CAMBRIDGE CLEAR BEAUTY

Quality Report

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

Ratings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Cambridge Clear Beauty is operated by Cambridge Clear Beauty LTD. The clinic has no inpatient beds. Facilities include a reception area, staff room, washroom and toilet, consultation room and treatment room. There were an additional three treatment rooms but these were not used for the regulated activity, so we did not visit these rooms.

The service provided cosmetic surgery services to self-paying or privately funded adults. The clinic only provided treatment to patients aged over 18. The main service provided at the clinic was minor cosmetic surgery, for example mole removal, eye lid surgery (blepharoplasty) and scar revision. All surgery was performed as a day case with local anaesthesia.

The clinic offered cosmetic procedures such as dermal fillers and laser hair removal, rejuvenation treatments and other cosmetic treatments which are not a regulated activity. We therefore, did not inspect these procedures.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 30 January 2020, along with an unannounced visit to the clinic on 10 February 2020.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

Services we rate

We rated it as **Good** overall.

- The provider 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 provider controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. The registered manager made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their treatments.
- The registered manager planned care to meet the needs of local people, took account of patients' 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 too long for treatment.
- Staff understood the registered manager's vision. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The registered manager engaged well with patients to plan and manage services.

However,

- The registered manager did not operate effective governance processes and there was little evidence that the registered manager discussed, and shared lessons learned from the performance of the service, complaints or incidents.

Summary of findings

- The registered manager did not use systems to manage performance effectively, for example monitoring mandatory training compliance.
- The registered manager did not analyse data to understand the performance of the service, make decisions and improvements to the service based on it.
- There was limited evidence that staff monitored the effectiveness of care and treatment or used the findings to make improvements to outcomes for patients.

Following this inspection, we told the registered manager that they should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Clinics

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Background to CAMBRIDGE CLEAR BEAUTY

Cambridge Clear Beauty is operated by Cambridge Clear Beauty LTD. The clinic opened in 2019. It is a private clinic in Cambridge, Cambridgeshire. The clinic primarily serves the communities of Cambridgeshire. It also accepts patients from outside this area.

The clinic has had a registered manager in post since January 2019. We have not previously inspected this service. The service offers a consultation service and minor surgical procedures from the Cambridge Clear Beauty clinic.

The clinic offered cosmetic procedures such as dermal fillers and laser hair removal, rejuvenation treatments and other cosmetic treatments which are not a regulated activity. We therefore, did not inspect these procedures.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Mark Heath, Head of Hospitals Inspection.

Information about CAMBRIDGE CLEAR BEAUTY

The clinic had a reception area, washroom facilities and a staff room on the ground floor and one treatment room and one consultation room located on the first floor and was registered to provide the following regulated activities:

- Surgical procedures

During the inspection, we visited the reception area, treatment room and consultation room. We spoke with four staff including the registered manager, an independent governance advisor, the secretary and an aesthetic practitioner. We were unable to speak with any patients or relatives on the day of our inspection. However, we spoke with five patients in total; one patient during our unannounced follow up inspection and four patients by telephone after the inspection. During our inspection, we reviewed five sets of patient medical care records.

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. The clinic has not been inspected previously.

Activity (January 2019 to January 2020)

- In the reporting period January 2019 to January 2020. There were 55 episodes of minor surgery recorded at the clinic.
- 18 excision or shave of skin mole
- Eight ear lobe surgeries
- Eight scar revisions
- Six blepharoplasties (eyelid skin surgery)
- 15 other minor surgeries using local anaesthetic.

The provider employed one surgeon, one secretary and one aesthetic practitioner.

Track record on safety

- Zero Never events
- Clinical incidents zero no harm, zero low harm, zero moderate harm, zero severe harm, zero death
- Zero serious injuries

Summary of this inspection

- Zero incidents of clinic acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- Zero incidents of clinic acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- Zero incidents of clinic acquired Clostridium difficile (C.diff)
- Zero incidents of clinic acquired E. coli
- Zero complaints

Services accredited by a national body:

- British Association of Aesthetic Plastic Surgeons (UK) (BAAPS)
- British Association of Plastic, Reconstructive and Aesthetic Surgeons (UK) (BAPRAS)

Services provided at the clinic under service level agreement:

- Clinical waste removal
- Interpreting services
- Human resources
- Governance advice
- Maintenance of medical equipment
- Pathology and histology

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated it as **Good** because:

- The provider provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff controlled infection risk well. The registered manager 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.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The provider 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.
- 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.
- Staff recognised and knew how to report incidents and near misses.

Are services effective?

Good

We rated it as **Good** because:

- Staff provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.
- The registered manager made sure staff were competent for their roles. The registered manager appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff gave patients advice and support to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Summary of this inspection

- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

However,

- There was limited evidence that staff monitored the effectiveness of care and treatment or used the findings to make improvements to outcomes for patients.

Are services caring?

Good

We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients to minimise their distress. They understood patients' personal needs.
- Staff supported and involved patients and family to understand their treatment and make decisions about their care and treatment.
- Feedback about the way staff treated patients from all the patients we spoke with was consistently positive.

Are services responsive?

Good

We rated it as **Good** because:

- The registered manager planned and provided care in a way that met the needs of local people and the communities served.
- The registered manager was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to treat patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The registered manager treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Are services well-led?

Requires improvement

We rated it as **Requires improvement** because:

- The registered manager did not operate effective governance processes and there was little documented evidence that the registered manager discussed, and shared lessons learned from the performance of the service, complaints or incidents.

Summary of this inspection

- The registered manager did not use systems to manage performance effectively, for example monitoring mandatory training compliance.
- The registered manager did not analyse audit data to understand the performance of the service, make decisions and improvements to the service based on it.

However,

- The registered manager had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff.
- The registered manager had a vision for what they wanted to achieve. The vision was focused on sustainability of services.Staff knew the vision.
- The registered manager identified relevant risks and issues to the service and staff knew what actions to take to reduce their impact.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients and staff could raise concerns without fear.
- The registered manager and staff actively and openly engaged with patients to help improve services for patients.
- The registered manager encouraged innovation and participation in research.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are surgery services safe?

Good

We rated it as **good.**

Mandatory training

The service provided mandatory training in key skills to all staff. The registered manager (surgeon) was 100% compliant with their mandatory training.

At the time of inspection, the mandatory training for one staff member had expired two months earlier and the other staff member had only been in post for one month.

At the follow up unannounced inspection, the registered manager provided evidence to demonstrate both staff members had undertaken mandatory training and were now 100% compliant.

The mandatory training was comprehensive and met the needs of patients and staff. Staff completed mandatory training by online learning. Topics covered included equality and diversity, moving and handling, infection prevention and control and conflict resolution among others.

All staff had undertaken Basic Life Support (BLS) training in the 12 months preceding the inspection.

The provider had a policy for sepsis management and staff were aware of it. The policy was version controlled and within review date. Staff had received training in identifying the signs and symptoms of sepsis as part of their first aid training.

Two out of the three staff had undertaken face-to-face practical Fire Safety Awareness and Fire Warden training in August 2018.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. The registered manager had completed this training as part of their substantive role in the local NHS trust.

Two other members of staff had covered recognising and responding to patients with mental health needs, learning disabilities and dementia as part of their safeguarding adults training.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. All staff had undertaken safeguarding adults level 2 training. The registered manager was the safeguarding lead and had completed safeguarding adults and children level 3 training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff understood what could be considered a safeguarding concern and knew how to respond appropriately.

The aesthetic practitioner performed the role of chaperone while patients were undergoing minor surgery at the clinic.

The registered manager described how they preferred to see patients with their respective partners and also individually so they could establish if the patient was acting independently or being coerced into treatment. This was documented in the safeguarding policy.

Good

Surgery

Staff knew how to identify adults and children at risk of, or suffering, significant harm. The provider had a safeguarding policy for adults. The policy was in date for review and detailed the contact numbers for the local safeguarding board. The policy referenced the Human Rights Act 1998.

The registered manager did not treat patients under the age of 18 year, however, the provider had a safeguarding policy for children even though they did not treat children and advised their patients not to attend clinic appointments with their children.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff described the process they would follow if they had any concerns regarding safeguarding and knew where to find relevant safeguarding team contact telephone numbers.

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.

The provider had a number of paper based policies relating to infection prevention and control. All the policies were version controlled and within their review period. Policies referenced to the Association of Perioperative Practice 4th Edition (2016).

Patient areas were clean and had suitable furnishings which were clean and well-maintained. All the areas we visited were visibly clean and tidy and free from clutter.

The treatment room had appropriate easy clean equipment, such as stainless-steel trolleys, wipe clean operating chair and wipe clean flooring.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore surgical scrubs, had bare arms below the elbows and wore PPE including aprons and gloves during surgical treatments.

Staff covered the operating chair with disposable paper roll which they changed between each patient.

The handwashing tap in the treatment room was operated by a sensor. This assisted good handwashing technique prior to operating on a patient.

Staff washed their hands regularly in line with the World Health Organisation (WHO) 5 moments of hand hygiene and used sanitising hand gel. Reception staff encouraged patients to use sanitising hand gel on entering the clinic.

All five patients we spoke with described staff following hand hygiene procedures and wearing PPE during their treatment.

At the time of our inspection the registered manager had not completed any hand hygiene audits. At the follow up unannounced inspection, the registered manager had developed an audit schedule and intended to carry out hand hygiene audits on a six-monthly basis starting from April 2020.

Staff cleaned equipment after patient contact. The aesthetic practitioner cleaned the treatment room and equipment after each patient and signed and dated a log to record this had been done. Cleaning records for January 2020 evidenced this. An external provider cleaned the clinic once each week.

Surgical instruments were single use disposable. This meant there was no need for sterilisation or decontamination of equipment.

Staff worked effectively to prevent, identify and treat surgical site infections. The registered manager reported there had been no surgical site infections in the 12 months prior to inspection.

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 registered manager did not undertake bariatric surgery and major cosmetic surgery at the clinic.

The design of the environment followed national guidance. The treatment room complied with health building note (HBN) 10-02 day surgery facilities regarding flooring which was slip resistant and wipe clean vinyl and non-touch taps among other things.

Good

Surgery

The entrance to the clinic was controlled by clinic staff to promote security and ensure that only those with an appointment or clear purpose to attend the clinic would be admitted.

Staff carried out daily safety checks of specialist equipment. There was emergency resuscitation equipment available. Records we checked between 9 January 2020 and 30 January 2020 evidenced staff had checked this in line with provider policy.

Fire safety equipment was fit for purpose and in date. This included fire extinguishers, alarm system and emergency exit lighting. The building landlord tested the fire alarm weekly.

The premises had undergone a fire risk assessment by an external provider in August 2019 and no concerns had been identified.

Safety testing of all appropriate electrical equipment had been carried out in August 2019.

The service had enough suitable equipment to help them to safely care for patients. All instrumentation and consumable items were single use disposable.

We reviewed a selection of consumables including dressings, scalpels, forceps and syringes. We identified five of one type of dressing had past their expiry date. We escalated this to the aesthetic practitioner at the time of inspection and the issue was rectified immediately.

Staff disposed of clinical waste safely. Clinical waste disposal was outsourced to an external provider who collected clinical waste once each month.

Staff labelled sharps storage bins correctly and they did not overfill them. Staff segregated waste appropriately into different coloured waste bags.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

The registered manager completed pre-operative risk assessments for all patients attending the clinic as part of the preoperative consultation. The registered manager did not operate on any patient where they felt there were risk factors, for example from excessive bleeding or pain.

The registered manager completed the World Health Organisation (WHO) 5 steps to safer surgery check list for each patient undergoing surgery to minimise any risks in the theatre.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. The registered manager completed pre-operative consultations in line with national guidance. Risk assessments included the patient's suitability for the procedure; medical history, general health, age, existing health concerns, medications and previous procedures. Psychologically vulnerable patients were identified and referred for appropriate psychological assessment in line with the Royal College of Surgeons Professional Standards for Cosmetic Surgery (2016).

Staff knew about and dealt with any specific risk issues. All patients treated at the clinic had undergone a pre-operative consultation and assessment by the registered manager and had access to the clinic telephone number, in case they needed to contact the clinic for follow up advice or further treatment.

Any patients the registered manager identified to be at risk of venous thromboembolism (VTE) or pressure ulcers were not treated at the clinic but instead the registered manager treated them at a local independent hospital where they held practicing privileges.

The provider had a policy for the identification and treatment of sepsis. The policy was version controlled, in date and referenced the UK Sepsis Trust guidelines.

Staff were aware of the signs and symptoms of sepsis. If they suspected a patient had sepsis they would arrange for immediate transfer to the local acute NHS trust.

Staff could describe the symptoms to listen for if patients contacted the clinic with concerns post operatively.

The clinic only carried out minor cosmetic procedures that could be performed under local anaesthesia. Any patients who became ill at the clinic would be referred to their general practitioner or taken by ambulance to the nearest NHS emergency department if appropriate.

The provider's resuscitation policy included details about what action should be taken if a patient deteriorated. Staff

were able to describe what they would do if a patient required immediate transfer, which involved dialling 999 and requesting an ambulance transfer to local urgent and emergency services.

The provider had a policy called Patient Transfer Policy. This detailed procedures staff would follow in the situation of a deteriorating patient or if a patient needed to be transferred to an acute setting. The policy was version controlled and within date for review.

There was no evidence of any patients being transferred in this way in the 12 months prior to inspection.

Staff completed, or arranged, psychological assessments and risk assessments for patients where they identified concerns.

The registered manager used a tool that had been developed by an NHS Trust and research centre recognised to help identify the emotional and psychological needs of patients who may be at risk of psychological harm from surgery. The registered manager did not operate on those patients without first referring them for psychological assessment and support carried out by an external provider.

The screening tool comprises nine key questions. The tool was developed by researchers and clinicians and is designed to identify psychological factors which are likely to increase the risk of a poor psychological outcome post-surgery.

If the registered manager believed the patient to have unrealistic expectations of their surgery outcome they referred them for psychological support and counselling before agreeing to perform the operation.

All five patients we spoke with told us the registered manager had spent time during the preoperative consultation ensuring their expectations for outcomes of the surgery were realistic.

Staff shared key information to keep patients safe when handing over their care to others. The registered manager wrote to the patient's GP prior to and post operatively with the consent of the patient.

Staff gave patients a leaflet describing how to care for their scar after treatment and advice on how to contact the clinic if they had any concerns.

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 provider employed one surgeon (who was the registered manager), one aesthetic practitioner and one receptionist.

The surgeon only carried out regulated procedures when the aesthetic practitioner was present.

The provider had no vacancies at the time of inspection.

The registered manager had not used any agency staff in the 12 months prior to inspection.

The registered manager employed an independent governance advisor who worked off site on an ad hoc basis to support the registered manager with issues relating to governance.

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. We reviewed five sets of patient medical records. Records were legible, detailed and staff had signed and dated each entry.

The patient's record included pre and post-operative information. This included the patient's next of kin and GP details, past medical history, allergies, medications and records of consent along with expected costings. Post-operative records included, the WHO checklist and patient care path way.

Patients were given a copy of the discharge summary letter and details of the procedure completed, with the appropriate post treatment advice, with contact numbers and any follow up appointments. A copy of the letter was also sent to their GP.

The registered manager had completed two records audits and planned to repeat them on a six-month cycle. Both audits had demonstrated 100% compliance (October 2019 and December 2019).

Good

Surgery

The registered manager had undertaken a WHO 5 steps to safer surgery checklist audit (February 2020). The audit evidenced that staff did not always document the lot number of consumables and that hand writing was not always neat. The registered manager had developed an action plan. Actions included to speak with staff at the next business meeting and re audit the WHO 5 steps to safer surgery checklist in August 2020.

Records were stored securely. The registered manager completed paper-based consultation records which were securely stored in a locked filing cabinet behind a key coded door.

Medicines

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

The provider had a medicines management policy. The policy was version controlled and within its review period. The policy referenced relevant guidance from the Association of Perioperative Practice 4th Edition (2016).

We reviewed the stock control and storage of a range of medicines and found them to be within their expiry date and stored correctly.

Staff stored and managed medicines and prescribing documents in line with the registered manager's policy. The registered manager provided patients with a private prescription for any medicines they required postoperatively. Medicines were stored securely in a locked cupboard in the treatment room. The registered manager and the aesthetic practitioner had access to the keys. No controlled drugs (medicines subject to additional security measures) were kept on the premises.

We checked a range of medicines, for example lidocaine (local anaesthetic) pre filled syringes all of which were within the use by date and stored appropriately.

Staff stored medicines requiring refrigeration appropriately in a locked fridge. Staff checked and recorded the fridge temperature to ensure medicines were stored within the correct temperature range and were safe for patient use. Records we checked confirmed this.

The service ordered medicines from an external pharmacy provider as and when required.

Incidents

The service managed patient safety incidents. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Staff knew what incidents to report and how to report them. The provider had an incident reporting policy in place which staff could easily access.

The provider had arrangements in place for reviewing and investigating safety and safeguarding incidents and events when things went wrong. Staff used a paper adverse incident form to record all incidents or accidents that occurred within the service, which all staff were familiar with.

The registered manager had recorded two adverse patient incidents (19 March 2019 and 11 September 2019). Neither incident related to the regulated activity but did evidence incident reporting and investigating. One member of staff we spoke with could describe the incidents.

Two members of staff described an incident where a power cut had disabled the telephone lines to the clinic. The registered manager had purchased equipment to enable the telephone lines to remain operational if this happened again. This evidenced there was learning from incidents.

The registered manager monitored surgical site infection rates for all cosmetic surgery carried out at the clinic. The registered manager reported there had been zero in the 12 months prior to inspection.

Staff raised concerns and reported incidents and near misses in line with service policy. Two staff we spoke with could describe how to report incidents but had never needed to do this.

Staff understood the duty of candour. Two staff we spoke with could describe the duty of candour but had never had to use it. The duty of candour is a regulatory duty that relates to openness and transparency and requires registered managers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Surgery

The provider had no never events. Never events are serious patient safety incidents that should not happen if healthcare registered managers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

Safety Thermometer (or equivalent)

For the reporting period there were no infections or unexpected patient outcomes that required unplanned transfers. Patients who attended the clinic underwent minor, low risk procedures or treatments which meant there was a very low risk of patients acquiring a pressure ulcer (PU), venous thromboembolism (VTE) or pulmonary embolism (PE) while having treatment. The clinic reported zero incidents of hospital-acquired VTE, PE or PU. A PE is a blood clot in the lung, a VTE is a deep vein blood clot.

Are surgery services effective?

Good

We rated it as **good.**

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Policies were in line with professional standards established by the Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016).

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

We reviewed 15 policies, they were version controlled and within their review dates. All policies were hard copies.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. Staff offered patients refreshment on arrival and post operatively when safe to do so.

Tea, coffee, fresh water and biscuits were available to patients in the reception area.

None of the treatments provided at the clinic required patients to fast before attending.

All five patients we spoke with told us they had been offered refreshments on arrival at the clinic and after their treatments.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

Staff assessed patients' pain and gave pain relief in line with individual needs and best practice. The minor surgical procedures carried out at the clinic were performed under local anaesthesia. No patients were given general anaesthesia or conscious sedation.

The registered manager advised patients to take paracetamol post operatively if they had pain.

All five patients we spoke with told us that staff had repeatedly asked them if they had any pain during their treatment.

Patient outcomes

Staff monitored the effectiveness of care and treatment. There was some evidence they used the findings to make improvements and achieved good outcomes for patients.

The registered manager had recently (2019) registered with the Private Healthcare Information Network (PHIN) and started to collect and submit data in accordance with legal requirements regulated by the Competition Markets Authority (CMA). PHIN is the independent, government-mandated source of information about private healthcare, to enable patients make better-informed choices of care provider.

The service participated in relevant national clinical audits. The service participated in the annual British Association of Aesthetic Plastic Surgeons (BAAPS) audit. This audit mainly related to patient outcomes following activity which was not carried out at the clinic and was therefore of limited value in driving service improvement.

Managers and staff carried out some audits to check improvement over time. The practice manager completed a patient notes audit in October 2019 and repeated this in December 2019. Staff were 100% compliant on both occasions.

Good

Surgery

An external provider had carried out a legionella risk audit (2018). Several areas of noncompliance had been identified. The registered manager could evidence having taken immediate remedial action. The audit was due to be repeated in August 2020.

The registered manager employed an independent governance advisor who had completed an environmental audit in September 2019. The audit had identified a noncompliance in the location of a sharps container. Staff had addressed this immediately. The date for the repeat audit was scheduled to be August 2020.

At our unannounced follow up inspection on 10 February 2020, the registered manager had developed an audit schedule and planned to audit a variety of processes on a six-monthly cycle. Audits included, the environment, patient notes, the World Health Organisation (WHO) and sharps.

At the time of our follow up unannounced inspection, the registered manager had completed an audit of the WHO 5 steps to safer surgery checklist. The audit identified missing expiry dates and lot numbers for some consumables used and that staff handwriting was not always legible. The registered manager had developed an action plan which included; share the findings with staff and re audit in August 2020.

At the time of follow up unannounced inspection, the registered manager had undertaken an audit of the sharps risks. The audit identified no noncompliance. The registered manager had an action plan to carry out the audit again in August 2020.

Managers used information from the audits to improve care and treatment. The registered manager had taken action to improve the service following recommendations from audits. For example, in the environmental audit September 2019, staff had identified the need to relocate a sharps disposal container and this had been done. The governance audit of September 2019 identified that the service should be registered with PHIN, the registered manager had done this by the time of our inspection.

Managers shared and made sure staff understood information from the audits. All staff at the clinic were involved in carrying out audits. This ensured all staff were aware of audit findings and outcomes.

Competent staff

The service made sure staff were competent for their roles.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The registered manager was also the cosmetic surgeon and was registered on the appropriate general medical council (GMC) Specialist Register for cosmetic surgery and held accreditations with the following organisations; British Association of Aesthetic Plastic Surgeons (BAAPS) and British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS).

The registered manager regularly attended relevant conferences and teaching courses to ensure they were up to date with their specialist knowledge and experience and undertook continuing professional development (CPD). This was in line with guidance from the Royal College of Surgeons Professional Standards for Cosmetic Surgery April 2016.

The registered manager promoted safety in recruitment and all staff had received a disclosure and barring (DBS) check on appointment at the clinic.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Due to the small size of the team, the registered manager only held team meetings when staff were available.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff regularly attended training courses to develop their skills and knowledge. For example, two staff had recently attended a two day course organised by a product provider so they could gain a better understanding of the product.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. One member of staff had been employed at the clinic for a number of years and had received a performance review annually. Another member of staff was new at the clinic and was undergoing a six monthly review to ensure they were receiving enough support.

Multidisciplinary working

Good

Surgery

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. The registered manager held regular peer to peer support meetings with cosmetic surgeons at other practices.

The registered manger was able to access the support and advice of maxillofacial surgeons from the local NHS trust if they had a challenging treatment.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. The registered manger referred patients for psychological support and counselling from an external provider if they had concerns about their mental health.

Seven-day services

Key services were available face to face five days a week and by telephone out of hours to support timely patient care.

The clinic was open for appointments set times between Monday and Friday during normal office hours.

Patients could contact the provider by telephone outside of these hours if they had concerns post operatively.

Health promotion

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. The register manager recorded the smoking status and alcohol intake of patients at the initial patient consultation. Written information was available for patients on the potential risks and side-effects for those patients who smoked or drank alcohol prior to and after surgery. This was to reduce the risk of any complications from surgery and help promote healing.

Staff gave patients information leaflets post operatively advising them on how best to care for their skin. For example, avoid sunbathing, using moisturiser and what factor sun cream to use.

Consent and Mental Capacity Act.

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

The provider had a consent policy which was version controlled and within review date. The policy referenced guidance from the association of perioperative practice 4th edition 2016.

The registered manager a library of nearly 400 treatment-specific informed consent patient information documents to obtain patient consent. This ensures the patient receives the right information about any cosmetic treatment they are consenting for in simple language.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Patients who were recommended for a surgical procedure waited a minimum of two weeks between consultation and procedure. This was in line with the 'cooling off period' as recommended by the Royal College of Surgeons Professional Standards for Cosmetic Surgery April (2016).

Staff made sure patients consented to treatment based on all the information available. All five patient records we reviewed evidenced the surgeon had spent time discussing all available options to the patient along with the respective advantages and disadvantages of each treatment.

Staff clearly recorded consent in the patients' records. All five records we reviewed clearly documented patients' written consent.

Are surgery services caring?

Good

We rated it as **good.**

Compassionate care

There was no clinical activity on the day we inspected. We spoke with one patient during our unannounced follow up inspection and we spoke with four patients (who consented to speak to us) by telephone following our inspection. All the patients had received treatment at the service in the last year.

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account

Good

Surgery

of their individual needs. Staff ensured there was enough time between patients arriving at the clinic and those leaving after a treatment. This maintained patient privacy and dignity.

Patients who needed to undress for their treatment were able to do so in private.

Patients said staff treated them well and with kindness. All five patients told us that staff were kind and friendly. They spent time talking to them and reassuring them and helping them to feel relaxed.

Staff followed policy to keep patient care and treatment confidential. Staff were mindful of genera data protection regulations (GDPR) and displayed posters in the reception area detailing how it applied to patients. Staff turned papers face down and locked computer screens when leaving them to protect patient confidentiality.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff told us they were never judgemental when patients came for treatment. All five patients we spoke with told us staff were respectful and they did not feel judged.

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. Staff contacted patients 24 to 72 hours after treatment to offer reassurance and to ensure they were progressing well and address any concerns they may have.

Staff supported patients and helped them maintain their privacy and dignity. Staff drew blinds and closed doors to ensure they maintained the privacy and dignity of patients.

If patients were required to undress, staff gave them robes to cover up and to ensure they felt more comfortable.

Understanding and involvement of patients and those close to them

Staff supported and involved 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. Patient records we reviewed showed patients were not hurried during their visit but given clear explanations of any proposed care and treatment including potential alternative options, including no treatment, in language which could be easily understood.

All five patients we spoke with told us they had received enough information to enable them to make an informed decision around their treatment.

Staff talked with patients and families in a way they could understand. All the patient records we reviewed evidenced the surgeon had drawn pictures to enable the patient to have a clear understanding of the procedure.

All five patients told us people relevant to them, for example partners, had been included in decisions around treatment options.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged patients to provide real time feedback using a hand held electronic device before they left the clinic after their procedure.

Patients gave positive feedback about the service. We reviewed electronic feedback from 30 patients. Feedback was consistently positive about the professionalism and friendliness of staff, cleanliness of the environment and the information and support provided by the surgeon.

All five patients we spoke with told us they were very happy with the treatment they had received and would recommend the clinic.

Are surgery services responsive?

Good

We rated it as **good.**

Service delivery to meet the needs of local people

Good

Surgery

The provider planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services so they met the needs of the local population. The provider provided a wide range of treatments for patients to access, not all were within the scope of CQC registration and inspection methodology.

All consultations and postoperative checks were carried out by the registered manager (surgeon). This ensured patients received continuity of care.

Consultations and treatments were planned at times mutually convenient to the patient and the registered manager.

The receptionist sent a text message reminder to patients on the day of their appointment.

Facilities and premises were appropriate for the services being delivered. There was no lift at the clinic to enable patients with reduced mobility to access the treatment room on the first floor of the clinic. The registered manager saw those patients at a local private provider where they held practicing privileges.

The clinic had dedicated free car parking spaces for patients and visitors attending the clinic.

Meeting people's individual needs

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

The registered manager had information leaflets available. The clinic had a comprehensive selection of patient information leaflets giving relevant and detailed information regarding treatment that may be recommended. All leaflets were written in English, there had been no request for information in another language.

The registered manager had created electronic videos for social media to enable patients to have a look at what each procedure involved and gain a better understanding of it.

The clinic had no facilities available for patients who were hard of hearing, for example hearing loop system. The registered manager would see these patients at one of the local private providers where they held practicing privileges.

Managers made sure staff, and patients could get help from interpreters or signers when needed. Arrangements could be made by the receptionist for those patients who required the services of an interpreter. This had never had to be done.

Access and flow

People could access the service when they needed it. Waiting times from consultation to treatment were short.

All five of the patient medical care records we reviewed evidenced patients underwent their preferred treatment within six weeks.

All the patients we spoke with told us they were happy with the clinic opening hours and the timing of their procedures.

The registered manager used electronic technology to support timely access to care and treatment and to facilitate patient choice, for example, on line consultation enquiry forms which patients completed as an optional initial point of contact.

Learning from complaints and concerns

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

Patients knew how to complain or raise concerns. All five patients we spoke with told us they would have felt happy to raise a concern at the time of their treatment if they had needed to.

The registered manager clearly displayed information about how to raise a concern in patient areas. The clinic had a complaints policy available to any person who required access to it. There was also patient information entitled: 'how to make a complaint' available at the clinic or on the provider's website. The practice manager displayed a poster in the clinic reception area detailing how to raise a complaint**.**

Good

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There had been one complaint in the 12 months prior to our inspection. The registered manager had investigated the complaint and made changes to their practice to prevent a reoccurrence.

Staff could give examples of how they used patient feedback to improve daily practice. Two staff described how a patient had been kept waiting for an appointment after the patient before them had over run. The registered manager had changed the length of time allowed between consultations to prevent this happening again.

Are surgery services well-led?

Requires improvement

We rated it as **requires improvement.**

Registered managership

The registered manager 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.

The registered manager was the surgeon and owner and was the only surgeon operating at the clinic.

The registered manager was an experienced senior NHS consultant surgeon and a member of British Association of Aesthetic Plastic Surgeons (BAAPS); British Burn Association (BBA) and British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS).

The registered manager identified that they did not have the necessary skills to manage the governance of the service and had employed an external independent governance advisor.

Vision and strategy

The registered manager had a vision for what they wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Staff understood them.

The clinic had only been established for 12 months at the time of inspection and was still embedding the original vision which was to become an established and successful cosmetic surgery clinic.

The registered manager had a vision to turn the clinic into the best cosmetic surgery clinic in the country. Their strategy to achieving this was by increasing the amount of patient feedback they received at every stage of the treatment process.

We spoke with one member of staff about the vision and the strategy. They could describe it and what their role was in helping to achieve it.

The registered manager did not audit patient feedback response rate, so they could not demonstrate they were making progress with their strategy.

Culture

Staff felt respected, supported and valued. The service had an open culture where patients and staff could raise concerns without fear.

Two staff we spoke with told us it was a lovely place to work and the culture was open and conducive for learning.

Two staff told us they were encouraged to challenge if they had concerns and both staff felt happy to do so.

Governance

Registered managers did not operate effective governance processes.

The registered manager held quarterly team meetings. We reviewed the minutes of meetings dated 13 January 2020, 4 September 2019. There was no documented evidence of discussion around the two previous incidents, complaints or risks to the service.

The registered manager did not have a process in place to identify when mandatory training of staff members was due.

At the follow-up unannounced inspection on 10 February 2020, the registered manager had developed a set agenda and a quarterly formal team meeting schedule. The meeting agenda gave consideration to adverse incidents, complaints, patient feedback, staff training, governance and audit outcomes.

Managing risks, issues and performance

The registered manager did not formally identify and record relevant risks to the service and had not documented actions to reduce their impact.

Good

Surgery

The provider did not have a documented risk register of factors which could affect business continuity, for example IT failure or staff sickness but was able to describe the procedures staff would follow in the event of staff sickness or IT failure.

One member of staff we spoke with knew the procedures and had followed them when the IT system had failed previously.

The registered manager undertook some audits including patient documentation (random reviews), World Health Organisation (WHO) 5 steps to safer surgery check list and surgical care pathways. At the follow up unannounced inspection the registered manager had developed an audit schedule and planned to repeat the audits on a six-month basis.

We reviewed the minutes of team meetings dated 13 January 2020, 4 September 2019. There was no evidence of discussion of audit findings. At the follow-up unannounced inspection, the registered manager had developed a set agenda and a formal team meeting schedule. The meeting agenda gave consideration to governance and audit outcomes.

Managing information

The registered manager collected data. Data or notifications were consistently submitted to external organisations as required.

The registered manager collected data regarding the number of types of procedures carried out at the clinic. However, there was no documented evidence of the registered manager using the information collected to improve or develop the service.

Engagement

Registered managers and staff actively and openly engaged with patients and staff to plan and manage services.

Staff contacted patients between 24 and 72 hours after treatment and encouraged them to provide feedback which was recorded in the patient's notes.

The registered manager encouraged patients to provide contemporaneous feedback after appointments via the online system and also sent out a validated post-operative questionnaire.

At the follow-up unannounced inspection, the registered manager had developed a set agenda and a formal team meeting schedule. The meeting agenda had a section for discussing patient feedback and for any other business, this gave staff an opportunity to raise issues or concerns.

Learning, continuous improvement and innovation

The service participated in research and encouraged innovation.

The registered manager was involved in an external research study and provided suitable skin samples from consenting patients.

The registered manager used social media to show case procedures available at the clinic and to provide patient information.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The registered manager should ensure that the audit plan is embedded and maintained.
- The registered manager should ensure there is a process for ensuring staff mandatory training compliance.
- The registered manager should ensure the planned quarterly meeting agenda is embedded.
- The registered manager should ensure they use audit data to improve services and monitor patient outcomes.