Surgimed Clinic Limited

Be Cosmetic Clinics

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated this location as good because:

- The service had enough staff to care for service users and keep them safe. Staff had training in key skills, understood how to protect service users from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to service users, acted on them and kept good care records. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of service users, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated service users with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand the surgical procedure and after care. They provided emotional support to their service users.
- The service planned care to meet the needs of people who accessed the service, took account of service users' 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 whilst respecting the required service user consent 'cooling off' periods.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values. Staff felt respected, supported and valued. They were focused on the needs of service users receiving care. Staff were clear about their roles and accountabilities. The service engaged with service users and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	Since our last inspection in 2017 the service made significant changes to address the identified breaches in regulations. The service now only provided gynecomastia cosmetic surgery. The service was rated good overall as it now assured that the operating theatre was compliant with regulations and ensured a safe, clean, compliant environment for surgical procedures. We also found appropriate risk assessments were undertaken and the service had plans to action any findings. Record keeping, auditing and assurance processes as well as equipment testing were now completed regularly and in line with regulations. We found that staff were caring towards their patients and responsive to their needs. We also found that leaders ran the service well and had a clear vision and strategy for the service.

Summary of findings

Contents

Summary of this inspection

Background to Be Cosmetic Clinics

BE Cosmetic Clinics Limited is operated by Surgimed Clinic Limited. The service opened in 2015. It is a private cosmetic clinic in central London. The service primarily serves the communities of the London area. It also accepts service user referrals from outside this area. The service now specialises exclusively in gynecomastia surgery which is a procedure that reduces breast size in adult men, flattening and enhancing the chest contours. Facilities include one theatre, one admission/recovery room, one consulting room and a reception area. The service has no overnight beds. We were told the service sees between 250 to 300 service users a year.

The service has had a registered manager in post since May 2015.

The service was previously inspected in 2017 and wasn't rated as we did not have the powers to do so. However, breaches of regulations 15 and 17 were found during this inspection. We followed up on these concerns with this inspection. On this inspection we found these concerns had been addressed with significant improvements which are reported in more detail in the following report.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out a short announced inspection on 18 May 2021. The purpose of this inspection was to check what improvements had been made to the service since our previous inspection in September 2017. We used the cosmetic surgery inspection framework methodology for the inspection.

The team that inspected the service comprised of a lead inspector and a specialist advisor. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection for London.

To get to the heart of service users' 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.

We spoke with 8 members of staff including administrative staff, managers, lead surgeon and nurses. We also spoke with two patients and reviewed six service user records.

Outstanding practice

- The service had an application which allowed service users to feedback their post-operative experiences 24 hours a day. This was regularly reviewed by the clinical coordinator who would identify themes and personal needs and escalate them accordingly.

Areas for improvement

Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Summary of this inspection

Action the service SHOULD take to improve:

• The service should communicate with the building leaseholder to implement the recommendations identified in the fire risk assessment as soon as possible.

• The service should communicate with the building leaseholder to implement the recommendations identified in the legionella risk assessment as soon as possible.

• The service should update their deteriorating service users assessment tool to the more recent version of the National Early Warning System (NEWS) 2.

• The service should complete their Private Information Healthcare Network membership and comply with data submission as per the Private Healthcare Market Investigation Order 2014.

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

Good

Surgery

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

Are Surgery safe?

Good

We rated safe as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of service users and staff. Training modules included health and safety, general data protection regulation, fire safety awareness, infection control level 2, COVID-19, manual handling, mental capacity act, duty of candour, legionella and basic life support training. We noted that two members of staff had their basic life support (BLS) training outstanding however, they were both trained to intermediate life support level. We were also told that because of COVID-19 and the face to face nature of BLS training, courses were scarce and difficult to book into.

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw records used to monitor specific mandatory training for each member of staff. These were managed effectively and identified key training modules, completion dates and outstanding training for each person in the team.

Safeguarding

Staff understood how to protect service users from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Nursing and medical staff received training specific for their role on how to recognise and report abuse. The safeguard lead for the service was trained to safeguarding level 3 for adults.

Staff could give examples of how to protect service users 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 and where aware of systems and process to report any findings including how to make a safeguarding referral and who to inform if they had concerns.

Good

Surgery

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 service users, themselves and others from infection. They kept equipment and the premises visibly clean.

All areas we inspected were clean and had suitable furnishings which were cleaned and well-maintained. The service consisted of one reception room, one consulting room, one theatre and one recovery area. Floors were covered with washable lino and were visibly clean. Surfaces also appeared clean. We saw improvements from our last inspection which included the use of disposable curtains, which were in date, and the use of couch rolls for individual use in the recovery area.

The service had improved the management of their risk of legionella infection since the last inspection. We reviewed and were assured of compliance with run off times. However, the most recent legionella risk assessment identified areas that should be addressed to minimise risk. There were ongoing discussions with the building leaseholder to resolve some of these outstanding issues. In the meantime, the service had taken all action possible to minimise risks to service users.

The service had different colour coded cloths, buckets and mops that were used to clean different areas within the clinic to prevent cross contamination and spread of infection. The service audited compliance with cleaning and showed signed cleaning records for every day.

The operating suite had been refurbished since our last inspection and was now complaint with regulations. The ceiling had been refitted and the operating suite was bright and in good state of repair. The operating suite was now well ventilated which was an improvement from our last inspection. Review of the ventilation installation, management and servicing records demonstrated compliance with the heating and ventilation of health sector buildings HTM 03-01.

We observed handwashing protocols that took place during the inspection. Staff were compliant with the times and stages at which handwashing should be done. The service also conducted a handwashing audit to which they were fully compliant.

We also observed doctors and clinical staff in scrubs, alternative theatre dress or bare below the elbows for the duration of the inspection. Staff also followed infection control principles including the use of appropriate personal protective equipment (PPE).

Surgical instrumentation was mainly single use and disposed of correctly. All other equipment was cleaned after service user contact or when required; the service had an agreement with an external company for equipment sterilisation.

The service screened service users prior to surgery for potentially infectious diseases including MRSA and COVID 19. We saw how service user's notes included a completed risk assessment which included their previous surgical history, medical history and previous infective disorders. We were told how the service would prioritise service users and set cleaning schedules to avoid the risk of cross-contamination. To manage the risk of COVID19 the service was following current guidance regarding testing prior to surgery and monitored and supported service users with the right information regarding isolation periods before their procedure.

Staff worked effectively to prevent, identify and treat surgical site infections. Staff used records to identify how well the service prevented infections. We were informed the service only recorded four non-impactful surgical site infections in the past year.

Good

Surgery

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 clinic was split in two levels. The first level had the reception, waiting room, staff kitchen and consultation room. The upper floor had the recovery room, surgical theatre, toilet and cleaning cupboard.

Entry to the clinic was by appointment and bell access. The reception area and hall had identifiable safe distance markers on the floor to respect social distancing and the reception desk was protected by glass. In the reception area there were reminders and notices which included the safe use of masks and hand sanitizer as well as information relating to raising complaints and accessing other relevant policies.

The waiting room was spacious and had easy wipe chairs which were socially distanced. We were told the service had a booklet that was usually placed on the waiting room desk that included all relevant policies for the service however, this had been removed due to COVID 19 risk. service users were informed that should they wish to consult any policy staff would support them in doing so.

The consultation room was used for pre-operative consultation, dressing removal and storage of service users notes. The consultation room had a demarked area for service users which included one examination couch. The demarked service user area had disposable curtains for privacy should this be required. These were in date.

Service user documentation and notes were stored in key locked cupboards and only accessible to staff. We were told no service users were left in this room alone at any time.

The recovery room consisted of two areas and was only accessible via key code access. One area was used for storage and was separated from the main recovery area which included a recovery bed and vital sign monitoring equipment. This recovery area was used pre-operatively as a changing area for service users and post operatively to monitor service users well-being before discharge.

In the storage area of the recovery room there was a locked 'control of substances hazardous to health' (COSHH) storeroom for the safe storage and use of chemicals and cleaning materials.

The theatre was bright, had good ventilation and was in an excellent state of repair. The theatre area was divided into theatre area, scrubs area and setup area. The theatre area included the theatre table, monitoring equipment and specialised surgical equipment which was appropriate for the cosmetic surgery work being undertaken.

Electrical safety checks, including portable appliance testing and servicing and calibration testing now complied with current regulations and were all up to date. Servicing and calibration were completed via a service level agreement with an external company. However, service labelling in situ was hard to read.

The service had enough suitable equipment to help them safely care for service users. Stock and storage of equipment, including disposable instrumentation, was well managed and recorded. Equipment was stored in appropriate areas and surgical and specialised equipment was stored in locked cupboards only accessible by staff.

We saw that fridge temperatures were recorded daily. The fridge only stored glucose injections.

Good

Surgery

There was a fully equipped adult resuscitation trolley in theatre. This included medications for anaphylaxis, automated external defibrillator, airways and oxygen. Staff carried out daily safety checks of the specialist equipment including the resuscitation trolley.

In all areas we found relevant notices highlighting various procedures and information to support the safe delivery of services. All were laminated for easy cleaning as per infection prevention control guidance.

The provider submitted a copy of a fire risk assessment carried out by an independent fire safety advisor. Despite having passed the assessment there were actions that needed to be addressed to make the service fully compliant with all safety measures to assure safe fire safety management in line with current guidelines. We were told there were ongoing discussions with the building leaseholder to resolve some of the outstanding issues.

Clinical waste was disposed and managed in accordance with the Management and Disposal of Healthcare Waste Health Technical Memorandum (HTM) 07-01 on best practice for waste management. Clinical waste bins were stored outside and there was correct segregation of waste. These clinical waste bins were closed and required key access to open them.

Assessing and responding to service user's risk

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

Staff completed risk assessments for each service user on consultation and pre-operatively and reviewed this regularly. These risk assessments also included psychological risk assessments. Assessments were recorded in each service users' notes book. We reviewed six service user records and found all assessments had been completed.

In all six records we reviewed the surgical safety checklist was fully completed. Key assessments were recorded before the induction of anaesthesia, before skin incision and before the service user left the operating room. There was also an additional comments section used for notes and debriefing. These records were in line with the World Health Organisation "5 steps to safer surgery" guidance. This was an improvement on the findings of our last inspection.

Staff used a nationally recognised tool to identify deteriorating service users and knew how to escalate them appropriately. The service used the national early warning score (NEWS) 1 to record and monitor potential service user deterioration. Monitoring included respiratory rate, oxygen saturations, systolic blood pressure, pulse rate, level of consciousness and temperature. However, as part of the recommendations by the Royal College of Physicians for system-wide standardisation the service should update their deteriorating service users assessment tool to the more recent version of the national early warning system (NEWS) 2.

Staff knew about and dealt with any specific risk issues. These were recorded in the service user notes and monitoring was done regularly. The service used monitoring parameters in line with the Association of Anaesthetists of Great Britain and Ireland guidelines. Inclusion and exclusion criteria for accepting service users for surgery were also specified and discussed with service users.

Staff shared key information to keep service users safe whilst discharging the service user from the operating theatre and from the recovery room. They also shared information with relevant health professionals if consent by the service user had been given.

Good

Surgery

Nurse staffing

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

The service had enough nursing and support staff to keep service users safe. The service only used substantive staff. The nursing team consisted of a lead nurse, a scrub nurse and an auxiliary assistant.

We reviewed staff records and found that all nursing staff had completed their Nursing and Midwifery Council checks as well as demonstrating certificates for further education including study days and up-dates.

We were told since 2018 managers limited the use of agency staff and would only request staff familiar with the service if staffing was required.

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 service users safe from avoidable harm and to provide the right care and treatment.

The service had one surgeon. The surgeon was registered with the General Medical Council and was a member of The Royal College of Surgeons of Edinburgh and Board Certified by the International Division of American Board of Cosmetic Surgery. He was also a member of the British Association of Body Sculpting.

We saw records and qualifications that assured the surgeon had the right skills, training and experience to provide the right care and treatment to service users undergoing gynecomastia surgery.

Records

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

Service user notes were comprehensive, and all staff could access them easily. Service user records were kept in both electronic and paper format. The paper format consisted of a service user booklet which included the service user journey from first contact to operative notes and discharge. The booklet contained all necessary information to safely monitor the service user. The service also used electronic records which included photographs of the service users. We were told all data was protected in line with general data protection regulation.

Records were stored securely. Paper records were stored in locked cupboards in the consultation room. These records were easily accessible to staff. Electronic records were stored on a secure cloud based record keeping system.

We reviewed six service user's notes and found that they were all complete, clear and up to date. The service also carried out a record keeping audit every three months selecting 25 random service user records and auditing compliance with legibility, consent, physical examination, treatment plan, treatment notes, surgical checklist, observational operative notes and discharge and time. The audit assured a majority of 100% compliance with most parameters. Of the parameters that did not meet the 100% compliance target these were highlighted for learning and future monitoring. Any outstanding actions and learning opportunities would be escalated to the medical advisory committee and shared with staff.

Good

Surgery

Medicines

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

There were no controlled drugs kept on the premises, as they were not used for the type of procedure currently carried out.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. We found the only drugs stored on site were pain killers and local anaesthetics. These were stored in a locked cupboard in the anaesthetic room which was adjacent to the surgical room. The medicines cupboard was only accessible to staff. This was an improvement on the previous inspection where we found not all drugs were stored appropriately.

Staff reviewed service users' medicines regularly and provided specific advice to service users and carers about their medicines prior and post surgery. This was documented in the service user record.

All pharmacy services were supplied via a service level agreement with a local pharmacy.

Incidents

Staff recognised and understood how to report incidents and near misses. Managers had appropriate systems to investigate incidents and share lessons learned with the whole team.

The service had recorded no serious incidents in the past two years.

Staff knew what incidents to report and how to report them. Staff also told us they felt confident to raise concerns and report incidents and near misses should they occur.

The service had no never events.

Staff understood the duty of candour. We were told there were no occurrences of situations where the duty of candour was applicable. We were informed that should any situation that requires duty of candour to occur staff and managers would be open and transparent and would give service users and families a full explanation if and when things went wrong.

Staff met regularly to discuss the feedback and look at improvements to service user care.

Safety thermometer

The service used monitoring results to improve safety. Staff collected safety information.

This provider was a day case only service. They had no inpatients and had never needed a service user to stay overnight. They did not carry out venous thromboembolism assessments or falls assessments.

The service monitored surgical site infection rates. There were four recorded surgical site infections recorded in November 2020, but none of them were impactful. Learning and new practices were implemented into practice and as a result no further surgical site infections have been recorded since.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance where possible. The provider adhered to relevant guidelines such as The National Institute for Health and Care Excellence

Good

Surgery

(NICE) guideline [NG15] Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use and NICE guideline [NG125] Surgical site infections: prevention and treatment. As an example, and after learning from incidents and conducting a guidance review the service did not use antibiotic prophylaxis routinely for clean non-prosthetic uncomplicated surgery.

Are Surgery effective?

Good

We rated effective as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service adhered to relevant guidelines such as The National Institute for Health and Care Excellence (NICE) guideline [NG15] Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use and NICE guideline [NG125] Surgical site infections: prevention and treatment.

The provider told us there were no NICE guidelines related to gynecomastia cosmetic surgery procedures. However, they followed guidelines set by the British Association of Body Sculpting.

Nutrition and hydration

Staff gave service users enough food and drink to meet their needs and improve their health. They informed service user**s of their nutritional and hydration needs prior and post surgery.**

The service only carried out day procedures. In cases where a service user was at the service for prolonged periods of time, the service said they would provide food and refreshments.

The provider informed us that there were no procedures carried out under general anaesthetic, therefore there were no starve times prior to a procedure.

The service provided pre and post-operative advice regarding the management of a healthy diet and supporting nutritional intake prior to surgery.

Pain relief

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

The service did not use a recognised tool to identify levels of pain. However, the surgery was done under local anaesthesia and service users were able to feedback if they were in pain or if their pain threshold was being met. We saw staff regularly monitoring service users' pain and giving pain relief in line with individual needs and best practice. Service users received pain relief soon after requesting it.

Staff administered the prescribed pain relief and recorded it accurately. They were able to provide and prescribe stronger pain relief if required both during and post-surgery.

Good

Surgery

Service user outcomes

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

Managers and staff carried out a programme of repeated audits to check improvement over time.

Outcomes for service users were positive, consistent and met expectations. The service completed a yearly service user outcome study which included outcomes in areas such as service user satisfaction and post-surgery bruising. This was an improvement from the last inspection where outcomes were inconsistently recorded. We saw results were positive. As an example, service user feedback regarding satisfaction of the procedure ranged mostly between eight and ten out of ten.

The service benchmarked their outcomes with colleagues and other services through the British Association of Body Sculpting. We were unable to review any formal benchmarking but were told that the service was comparing outcomes for measures such as service user satisfaction and post-surgical haematomas.

Managers used information from the audits to improve care and treatment and improve service users' outcomes. As an example, the service had an application which allowed service users to feedback their post-operative experiences 24 hours a day. This was regularly reviewed by the clinical coordinator who would identify themes and personal needs and escalate them accordingly.

At the time of the onsite inspection the service did not submit data to the Private Healthcare Information Network (PHIN). In 2014 the Competitions Market Authority (CMA) published the Private Healthcare Market Investigation Order 2014. This imposed a duty on hospitals to submit data to PHIN as the new information organisation for private healthcare. The governance manager told us they were aware of PHIN but did not know that the cosmetic procedure of gynecomastia was required to submit data under this mandate. They assured us that the service would be fully compliant with the mandate within the next month.

The service did not report any readmissions following their cosmetic surgery procedure. We were told that service users could return for assurances regarding monitoring of bruising. The service said that if a readmission would occur they would be responsive to this need and would plan a return for the following day.

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 service users. Clinical staff were registered with their governing bodies.

Managers gave all new staff a full induction tailored to their role before they started work. We reviewed six staff records and all had their relevant inductions signed.

Managers supported staff to develop through yearly constructive appraisals of their work. Managers helped identify any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. We saw evidence of this in staff folders with study days and competency up-dates recorded.

Good

Surgery

The surgeon had arrangements for external appraisal for their professional development through regular, constructive clinical supervision of their work with a responsible officer. There were no surgeons or doctors under practicing privileges at the service.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers said they were satisfied with the performance of their staff, however if they identified poor staff performance they would support staff to improve.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss service users and improve their care. It was also clear that each member of staff recognised their role and responsibility in the care of the service user and escalated any concerns effectively.

Seven-day services

Key services were available to support timely service user care.

The service was open six days a week. However, surgical procedures were only carried out on days when operating lists where in place.

Health promotion

Staff gave service users practical support and advice to lead healthier lives.

The service gave relevant information promoting healthy lifestyles to their service users. Staff assessed each service user's health when contacting the service and provided support for any individual needs to live a healthier lifestyle and support the surgery healing process.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a service user had the capacity to make decisions about their care. This was clearly recorded in the service user notes.

Staff made sure service users consented to treatment based on all the information available. Information regarding the cosmetic surgical procedure, risks and alternative treatments were offered to make informed choices.

Staff clearly recorded consent in the service users' records. All six records we reviewed had accurately dated and signed consent. Additionally, the service's audits indicated 100% compliance with signing of consent and respecting the two week cooling-off period.

Staff gained consent from service users for their care and treatment in line with legislation and guidance. As an example, consent was obtained in a two-stage process with a cooling-off period of at least two weeks to allow the service user to reflect on their decision.

Good

Surgery

The provider's policy stated that any person unable to give consent would be declined treatment.

Are Surgery caring?

Good

We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for service users. Staff took time to interact with service users in a respectful and considerate way and made them feel comfortable in their interactions

The two service users we spoke with said staff treated them well and with kindness throughout their journey.

Staff understood and respected the individual needs of each service user and showed understanding and a non-judgmental attitude.

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

Emotional support

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

Staff gave service users emotional support and advice when they needed it. We saw how staff supported service users and made them feel less distressed and concerned about their surgical procedure.

Staff understood the emotional and social impact that a person's care, treatment and condition had on their wellbeing and on those close to them. We heard from a service user the importance staff had in making him feel valued and the impact this had on his self-esteem.

Understanding and involvement of service users and those close to them

Staff supported and involved service users to understand their condition and make decisions about their care and treatment.

Staff made sure service users understood their care and treatment. In all service user interactions we observed staff explained the procedure and follow up care clearly and concisely and where happy to explain anything that was not understood.

Fees were disclosed in the treatment plan and discussions. The quotation for the cosmetic procedure was discussed prior to the surgery and terms and conditions explained. The process of paying a deposit was also clear to service users.

Good

Surgery

Staff talked with service users in a way they could understand and supported them to make informed decisions about their care. As an example, all service users we spoke with said they were made to feel part of the team and understood their procedure clearly.

Service users and their families could give feedback on the service and their treatment and staff supported them to do this.

Service users gave positive feedback about the service. The satisfaction survey had an 80.9% after care response rate between March 2020 and February 2021. This represented about 325 feedback responses given. The yearly net promotor score was 93.1% and yearly detractor score of about 1.5%. The remaining responses were passive This meant that of the 325 responses received 302 service users replied they would recommend the service.

The service user feedback survey also included a trending words analysis to support the service in identifying key areas to improve and support the service in identifying what they were doing well. Higher trending words in the survey included: team, professional, results, service and friendly.

Are Surgery responsive?

Good

We rated responsive as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of service users.

The clinic provided gynecomastia cosmetic surgery by appointment only. All procedures were carried out on male service users aged 18 and above.

Managers planned and organised services to meet the needs of their service users. Appointments were booked to accommodate people's available days and took into account recovery times.

Managers monitored and took action to minimise missed appointments.

Managers ensured that service users who did not attend appointments were contacted and offered new appointment dates, should this be the wish of the service user.

Meeting people's individual needs

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

Building protection regulations for the building meant that disabled access was limited. The provider told us that if a person with physical disabilities required use of the service a mobility assessment would be conducted. If the service user was unable to access the service, the provider would advise them that they were unable to offer cosmetic surgery.

Good

Surgery

Managers made sure staff and service users could get help from interpreters when needed. The service had access to a telephonic interpreter service if required and offered it as their preferred option of interpretation. If the service user felt, they were not comfortable with this and preferred a family member or friend to interpret this could be arranged. This however was a risk as it could compromise the service user's choice and openness in their decisions.

The provider's service policy stated that only those service users who were mentally competent and able to give informed consent were offered treatment.

The service offered service users tailored after care compression vests. These were important to support the healing process post-surgery.

Access and flow

People could access the service when they needed it and received the right care whilst respecting agreed time frames. Waiting times from referral to treatment and arrangements to admit, treat and discharge service users were managed well.

The service only offered day surgeries. Their waiting list time was on average six weeks.

The service monitored waiting times and made sure service users could access services when needed and received treatment within agreed timeframes. We saw through the service user notes we reviewed and from service policy that important time frames such as the cooling-off period were respected and monitored.

Managers and staff worked to make sure service users did not stay longer than they needed to.

The service worked to keep the number of cancelled appointments, treatments and operations to a minimum. They were supported by an administration team who were tasked to contact service users and support them through their surgical journey.

We were told if service users had their appointments or cosmetic procedures cancelled at the last minute, the service made sure they were rearranged as soon as possible.

Staff supported service users when they were discharged and during their after care. We observed how staff supported service users post-surgery providing information and advice relevant to their procedure and also encouraging them to contact the service should they have any questions or concerns.

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.

Service users and service users knew how to complain or raise concerns. The service complaints policy was always available for service users to access. The service had only received one informal complaint in the last year.

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

Staff understood the policy on complaints and knew how to handle them. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers.

Good

Surgery

Managers regularly reviewed feedback received through search engines, social media and feedback forms. They shared feedback with staff and learning was used to improve the service. We saw evidence of this resulting in the improvement of aftercare monitoring calls following an informal complaint and feedback from social media posts.

Are Surgery well-led?

Good

We rated well-led 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 service users and staff. They supported staff to develop their skills.

Since our last inspection the service had changed its management structure. The service was now led by two managers. One had oversight of clinical delivery and the other of the governance processes. Both managers were clear and understood the remit of their roles in the service and the scope of their responsibilities.

We found both managers had the skills, knowledge and experience to run the service. Both managers demonstrated an understanding of the challenges to quality and sustainability for the service.

Staff we spoke with said both managers were accessible, visible and approachable.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on quality and sustainability of services. Leaders monitored progress.

Since our last inspection the service had reduced the types of cosmetic procedures offered to just one. The service opted to specialise in gynecomastia and focused its strategy to provide a specialist personalised, individual service.

We also heard how the service had opted to eliminate practicing privileges and use a substantive team for all their procedures. This ensured that the level of specialism and the care provided was consistent and maintained at a high level with specialist staff.

Staff understood the vision of the service and the delivery strategy.

We saw evidence through auditing and personal development plans, that the delivery of the service's strategy and vision was monitored for progress and outcomes to ensure its quality and sustainability were measured.

Culture

Staff felt respected, supported and valued. They were focused on the needs of service users receiving care. The service provided opportunities for learning. The service had an open culture where service users and staff could raise concerns without fear.

Good

Surgery

Staff we spoke with said they felt valued and cared for. They felt there was a good culture amongst staff and managers that promoted good relationships and quality of care for service users.

Leaders and staff we spoke with said they felt empowered to raise concerns and address any issues the service faced, openly and honestly. They felt the regular face to face interaction and the closeness of the group allowed for good honest conversations.

We saw all clinical staff had appraisals and these were reviewed regularly. The clinical manager also had updated appraisals from an external appraiser in the form of a responsible officer. We heard from staff and managers about opportunities for staff learning and support for training needs.

There was a strong emphasis on the safety and well-being of all staff. Managers and staff worked collaboratively and shared responsibilities to resolve issues quickly.

Governance

Leaders operated effective governance processes, throughout the service. 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.

Since our last inspection the provider had identified actions needed to address challenges to the quality of the service provided. These included addressing the ventilation in the theatre and compliance with infection control environments. We were now assured the provider had sufficient understanding of compliance requirements within a clinical setting to deliver a safe service.

The provider now completed routine clinical and governance audits. This allowed the service to benchmark against other similar providers as well as make changes to improve the service based on factual information. For example, we saw compliance audits related to safety as a fire risk assessment and legionella risk assessments. The service was mostly compliant with all necessary regulation and where it was not, actions to be implemented where identified. Priorities on actions were determined using a red amber green colour rating system.

Audits were reported to the medical advisory committee where action plans to address the findings of the audits were recorded and lessons learnt identified.

The medical advisory committee met quarterly. We reviewed meeting minutes and agendas and found that since being introduced the meeting was maturing into a comprehensive oversight assurance and quality review meeting. In the last meeting there was an agenda that included review of previous meeting minutes, outstanding actions from the last meeting, staffing review, changes to practice and treatments, service user complaints, infection prevention control, audit reviews and Medicines and Healthcare products Regulatory Agency notices.

Staff we spoke with at all levels were clear about their roles and understood what they were accountable for. Since our last inspection the service had hired a governance lead and a practice manager who were responsible for reviewing compliance and supporting staff in completing their statutory activities such as mandatory training, appraisals and reviewing audit outcomes.

Good

Surgery

Arrangements with partners and third-party providers were governed and managed effectively using service level agreements. For example, the service had service level agreements to support equipment servicing and calibration, management of electronic service user records and risk assessments which were all monitored and carried out in compliance with recommendations.

We reviewed 10 policies within the service. All policies were up to date and relevant to current guidance and recommendations. This was an improvement in relation to our last inspection where we found several policies were not reviewed regularly or updated in line with relevant guidance.

Management of risk, issues and performance

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

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes. For example, the service used the medical advisory committee as a tool to monitor all information and identify action points should they be required.

The service used a risk register to monitor key risks. These included relevant risks to the organisation and action plans to address them. However, it was identified that this register was heavily operational and identified no clinical risks. When discussing this with the governance manager it was identified that it was felt that there were no significant clinical risks at this time, but the service would look to review if any clinical risks needed to be added to the risk register. We were also told that as a mitigation, clinical risks had oversight through the medical advisory committee meetings.

Managers told us that any changes to the service were done with consideration of the impact on quality and sustainability. They both stated that any changes to the service needed to focus primarily on the quality and safety of the service towards service users.

We were told how the service coped with unexpected events and recovery plans. Policies such as the business continuity policy supported this.

Information Management

The service collected reliable data and analysed it. The information systems were integrated and secure.

Since the last inspection the service had implemented a comprehensive audit system that addressed both safety and quality of care delivered to service users. This data was analysed and presented in the medical advisory committee and had oversight from the clinic manager. We saw quality and sustainability received sufficient coverage in team meetings and through governance systems.

The service had arrangements to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided mandatory general data protection regulation (GDPR) training to all staff. The service also had up to date and relevant policies to support this, such as their consent and GDPR policy.

The service audited their notes and service user records for completeness and compliance with the service policies. We were also told that electronic notes were stored on a secure cloud based system that was only accessible to staff and was password protected.

Good

Surgery

The service ensured service user confidentiality and confidential data was shared in line with privacy policies. Service users would provide consent to sharing their clinical information should they wish this to be done. In the case of unexpected or reportable findings the service user was informed that communication with their GP or doctor would have to be made.

Engagement

Leaders and staff actively and openly engaged with service users to plan and manage services. They collaborated with partner organisations to help improve services for service users.

The service ensured that people considering or deciding to undergo cosmetic surgery were provided with the right information and considerations to take account of to help them make the best decision about their choice of procedure and associated risks. This was evidenced clearly in the service user's record and needed consent from the service user before proceeding with any surgery.

People's views and experiences were gathered and acted on to shape and improve the services and culture. The service had several ways to engage with the public and service users including social media feedback forums and a service user's suggestion box in the reception. The service commissioned an external company to review satisfaction and service feedback on a quarterly basis. We saw this report and evidence of feedback being discussed in governance meetings.

The clinical manager was a member of the British Association of Body Construction. Through this collaboration the service benchmarked outcomes and audits.

The service engaged with CQC through the transitional monitoring application calls. During this call no serious risks or concerns were identified and an update on activity taken to address the findings of the previous inspection was provided.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

The provider had made significant changes to the service since the time of the last CQC inspection in September 2017. These changes addressed our findings and concerns relating to breaches of regulation 15 (safety and suitability of premises) and regulation 17 (good governance). Changes to the service also addressed other findings that were recorded as actions that the provider should undertake.

The service had changed its core activity to include only gynecomastia cosmetic surgery. The specialisation of this service has been recognised and the leading surgeon has presented at conferences on this subject. The surgeon has also been requested to publish a chapter in a recognised publisher on the subject of gynecomastia cosmetic surgery.

The service was committed to continuous learning and had an ongoing service user outcome study. This reported on several areas of the process of the surgical intervention and identified areas for improvement.