were updated to reflect best practice and clinical guidance.

The service participated in clinical audits to monitor staff compliance with policy and latest guidance. An audit schedule was in place at the service for weekly, monthly and year audits. Audits included but were not limited to patient records, histology findings, servicing and maintenance records and medication fridge temperature.

Nutrition and hydration

Staff gave patients enough food and drink during their surgical appointment.

Patients were given information pre-operatively about appropriate fasting times before surgery, should this be required.

Nutritional risk assessments were carried out at the pre-assessment appointment.

All patients were day case patients and therefore the service did not offer meals. They did however offer hydration as required. If a patient needed a snack or a meal the service supported them in ordering food that met the patients' requirements.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. A pain score was used to measure the patients pain using verbal communication as the patient was awake. Staff would ask the patients to rate their pain on a scale between 1 and 10.

Surgery was carried out under local anaesthetic; additional pain relief was also offered to patients if required. Patients received pain relief soon after requesting it and this was documented in the patients notes. Patients we spoke with described feeling little pain or discomfort during their procedures.

The surgeons prescribed, administered, and recorded pain relief accurately on the patient's surgical notes.

Surgery

Patient outcomes

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

Patients had an initial consultation with the surgeon, who would assess their suitability for treatment.

The surgeon informed us that photographs of the treatment site were taken on the day of the surgery to capture the before treatment look. We observed the consent forms which showed clear consent for these photographs to be taken. The surgeon saw the patient post operatively and captured the progress of the surgery via photographs.

Surgeons told us that it was especially important for patients to be realistic about their expectations about their procedure. This helped to manage patient outcomes. Aftercare instructions were carefully explained to the patients.

There were no national standards for the types of surgery undergone at the service and no set objectives could be measured. The service did, however, monitor patient satisfaction through reviews and feedback. All patients we spoke with were very happy with their outcomes so far.

The service audited their histology findings and reviewed their audit outcomes every 6 months. The audit covered correct patient identification, biopsy date, whether a follow up was completed in a timely manner, if there was signs of cancer and actions taken in the case of positive findings. This ensured the service was responsive to the needs of the patients and acted in a timely way to support effective care.

The service had in place a hair transplants outcomes audit. However, all procedures carried out at the service had not yet met the full required review period to complete the audit.

The surgeons that operated at the service were registered with the private healthcare information network.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. There were 2 surgeons employed by the provider. Both surgeons were fully registered with the General Medical Council, had a license to practice and had up to date criminal record checks.

The service gave all new staff a full induction tailored to their role before they started work. Staff had access to an online training portal which consisted of core skills training applicable to their role. Courses included but were not limited to infection prevention control, the patient's journey, medications, sepsis management and equality and diversity. All modules needed to be marked as completed before moving onto the next module. In addition, staff received training which included theoretical induction courses to hair transplant surgery and short educational videos.

The clinical manager supported staff to develop through regular, constructive appraisals of their work. Staff to which this was applicable had completed their most recent appraisal, and these were all up to date.

Surgery

Surgical staff supported assistants to develop through regular, constructive clinical supervision of their work. Surgeons made sure staff received specialist training for their role. Staff were audited by the lead surgeon until they demonstrated full competency for their role. If training needs were identified staff were supervised until proven competent. Competency training focused on particular aspects of the surgical procedures to re-focus and reemphasise particular skills such as infection prevention control and aseptic practices.

All work carried out by staff at all levels were supervised by the surgeons.

All surgeons were up to date with their appraisals. All appraisals were saved on the providers human resources folder. All surgeons had their GMC revalidation up to date.

Managers ensured that all relevant changes and updates made at team meetings were disseminated to staff. The clinical manager was able to share such information at daily huddles and the service used a mobile phone application to pass information on to staff.

Multidisciplinary working

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

Surgeons, nurses and staff worked well together to provide good patient care.

Body dysmorphia assessments were completed for all cosmetic surgery patients. Should any patient be identified as an outlier and wish to do so they were referred to a local body dysmorphia counsellor who supported them in their care.

Seven-day services

Key services were available seven days a week to support timely patient care.

The service was open on mostly Mondays and Fridays. They could accommodate other days if patients were unable to make any of these days but this was reliant on surgeon availability.

Patients were required to schedule an appointment to be seen and were able to pick a day when the surgeon was available.

Patients were able to contact their surgeon post operatively. There were also arrangements for any emergency calls, where a patient could contact a surgeon 24 hours a day seven days a week should they have any pressing concerns. Patients we spoke with felt assured they could communicate with the service should they wish to do so, after their procedure.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support for patients.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. The service completed body dysmorphia assessments for all patients who were undergoing cosmetic procedures and used this score to refer to mental health support if they were identified as outliers.

Surgery

The service informed us that where patient needs could not be met by the service, they were offered medical advice and solutions. For example, if a patient had a dry scalp the patient was advised on what shampoos could be purchased from high street shops to resolve their scalp condition before they could have surgery.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance and ensured that patients gave consent in a two-stage process with a cooling off period of at least 14 days between stages. They understood how to support patients.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and knew who to contact for advice.

The surgeon gained consent from patients for their care and treatment in line with legislation and guidance. Surgeons made sure patients consented to treatment based on all the information available. All treatment options were explained, including the option not to proceed with treatment.

The surgeon clearly recorded consent on the patients' records and documented that the consent form had been offered to the patient. Risks and benefits to surgery were clearly discussed and documented on the consent form.

Dual consent was taken once on the day of consultation and again after the cooling off period on the day of surgery. Patients were asked on the consent form if they were happy for their GP to know about their surgery. On the day of the surgery patients were asked to re-sign the consent form which was then counter signed by the surgeon.

There was a mental capacity policy in date which was made available for all staff to refer to. The provider only accepted low risk, medically fit patients for surgery.

Patients lacking capacity to consent were not treated at this provider. The surgeon discussed that cosmetic surgery would not be in the best interest of a patient who did not have the capacity to understand the surgery and the aftercare.

Patients with dementia would be considered for treatment on an individual basis, and this would be down to the surgeon's discretion and capacity assessment. The service only treated patients from the age of 18.

Is the service caring?

This was the first time we inspected and rated Caring. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Surgery

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Each consultation was scheduled to not coincide with another patients' consultation. This gave enough time for meaningful interactions without people feeling rushed. We saw the surgeon spending a great deal of time explaining procedures and processes to the patient and answering all questions from the patient.

Patients we spoke with said that all staff treated them well and with kindness. We heard from patients how they felt they were part of the treatment process and felt that the right attention was given to their needs

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Staff followed policy to keep patient care and treatment confidential. Photos taken of the patients were only used for medical reasons and not for advertisement unless agreed in advance.

We saw staff reassuring patients throughout their treatment. We observed staff ensuring the comfort of the patient during the surgical procedure.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. We heard examples where staff had supported lonely patients and ensured they felt accompanied during each stage of the surgical pathway. This even included collecting patients at the local train station and making sure they left safely.

Staff demonstrated empathy when having conversations with patients. We saw this during the procedures we observed where staff ensured the patient was calm and kept up to date with each stage of their surgery.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. All patients we spoke with strongly agreed that the information provided preoperatively was informative and clear.

We saw good communication skills between staff and the patients during treatment. The language used by clinical staff was simple and effective in explaining procedures and next steps.

Patients and their families could give feedback on the service and their treatment. Staff supported them to do this. The service asked people to provide feedback via search engine reviews or using a third party reviewer. All reviews we saw had been given the maximum score possible.

Surgery

The service had also recently introduced feedback questionnaires. These were clear and concise and supported good communication between patients wanting to give feedback or even raise a complaint. The service had not yet had a sufficient sample of feedback to analyse prior to our inspection.

Patients could also make comments or queries directly with staff either during their clinical pathway or through the reception desk. We saw interactions that were positive and that accessible language. Staff made sure that all information was understood, and that the patient was fully aware of the treatment they were undergoing and relevant risks.

Patients we spoke with on the day said that they would highly recommend the service to their friends and family. They stated, “The service has been amazing and clear about what to expect with my procedure” and “There were no surprises during my recovery as everything was explained so well.”

Is the service responsive?

Good 

This was the first time we inspected and rated responsive. We rated it as good.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Managers planned and organised services, so they met the needs of their clients. The service offered cosmetic surgery procedures which included hair transplant surgery, eyelid restoration and skin lesion removals.

Facilities and premises were purpose built for the services being delivered. Equipment and facilities were streamlined to provide patients with a seamless pathway of care for their day case surgeries.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service employed a diverse team and many of the staff could speak a second language. The service also had access to an interpretation service.

The service used an online translation tool to communicate with patients whose first language they were not familiar with. This ensured that any relevant information was translated to the service users' language and completed jointly with the staff.

The service had a chaperone policy to support vulnerable and patients who needed additional or emotional support.

The building design was all on one level and was suitable for patients who used a wheelchair.

Patients who were unable to follow post-operative care and advice were not suitable candidates for surgery.

The service did not have a hearing loop for patients who were hard of hearing on the day of inspection. However, the registered manager informed us one had been installed after the inspection.

Surgery

Access and flow

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

New patient enquires were responded to within a couple of days of making a request. Consultations were booked in as soon as possible, at the most convenient time for the patient. Earliest dates for surgery were discussed at consultation.

Each patient was seen in person preoperatively by one of the 2 surgeons. Video or phone call options were available for the patient too, if preferred, to suit the needs of patients who lived further away or had busy work schedules.

There were no waiting times on the day of surgery. Patients were able to book in their surgery at any available date in the surgeons' diary, which suited their personal needs and work commitments.

Managers worked to keep the number of missed appointments to a minimum. The service created an appointment system that generated an email and text message reminder to patients at one and three days before their appointment. The service also ensured appointments were not missed by contacting the patient the day before and making sure transport arrangements were in place.

Appropriate numbers of staff worked on surgical days to make sure patients did not stay longer than they needed to.

Surgeons did not cancel surgeries at the last minute. There were no recorded cancellations of surgery on the day of surgery because of the surgeon's absence. Cancellations on the day of the surgery were only done if there was a medical contraindication or if it was a patient request.

When patients cancelled their appointments, staff made sure they were rearranged as soon as possible and within national targets and guidance.

The service was designed to meet the needs of the patient. The service was able to perform as a one stop service where both consultation and surgery were performed for procedures such as biopsies and skin lesion removals.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients knew how to complain or raise concerns. Patients were able to access the complaints procedure and feedback service directly with staff or through the service website. Patients were also encouraged to use alternative methods for making complaints or leaving feedback such as letters, emails and phone calls.

Staff knew how to acknowledge complaints and patients' concerns. Staff understood the policy on complaints and knew how to handle them. There was a complaint policy available for staff to follow should there be a complaint.

Since registration, the service did not receive any formal complaints. Issues had been raised and recorded but not escalated through the formal complaints process.

The service clearly displayed information about how to raise a concern in patient areas.

Surgery

Is the service well-led?

Good 

This was the first time we inspected and rated Well-led. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The registered manager had the skills, knowledge and experience to run and manage the clinic safely. The service had the same registered manager in place since it first registered with the CQC in December 2021.

We heard how the manager had a clear list of priorities and action points to address the needs and sustainability of the service. These were well structured and based on sustained growth of the service.

The clinical service was surgeon led. Whilst the registered manager was responsible for clinical governance and was the nominated safeguarding lead, the surgeon led the clinical delivery of the service including supporting staff clinical development needs and managing patient care. The lead surgeon had yearly appraisals through the trust in which they worked with which covered topics such as complaints, compliments, achievements, significant events and patient feedback.

The registered manager held regular staff meetings where staff told us that they could voice their views and were listened to and valued.

Vision and Strategy

The service had a vision for what it wanted to achieve.

The manager told us that they wanted to provide service users with a safe, caring and comfortable environment to meet patients' needs and expectations. They wanted to deliver surgical care to all customers in a professional manner and that they wanted to promote excellence and ensure satisfaction in all the types of surgery and care modalities delivered by the service.

The vision and strategy of the service was shared with staff and part of their induction. It was an important part of the induction to ensure that staff knew every service users' experience had to be the best the service could provide.

There were systems in place for the manager to measure the service against this vision. We saw how the service manager used tools to promote good services and learning for the future. This included reviewing audits, upskilling staff and reviewing patient satisfaction and feedback.

The surgeon we spoke with was passionate about providing a good service for their patients who paid for the service. They showed commitment to achieve the best possible and safest outcomes for their patient.

Surgery

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

The service was tailored to the needs of the patients and provided a professional clinical and welcoming environment for the patients' surgery. The registered manager we spoke with was highly motivated and positive about their work. They told us there was a friendly, client focused and open culture and that they regularly reviewed feedback to aid future learning.

Staff spoke highly of the surgeon and of their working environment. They praised the surgeon on their accountability, professionalism, and work ethic. Staff reported working in a friendly environment.

All staff had completed equality and diversity training. Staff had good awareness of patients and each other's different needs and respect for different religious and cultural needs.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had an established governance framework and produced records to demonstrate that processes were complete. For example, we saw surgical checklists, training matrix and protocols. Relevant governance policies and clinical guidelines were available and were well embedded. Policies were reviewed by the registered manager and lead surgeon and kept up to date.

The service held senior management team meetings every 2 months, which were attended by the registered manager and lead surgeon. Minutes of these meetings were recorded and accessible to staff. We looked at the minutes of the last 3 meetings and saw there was a standard agenda of items to be discussed at each meeting. This included but not limited to; patient outcomes, staffing, incidents and feedback and actions for the next months. The service also reviewed information regarding infection prevention control, clinical issues, new surgical devices and payments in these meetings.

The service shared their facilities with other providers. We reviewed a service level agreement (SLA) with another provider and found this to be supportive of good working relations and outlining responsibilities and accountabilities of each party. The service held informal meetings to ensure there was compliance with the SLAs on a needs basis, but due to the increasing level of operations and the need for a recorded meeting they were in the process of introducing a formalised meeting. We saw the meeting agenda for January 2024 and were assured it promoted good governance arrangements.

Leaders told us the service was constantly trying to improve their governance processes and find the right balance for the service needs. As an example, leaders told us the senior management team meetings were going to be changed to clinical governance meetings and that they were going to be held every quarter. This was because they wanted to allow time for accommodating the new shared site meetings.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Surgery

There were clear effective processes for managing risks, issues and performance. The service conducted monthly and annual risk assessments and made regular updates to the risk register.

The risk register recorded a brief description, the severity and likelihood rating, mitigation measures, responsible person and a target review date. We looked at the service risk management policy which had been reviewed and was in date.

There was an up to date business continuity plan. The service had completed risk assessments including but were not limited to the environment, the building and fire risks. The building had clear signs for exits and evacuation points in case of an emergency and had suitable protective equipment in case of a fire such as fire extinguishers. A sign in the waiting area stated the designated outside space to wait in case of an evacuation.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The clinic used an electronic patient record management system, which centralised all patient data in one place. All electronic devices were password protected. All staff had up to date General Data Protection Regulation training.

The service had not sent any notifications to the CQC in the last 12 months, as they had not had any episodes which required CQC notification.

Systems were integrated and secure. Staff described information technology systems as fit for purpose.

Staff could find the data and information they needed. Policies were kept on a shared electronic format and hard copies were also located at the service.

The service was continuously looking to improve and maximise data collection to better support the delivery of patient care. We heard how the team was going to meet with the patient electronic record service provider for analytics training sessions. This was aimed at developing a more specific and effective automatic pull off of data as the number of patients increased, as well as reducing the amount of time needed for manual extraction of any data analysis.

Engagement

Leaders actively engaged with service users and staff.

The service had an easily accessible website where patients could make initial enquires with the service. The service was mainly promoted through their website, social media platforms and through word of mouth from service users that had used the service. Staff engagement took place through daily communication and routine staff meetings.

Staff routinely engaged with service users during their procedures to gain feedback about the services. The registered manager told us client feedback was regularly reviewed and acted upon if there were lessons to be learnt.

The team said they supported each other and service users as part of their commitment to provide a great experience for everyone in the clinic.

Service users said they had enough information before coming to the clinic and that appointments had been easy to book.

Surgery

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

There was a culture of continuous learning and development in the service. The service sought suggestions from staff at all levels to improve the customer experience.

Quality and performance data were collected and made available to staff to enable them to change or improve practice. This was also discussed as part of individual staff appraisals. We saw evidence of upskilling through the aseptic training and competency development programme.

Staff told us how the service manager promoted and encouraged learning and improvement. This was further supported by all staff's annual appraisals and their learning action logs. We heard how the surgeons were liaising directly with other similar services to improve the quality and outcomes of hair transplant surgeries. In addition to this staff were also developing skills to become trained hair transplant technicians.