

MYA Cosmetic Surgery Limited

MYA Cosmetic Surgery Limited (Nottingham)

Inspection report

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Date of inspection visit: 19th May 2015
Date of publication: 16/07/2015

Overall summary

The purpose of this inspection was to check that the provider had taken the necessary steps to address the compliance actions identified on our previous inspection.

We found that the required improvements had been made to the reporting system and that the culture for reporting and learning from incidents had improved. There were processes in place to notify relevant bodies such as CQC of incidents that affected patient safety or treatment.

The clinic had made changes to staffing and employed a full time nurse to provide adequate cover.

Records were secure and complete including electronic copies on the electronic patient record system. One consultant's written notes that were not easy to read. We raised this with the manager at the time of our visit.

Staff were supported and received regular supervisions and appraisals. There were induction programmes and staff competency frameworks in place. Mandatory training had been completed for all staff including those still in their first six months of employment. There was role specific training for staff which 50% of staff had completed.

Patients were positive about the service they had received. Patients told us they had a choice of consultants and locations for surgery and the clinic demonstrated flexibility in meetings the needs of patients in terms of appointments.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

There was a reporting culture at the clinic. Staff knew how to report incidents and what incidents should be reported to CQC. Incidents were investigated appropriately and learning was identified and discussed.

Records were secure, complete and uploaded onto an electronic patient record system. Prescription pads contained the consultants name and General Medical Council (GMC) number. These were locked away when not in use and, were audited to ensure that the clinic knew what had been prescribed to which patient.

Nursing and consultant staff levels were sufficient and there was access to medical advice when patients needed it. We saw evidence that risks to patients were assessed and responded to when necessary. Mandatory training had been completed and signed off with dates for review.

Are services effective?

There were staff induction packs in place alongside staff competencies which were checked and signed off by managers. Staff received regular one to ones and team meetings and staff described feeling supported. Staff were able to access extra training and development opportunities.

The electronic patient record system meant that patient records could be accessed by any clinic in the country. This meant patients could go to clinics in other locations if required.

Are services caring?

Patients were positive about their care and treatment at the clinic. Patients were involved in their care and staff asked for consent before examining patients.

Are services responsive to people's needs?

Clinics were planned and flexible to suit the needs of patients. Patients were given a choice of surgeon and the hospital where of surgery would be carried out. We saw the policy and procedures for patients accessing appointments were followed. Patients were positive about their experience of booking appointments and the flexibility of the service.

The clinic had an electronic booking system however it was only able to book patients in to clinics three months in advance. This meant that patients waiting to be seen longer than this period had to rely on the receptionist to call them in the future and book them in. Patients had access to medical support out of hours and there was an on call nurse service in person and via telephone

Are services well-led?

The registered provider had responded positively to and address the findings of the previous inspection. The registered provider had devised and action plan and we saw that these actions had been put in place.

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Detailed findings

Background to this inspection

MYA Cosmetic Surgery Limited (Nottingham) provides pre operative and post operative consultations at the clinic for patients wishing to under cosmetic surgery procedures. However all procedures were undertaken in private hospitals and not at the MYA Cosmetic clinic. The surgeons were independent contractors to MYA Cosmetic Surgery Limited.

The clinic offered adult patients access to a range of procedures including breast augmentations and reductions, surgery to reshape the nose, and laser liposuctions.

MYA Nottingham was registered for the following regulated activities; diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

The clinic had a registered manager and four additional members of staff. The clinic had a manager who was the patient coordinator and responsible for ongoing communication with service users. There was an

administrator/receptionist, a full-time registered nurse and a junior patient coordinator. The purpose of our inspection was to asses if suitable actions had been taken to address the findings of our visit in April 2014.

Our previous inspection in April 2014 found there were not enough nurses available to deliver care when it was needed to carry on the regulated activity; staff were not supported and did not have access to appropriate training in relation to their responsibilities and to enable them to deliver care and treatment safely; did not maintain accurate and complete patient records meaning some information about patients was missing.

In addition our previous inspection found that the provider did not inform the Care Quality Commission (CQC) of any incidents that impacted on the care and treatment of patients.

During our inspection we spoke to the registered manager, the clinic manager/patient coordinator, the nurse, and the receptionist. We looked at six patient records, three staff files, audits, and the incident folder. We also spoke to five patients, all at various stages of their procedures.

Are services safe?

Our findings

There was a culture of reporting incidents at the clinic. Staff were aware of what type of incidents should be reported and the process for reporting them. We saw incidents had been appropriately investigated including root cause analysis to ensure that learning had been identified. There was an adverse incident register which was emailed monthly to the senior team for discussion at governance meetings.

We saw that learning from incidents had been shared through team meeting minutes and individual meetings ones with staff. Staff were able to give examples of learning such as ensuring consent forms were signed by patients.

We reviewed incident records. There were no incidents to date that required notification in accordance with the Care Quality Commission (CQC) (registration) regulations 2009. However staff were aware of the procedures in place which was to notify the registered manager, who would then notify CQC of any incidents.

At the time of our inspection a new online reporting system had been introduced. Staff were able to show us the system which included a new process for reporting incidents. The system had introduced a step-by-step process ensuring that all aspects of incident reporting including informing CQC were followed appropriately. Training on the new system had just started at the time of inspection.

Staff were aware of informing and involving the patient where there had been serious incidents, this is known as the duty of candour. The clinic had a duty of candour policy. We saw that staff received duty of candour training at induction.

Prescription forms were stored securely in a locked room. The forms had the name and General Medical Council (GMC) registration number of the consultant surgeon printed on them. The form also had an identifiable number to enable the clinic to track the prescription if necessary.

Patient's paper records were held securely in lockable cabinets in a locked office. Records were also uploaded to an electronic patient record system which allowed all aspects of the patients care and treatment to be monitored and tracked.

The manager undertook audits of the patient's records to ensure that they were comprehensive and contained all relevant information. Staff were able to tell us the results and areas of improvement identified from the audits. One outcome from the audits was ensuring that patients' signatures were on all consent forms. The receptionist ensured that patient notes were up to date and patient signatures were where they should be. All the patient notes we viewed had patient signatures on the consent forms indicating patients had given consent to their care.

We found one set of consultant notes difficult to read. The consultant wrote important areas of documentation in capitals. According to General Medical Council (GMC) standards patient notes should be legible so that other members of staff are able to read potentially important information. The registered and clinic manager informed us that this had been discussed with the consultant who had been made aware of the GMC standards. The manager said that a nurse would chaperone the consultant to ensure that notes were easy to read.

We viewed four staff files and saw that all mandatory training had been completed for two members of staff. The other two members of staff were currently in their first six months of employment. However, both had completed 80% of their mandatory training.

We reviewed six patient records. All six records included a patient assessment and medical questionnaire, which detailed any allergies and medications the patient required. Relevant health information sheets and consent forms were present and signed.

The clinic had processes to ensure patients were not subject to unnecessary risk or harm. The clinic contacted patients GP's in order to ensure that they were aware of the patients' medical history. Evidence of consultation with the patient's General Practitioner was included in all the records. We saw in one patient record that a referral for an Electronic Cardiograph (ECG) was undertaken before surgery for one patient who suffered with Tachycardia (fast heart beat).

There were procedures for patients to access further medical treatment if complications occurred relating to their procedure. If a patient required further medical

Are services safe?

treatment the patient would be seen by the nurse who would in turn speak to the surgeon. An action plan would be drawn up and the patient would go into hospital for further treatment at the cost of the clinic.

One patient told us about an allergic reaction they had to treatment but was able to be seen straight away. The patient was seen daily for three days by nursing and medical staff to ensure the patient was responding to treatment.

The clinic was staffed on a day to day basis by a full time nurse who provided pre and post-operative clinics. The clinic had access to a named bank nurse who was able to provide cover in the absence of the nurse.

The Nottingham clinic had three consultants available at the clinic. Consultant surgeons visited the clinic on a sessional basis to assess patients pre-operatively and review post-operatively. Consultant clinics were planned and booked in advance to ensure that the consultants were available.

The clinic undertook fire drills twice a year to ensure that staff were of what to do in an emergency. We saw evidence that these had taken place through audits and saw that future drills were planned. Fire safety was also a part of the clinics mandatory training programme.

Are services effective?

(for example, treatment is effective)

Our findings

The clinic had role specific training that promoted staff development and enabled them to deliver care to the standards required by the organisation. We reviewed four staff folders and saw the role specific training completed by two members of staff. There was a training record sheet with the dates of completed training and the dates of their review. We saw certificates of completion in staff files. However, two members of staff had no completion dates included for their role specific training despite stating they had completed the training. This meant there were inconsistencies in auditing role specific training.

Staff told us they were supported by their line manager. One member of staff told us that they had annual appraisals of their performance, and were always able to get advice from senior management within the company.

Two members of staff were recently employed so were not due an appraisal. However, they had regular one to one meetings to discuss progress against their induction plans.

There was an induction programme in place and induction booklets for each new member of staff. The induction booklet identified duties expected and competencies

required for the role. We saw that the induction booklets and competencies were completed and signed off by the manager. One member of staff told us they had “a really good induction.”

Staff told us about opportunities to learn and develop at the clinic through additional training. A member of staff on induction told us that it had been identified that they were not confident in an area of care and a learning plan had been put in place. Time was allocated for staff to shadow and working alongside experienced staff at other clinics.

Staff had monthly team meetings. We saw minutes of the last three team meetings. Team meetings were divided up into sections based on Care Quality Commission assessment criteria. For example the team would discuss safety, for example learning from incidents.

Staff had regular one to one meetings with their manager however these were not written down. One member of staff said that she “Had never been more supported.” Nursing staff were managed and supported by other nursing staff to ensure appropriate supervision took place.

Staff told us there were no problems accessing patient records. There were no occasions reported when clinics were delayed due to records not being available. The electronic patient system meant that patient records could be accessed from any clinic in the country.

Are services caring?

Our findings

Patients were positive about their experiences, treatment and care at the clinic. Patients described the staff as “Lovely” and “friendly.” We were told by patients how they felt supported and that staff were very easy to talk to.

All patients we spoke to were positive about their relationships and experience with the consultants. One patient said the surgeon at MYA “did what I wanted not what he wanted.”

Patients were involved in their treatment and care. We saw evidence of this from patients’ notes which recorded patient interactions. Patients told us they were given choices in their treatment and care and that staff asked for consent before examining patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Clinic times were planned to suit the needs of patients. Some clinic times extended into the evenings to ensure patients who were not available during the day could access the clinic in the evening. The clinic manager told us that the service plan was tailored to patient's needs and if extra clinics were needed they would facilitate them. Patients told us they had no problems getting appointments to suit their needs and that they felt the clinic was "flexible" and "accommodating."

Managers told us there had been occasions when one consultant surgeon's clinic overran causing delays to patients'. This was due to some procedures needing a longer appointment time. To ensure this did not continue to cause delays to other patients', the clinic manager and consultant extended the consultation times from 15 to 30 minutes. This enabled the appointment times to meet patient needs and to run on time.

Patients were offered several appointments pre and post operatively. Before an operation patients were called and appointments made to see the patient coordinator and the nurse. After the operation patients were provided with an appointment to be seen within seven days of their procedure and a post-operative telephone call was made by the patient coordinator to ensure patients were well. Patients were seen by a nurse six weeks post-operatively and then had a review by the surgeon at three months. Electronic patient records and patient files confirmed that patients were seen within timescales. Patients we spoke with confirmed that they had attended appointments as described by the clinic. Extra appointments were available at patient request.

The electronic appointments system was only able to book appointments a maximum of three months in advance. This meant that patients who required an appointment after this period were not able to be booked in. A manual list was kept by the clinic and this was checked on a weekly basis by the receptionist. The receptionist would then contact the patient at the appropriate time and book the patient in. The receptionist told us that they had a flagging system to remind them that patients needed booking in. Before we inspected the clinic we received a complaint from a patient who said that this did not happen. The current system increased the risk that the receptionist may forget or patients may get missed off the list due to human error. However, at the time of our inspection we saw that all patients that needed to be contacted had been contacted.

Patients had access to 24 hour support from health professionals. This service was provided by telephone consultation. If patients needed to see a nurse during clinic hours and there were no appointments available patients could travel to clinics in other areas to see a nurse or consultant. The patient's travel costs would be reimbursed.

Registered nurses from the Midlands team provided an on call service and gave advice to patients, made an appointment to see them or, referred them to a medical practitioner. We saw evidence of discussions with patients on an 'out of hour's' telephone recording sheet and, the electronic patient records.

Patients were offered a choice of surgeon and hospital where their surgery would be carried out. If the hospital was not local to them patients would be offered overnight stays at the location as part of the service. All the patients we spoke with said they had been offered a choice of locations for their surgery.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

In response to the breaches in regulations found during the inspection in April 2014 MYA Nottingham submitted an action plan and provided updates to CQC demonstrating how they had addressed the findings.

The action plan included developing a training and induction package for staff; employing a full time clinic nurse including clinical cover; completion of monthly audits to ensure standards were met in relation to records; training on reporting incidents.

We found that the action plan had been implemented and the service provided to patients met regulatory requirements.