PHI Clinic

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?	Good

Overall summary

PHI Clinic is operated by PHI 102 Limited. The clinic opened in 2014. It is a private clinic in Harley Street, London.

The clinic provides consultation, examination and treatments in cosmetic medicine and treatment of skin diseases and disorders. The clinic provides low risk surgical cosmetic procedures for low risk patients. These included surgical removal of mole or warts, use of subcutaneous injection of botulinum toxin or fillers for skin rejuvenation. The clinic serves patients from the UK and internationally. All patients attending the clinic are privately funded patients. The clinic also offers laser hair removal, botox, and cosmetic interventions that do not involve cutting or inserting instruments or equipment into the body. We did not inspect these services.

We carried out an unannounced comprehensive inspection on 3 January 2019 and 10 January 2019. The inspection took place over two days. The inspection team consisted of one CQC inspector and a specialist advisor.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all clinics:

Summary of findings

are they safe, effective, caring, responsive to people's needs, and well-led. Where we have a legal duty to do so we rate clinics' 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 provider understood and complied with the Mental Capacity Act 2005 (MCA).

The clinic has had a registered manager in post since 2 February 2017.

Services we rate

This was the first inspection of this clinic. We rated it as **Good** overall.

We found good practice in relation to surgical procedures and the treatment of disease, disorder or injury because:

- There were effective systems to keep people protected from avoidable harm.
- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs.
- There was a programme of mandatory training which all staff completed, and systems for checking staff competencies.
- Equipment was maintained and serviced appropriately and the environment was visibly clean.
- Staff were trained and understood what to do if a safeguarding issue was identified.
- Records were up to date and complete and kept protected from unauthorised access.
- Incidents were reported, investigated and learning was implemented.
- The clinic used evidence based processes and this followed recognised protocols.
- Staff were competent in their field and kept up to date with their professional practice.
- Staff demonstrated a kind and caring approach to their patients and supported their emotional needs.
- Appointments were available to suit patients' needs and there were no waiting lists for services.
- Complaints from patients were taken seriously and acted upon.
- The clinic had supportive and competent managers. Staff understood and were invested in the vision and values of the clinic. The culture was positive and staff demonstrated pride in the work and the service provided.
- Risks were identified, assessed and mitigated. Performance was monitored and performance information was used to make improvements.

However, we also found the following issues the clinic provider needs to improve:

- The resuscitation trolley and its contents were not checked in accordance with the PHI clinic policy.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the clinic improve. These can be found at the end of the report.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and the South)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Cosmetic surgery was the main activity of the clinic We rated this clinic as good because it was safe, effective, caring, responsive and well-led.

Summary of findings

Contents

Good

PHI Clinic

Services we looked at

Surgery

Summary of this inspection

Background to PHI Clinic

The clinic provides cosmetic procedures for privately funded patients.

The clinics specialisms are non-invasive cosmetic treatments like wrinkle treatments, dermal fillers, skin and anti-ageing treatments with an emphasis on skin rejuvenation.

The clinic provides consultation, examination and treatments in cosmetic medicine and treatment of skin diseases and disorders, including the use of class 3B lasers and intense pulsed light (IPL) systems. The following treatments are carried out using lasers and IPL systems: skin rejuvenation, facial thread veins, treatment of vascular and pigmented lesions, acne and acne scarring, age/sun spots, stretch marks, birthmarks, skin blemishes and ablative skin resurfacing.

The clinic offers a range of minor surgical procedures which are carried out under local anaesthetic, including: cellulite reduction and laser assisted liposuction.

The clinic does not provide procedures requiring a general anaesthetic, diagnostic or screening procedures.

PHI clinic was registered with the CQC on 23 December 2013.

The clinic had a registered manager who had been registered since 2 February 2017.

We carried out an unannounced inspection of the service on 3 January 2019 and an announced inspection on 10 January 2019.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor. The inspection team was overseen by Terri Salt, Head of Hospital Inspections North London.

Information about PHI Clinic

The clinic is open five days a week. Hours of opening are: Monday and Tuesday 9:30am to 6pm; Wednesday and Thursday 9:30am to 8pm; Friday 9:30am to 5:30pm.

The clinic is a modern facility in a converted house in Harley Street in London. The clinic provides services for privately funded patients who self-refer to the service.

PHI Clinic is registered to provide the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury

During the inspection we spoke with eight staff including; the medical director (registered manager), a doctor, a qualified nurse, two aesthetic therapists, three administrative and reception staff. We spoke with two patients and viewed six patient 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. This was PHI Clinic's first inspection since registration with CQC.

Staff in the centre consisted of one whole time equivalent medical director who was also the registered manager, one managing director, two doctors, two aesthetic nurses, two administrators/aesthetic therapists, one part-time compliance manager, three adminstrators/ receptionists and two senior aesthetic therapists.

In the reporting period 1 January 2018 to 31 December 2018 PHI Clinic provided 7614 attended appointments.

Summary of this inspection

Track record on safety

Summary of this inspection

- No never events.
- No serious injuries.
- No incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA).
- No incidences of healthcare acquired Meticillin-sensitive staphylococcus aureus (MSSA).
- No incidences of healthcare acquired Clostridium difficile (c. diff).
- No incidences of healthcare acquired Escherichia coli (E-Coli).
- No deaths.
- There had been 34 complaints received from October 2017 to October 2018, eight of these were upheld.

Services provided under service level agreement:

- Clinical and non-clinical waste removal
- Building maintenance
- Equipment servicing and maintenance
- Maintenance of medical equipment
- Fire safety and fire training
- IT systems cloud back up

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 safe as good because:

- Staff had training on how to recognise and report abuse and knew how to apply it.
- There were sufficient numbers of staff with the necessary skills, experience and qualifications to meet patients' needs. They were supported by a programme of mandatory training in key safety areas.
- Equipment was serviced and there were processes to ensure all
- items were well maintained.
- The environment was visibly clean.

However, we also found the following issue that the clinic provider needs to improve:

- The resuscitation trolley and its contents were not checked in accordance with the PHI clinic policy.

Are services effective?

Good

We rated effective as good because:

- Policies, procedures and guidelines were up to date and based on National Institute for Health and Care Excellence (NICE) and royal college guidelines, relevant regulations and legislation.
- Staff worked collaboratively as part of a multi-disciplinary team to meet patients' needs.
- There were systems to show whether staff were competent to undertake their jobs and to develop their skills or to manage under-performance.
- There was effective multidisciplinary team working throughout the centre and with other providers.
- Staff had regular development meetings with their line manager, and were encouraged to develop their roles further.
- Information provided by the centre demonstrated 100% of staff had been appraised.
- Staff understood their responsibilities in regards to patients consent and the Mental Capacity Act 2005.

Are services caring?

Good

We rated caring as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

Summary of this inspection

- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Are services responsive?

Good

We rated responsive as good because:

- Services were planned and delivered in a way that met the needs of the customer base.
- Patients individual needs were met
- Patients complaints and concerns were taken seriously resolve complaints and concerns and managed in accordance with the clinic's policy
- Complaints were investigated and learning was identified and shared to improve service quality.
- Patients could access services easily; appointments were flexible and waiting times short.
- Appointments and procedures occurred on time.

Are services well-led?

Good

We rated well-led as good because:

- Managers in the clinic had the right skills and abilities to run a service.
- The provider had a clear vision and values which were realistic and reflected through team and individual staff member objectives.
- There was a clear governance structure, which all members of staff knew. There was evidence of information being cascaded from governance meetings to staff.
- There were effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The clinic was committed to improving services by promoting training, research and innovation.

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	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

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

Are surgery services safe?

Good

This was the first inspection for the service. We rated it as **good.**

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff completed a set of annual mandatory e-learning courses, and face to face training from a registered private training provider to cover basic life support (BLS) and moving and handling. Fire training was provided to all staff by mandatory e-learning and also to nominated fire officers by face to face training from a contracted health and safety advisor.
- Staff training files included a contemporaneous training record. This included details of training undertaken including; fire safety and evacuation, health and safety in healthcare, equality and diversity, infection prevention and control, and moving and handling
- Mandatory training rates were regularly reviewed at quarterly governance meetings and at weekly extended team meetings. At the time of this inspection, 100% of staff had completed and were up to date with mandatory training.
- The clinic had an up to date policy on the management of Sepsis. This

Safeguarding

- **Staff understood how to protect patients from abuse.**
- There had been no safeguarding concerns raised by the clinic in the previous 12 months.
- The clinic had up to date safeguarding vulnerable adults and children policies and procedures which contained key information and contact details for the local authority to raise any concerns. Staff were trained to recognise adults and children at risk and were supported by safeguarding adults' and children policies.
- The lead for safeguarding was a senior nurse who was trained to level 3. Plans were in place for the safeguarding lead to be trained to level 4 in February 2019.
- At the time of this inspection 100% of staff had received level 3 safeguarding adults and children's training. PHI clinic did not provide regulated clinics for children under the age of 18 years old. However, all staff had received training in safeguarding children and adults' level 3. Staff told us they received level 3 children's safeguarding training as it was possible that patients could have access to children as either parents or grandparents. This met intercollegiate guidance: 'Safeguarding Children and Young People: Roles and competencies for Health Care Staff', March 2014. The clinic had trained its staff in children's safeguarding at a level above the minimum level, the intercollegiate guidance states all non-clinical and clinical staff that have any contact with children, young people, parents or carers should be trained to a minimum of level two safeguarding. This was good practice.
- The safeguarding lead nurse was aware of the Department of Health (DoH) female genital mutilation

(FGM) and safeguarding guidance for professionals March 2016. Staff told us FGM, modern slavery, and child sexual exploitation (CSE) was included in the safeguarding training module.

- We reviewed staff recruitment files for five members of staff. The clinic had a recruitment policy for the employment of new staff. This identified the checks that should be undertaken during the recruitment process. They included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and Disclosure and Barring Service (DBS) checks. DBS checks identify whether a person had been barred from working in roles where they may have contact with vulnerable children. DBS confirmations were included in all of the staff files we reviewed. We did find however one file that did not have documented references for a member of staff and one file that did not have a fully documented employment history including gaps in employment. The clinic updated the staff files immediately when we drew this attention and added the missing information to the staff files.
- Daily meetings and quarterly 'PHI days,' monitored compliance with safeguarding policies and raising concerns processes. The meetings identified themes from incidents and set improvement goals. (PHI days were quarterly meetings that were used for staff development and to review the clinics performance).
- Staff were aware of the safeguarding lead and knew who to report safeguarding concerns to. Staff demonstrated understanding of the term safeguarding and were able to give examples of the type of abuse covered in safeguarding training.

Cleanliness, infection control and hygiene

- **The clinic controlled infection risk well.**
- PHI clinic had infection prevention and control policies and procedures which provided staff with guidance on appropriate infection prevention and control practice. All clinical rooms had infection prevention and control information available to staff including a 'five moments' of hand hygiene flow chart. This provided staff with prompts and guidance on hand hygiene practice.
- Infection prevention and control was audited monthly. We viewed audit results dated October 2018 and found the clinic had 99% compliance. There was an action plan to address non compliance with the clinic's audit outcomes. For example, the audit recorded that the dirty utility was being used to store large items of equipment and this area should be kept clear of excess items "in order that it can be used appropriately. Items stored within the cupboards should be appropriate for the use of the room and all work surfaces should be kept clear of extraneous items when not in use." Staff told us infection prevention and control audit outcomes were discussed at daily staff meetings. We viewed the dirty utility room and found it to be clean and free from clutter.
- We observed all areas of the clinic to be visibly clean. The clinic had a contracted cleaning company that cleaned the clinic at the end of each day. This was recorded on a daily check sheet which was reviewed by the medical director each week.
- Staff followed manufacturers' instructions and the clinics infection prevention and control guidelines for routine disinfection of equipment. This included the cleaning of medical devices between each patient and at the end of each day. We reviewed three machines and saw where appropriate the machines had been disinfected.
- Patients we spoke with were positive about the cleanliness of the clinic and the actions of the staff with regards to infection prevention and control. All the staff we observed demonstrated compliance with good hand hygiene technique in washing their hands and using hand gel when appropriate. Staff were bare below the elbow and had access to a supply of personal protective equipment (PPE), including gloves and aprons. We saw staff using PPE appropriately.
- There was an adequate supply of liquid soaps and hand towels throughout the practice. Sharps bins were signed and dated and did not pass their identified capacity. However, we found a sharps bin in a ground floor treatment room that had not been closed. We drew this to staff attention and they immediately closed the sharps bin.
- Hand hygiene audits were completed to measure staff compliance with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene.' These guidelines are for all staff working in healthcare environments and define

the key moments when staff should be performing hand hygiene to reduce risk of cross contamination between patients. Results for the reporting period January 2018 to October 2018 showed a regular compliance rate of 100%. Hand hygiene results were communicated to staff through the clinic's staff meetings and via email.

- Hand washing sinks were available in the clinical corridor and clinical rooms. Hand sanitising hand gel was available throughout the clinic. We observed good hand hygiene practice with staff cleaning their hands.
- A registered nurse was the infection prevention and control lead and was responsible for supporting staff by ensuring annual infection prevention and control competency assessments and training were carried out and undertaking infection prevention and control audits. Infection prevention and control audits were completed monthly. Results for the 12 months preceding this inspection demonstrated that the clinic regularly achieved 100% compliance.
- Waste was handled and disposed of in a way that kept people safe. Waste was labelled appropriately and staff followed correct procedures to handle and sort different types of waste. A clinical waste contract was in place and waste matter was appropriately sorted and stored until collection. We saw waste consignment notes from an approved contractor.

Environment and equipment

- **The clinic had suitable premises and equipment and looked after them well. However, checks on the resuscitation trolley were not in accordance with the clinic's policy.**
- Access to the clinic was in Harley Street. There was a ground floor reception area with a reception desk and waiting area that was staffed during opening hours. We saw clear signage in the clinic for fire exits. All doors between the waiting area and the clinical areas had secure doors in order to prevent unauthorised people or visitors gaining access.
- The reception area also had toilet facilities for patients and relatives. We found toilet facilities for patients were visibly clean and well maintained.
- The building had a lift which was maintained as part of the clinic's rental agreement. Patients could access clinical areas and the consultation room by the lift or stairs.
- The clinic had a dedicated consulting room for the purpose of pre-assessments,
- Staff had sufficient space for care and treatment to be carried out safely. Clinical areas were located on the ground floor and basement; each clinical room had an integral changing room. A staff room was also located in the basement.
- All equipment conformed to relevant safety standards and was regularly serviced. All non-medical electrical equipment underwent electrical testing. We viewed records of electrical testing and found these were up to date. Equipment had servicing date stickers attached to enable staff in monitoring that the equipment they were using had been serviced and the service was up to date.
- During our inspection we checked the servicing dates for four pieces of equipment, and found them within date. Failures in equipment and medical devices were reported to the medical director. Staff told us they had not experienced any problems or delays in getting equipment repaired. There had been no episodes of equipment or medical device breakdowns in the previous 12 months.
- Lasers and IPL equipment had a maintenance schedules. Processes were in place to monitor and reduce risks so that staff and patients were safe. Equipment was tested before clinical use by the clinic's staff.
- The clinic had a fire risk assessment that identified fire risks. The clinic had conducted a fire drill including evacuation of the premises in October 2018. Fire extinguishers were also serviced annually and fire alarms were checked regularly.
- The clinic had two defibrillators that were visibly clean and had been serviced. The clinic also had a first aid box: we checked the contents of the first aid box and found single-use items were sealed and in date. Oxygen cylinders were full, stored appropriately and had been serviced.
- The resuscitation trolley was not sealed and not tamper evident. The trolley was stored in a clinical room.

However, staff told us there were always staff present in the corridor leading to the clinical room and patients were always accompanied when using the corridor. Staff told us the contents of the trolley was checked regularly on a weekly basis with a checklist of contents. We found all items on the checklist were present including medicines in the trolley. All items and medicines were in date and weekly records were up to date. However, we viewed the PHI clinic resuscitation policy dated 2 October 2018. The policy recorded that the resuscitation trolley and its contents should be checked on a daily basis. We highlighted the frequency of checks to the medical director during our inspection. In response the medical director told us the clinic would immediately introduce daily checking of the contents of the resuscitation trolley.

- The clinic undertook environmental risk assessments and checks of equipment. For example, an assessment of the clinic's water supply had been completed in November 2018 by a private provider of water testing and found the clinic's water to be free from legionella and psuedomonas bacterium, (these are bacteria that can be found in water).
- The clinic had procedures to assess the risks in relation to the control of substances hazardous to health (COSHH). This included records of any chemical which could cause harm if accidentally spilt, swallowed, or came into contact with the skin. Chemicals subject to COSHH was stored securely.
- All items used for surgical procedures were single use items. This included, diathermy, forceps and cellulite treatment kits.
- The landlord of 102 Harley Street provided fire safety checks for the clinic's lighting as part of the rental agreement.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.**
- PHI clinic policies provided guidance, which was supported by a range of risk assessment tools for the staff to use to assess patient risk. These were available to all staff on the clinics shared computer drive and used to ensure the staff were aware of them and how they could mitigate avoidable patient risk. For example, we viewed the clinic's consultation guideline. This gave staff guidance on what information should be gathered from the patient including allergies, current medicines, and the patient's medical history. Staff highlighted that most cosmetic procedures at the clinic were not invasive.
- Patients' suitability for procedures was assessed in advance of the planned procedure date.
- Patients attended a consultation with a clinician prior to procedures, during which comprehensive risk assessments were completed for patients. Patients were assessed post procedure to highlight whether they may require additional support. We reviewed five care records, which demonstrated patients had been risk assessed and actions taken in response.
- We saw evidence that medical alerts were flagged to clinicians when procedures took place. This included alerts regarding patients who had a latex or antibiotic allergy.
- There was a system to support patients when they were discharged. On discharge patients were given the medical directors telephone number and could contact them 24 hours a day seven days a week.
- Staff told us if the clinic did minor surgical procedures such as mole or cyst removal. In the event that staff thought the patient required further investigation the clinic would provide a letter for the patients GP. Staff told us they advised all patients that underwent a surgical procedure to follow this up with their GP.
- Staff had knowledge of what to do in the event of a patient deteriorating. All members of staff were required to complete basic life support training. If a patient became acutely unwell during admission, the staff would stabilise the patient and then call an emergency ambulance to transfer the patient to hospital. There was a policy allocating staff roles if an acutely unwell patient required rapid transfer. Staff told us they had never had to transfer a patient to hospital. Staff were knowledgeable about emergency procedures when we asked them to describe how they would deal with an urgent situation if it arose. Staff told us they would apply first aid and call 999 emergency services.

- The clinic had step by step guidelines for staff in the management of a patient experiencing severe toxicity to local anaesthetic. The guidelines clearly set out actions medical staff should take in the event of this occurrence.
- The clinic established at the point of first contact whether a woman using the service was pregnant. Staff told us the clinic would not treat or provide any products to patients that were pregnant or trying to become pregnant.
- All staff had attended training in basic life support (BLS) and defibrillator training on 24 April 2018.
- All staff participated in regular life support and anaphylaxis training, (anaphylaxis is a severe allergic reaction). This meant staff had the opportunity to practice the skills needed in an emergency. All staff were familiar with the anaphylaxis kit and its use in an emergency.
- The clinic had fire drills twice a year including evacuation of the premises. All staff had completed fire warden training to ensure all floors had the same level of fire safety irrespective of which members of staff were on shift.

Staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- Staffing levels were divided into administrative and clinical staff. There was a receptionist, call handler, and finance officer on shift daily. The clinic employed over the required numbers of administrative staff to allow for absences and staff turnover and ensure there was no disruption to the service. For clinical staff, the staffing levels were more variable as clinical staffing levels were responsive to patient demand.
- The service used a purpose built staffing roster which was designed to take account of expected, and a degree of unexpected, absences; ensuring sufficient staff availability across all clinical sessions. Required staffing levels were calculated using core service information including: operational hours, complexity of procedures, physical layout and design of the clinic and treatment room availability, expected activities, training requirements, and administrative staffing requirements. This ensured sufficient staff to support patients' requirements.
- The administrative lead was responsible for clinical shifts being rostered in accordance with the PHI roster. The administrative lead was trained in rostering and used the staffing tool to ensure safe staffing numbers. The medical director was responsible for monitoring the hours worked by staff and ensuring they did not exceed working time limits. This included ensuring staff working longer than six hours at a time received a 20-minute rest break. The clinic was closed at weekends and in the evening. The clinic was able to flex staffing numbers to meet operational requirements and patient demand for services.
- The clinic did not use bank or agency staff. Staff told us in the event that a clinician was absent due to sickness, the clinic would ask another member of the clinical staff to cover the patient's appointment. The clinic would contact the patient and ask the patient if they would like another clinician or would prefer to rearrange their procedure when their clinician returned to work.
- Staff in the centre consisted of one whole time equivalent (WTE) medical director who was also the registered manager, one managing director, two doctors, two aesthetic nurses, two administrators/ aesthetic therapists, one part-time compliance manager, three administrators/receptionists and two senior aesthetic therapists.
- The service had one administrator vacancy at the time of inspection. In the previous 12 months three new non-clinical staff had joined the clinic and four non-clinical staff had left the clinic's employment.
- Staff told us they had low rates of staff sickness absence. From 1 September to 30 November 2018 the average rate of staff sickness was 1.97%.
- Doctors duties were explicit in their contracts. The contract clearly detailed the doctors scope of practice and were reviewed as part of doctors annual continuous professional development (CPD) reviews.
- The medical director told us the clinic had reviewed the need for a medical advisory committee (MAC), but, the clinic had made a decision that given the range of

treatments the clinic performed, a MAC was not required as the clinic's governance meetings served the functions of a MAC. The governance meetings included medical staff and allowed the medical director to meet with them and share concerns, listen to advice and benefit from each doctors experience and knowledge.

- All doctors were responsible for their own patients throughout their treatment, including any unexpected incidents or emergencies. When a patient's doctor was not available (for example due to holiday or sickness) another doctor was identified to cover for their patients. All patients had the mobile telephone number of the medical director. The medical director held the contact details of all doctors so they could be contacted if required.

Records

- **Staff kept and updated individual patient care records in a way that protected patients from avoidable harm.**
- Patient care records were electronic and were accessible to staff.
- Patients' personal data and information was kept secure. Patient records were password protected. Only authorised staff had access to patients' personal information. Staff training on information governance and records management was part of the PHI clinic mandatory training programme.
- The quality of patients' records was reviewed and audited on a monthly basis. Any deficiencies with recording was highlighted to the member of staff for their learning.
- We reviewed five patient care records during this inspection and saw records were accurate, complete, legible and up to date. Paper records were shredded once the paper based information was uploaded onto the electronic records system.
- All the forms completed by patients were examined and transferred electronically to the patient electronic system.
- All patients were booked through the clinics main reception. Clinical staff were responsible for storing and maintaining patient records and sharing communication in regards to patients with relevant parties in accordance with the data protection, data retention, and confidentiality policies.
- The clinic undertook regular records audits. We viewed the monthly records audits dated from September to December 2018. We found there had been between 95% and 100% compliance with the audit outcomes in the period.

Medicines

- **The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.**
- Medicines in use at the clinic were stored and disposed of in accordance with published guidance.
- Medicines were stored securely in a locked cupboard in the treatment room. The treatment room was kept locked and the keys to the medicines cupboard and treatment room were held by the nurse in charge throughout the shift.
- Medicines were stored at appropriate temperatures to ensure they maintained their effectiveness. For example, we viewed records dated 3 December 2018 to 4 January 2018 and found that medicine room temperatures were reviewed daily and were within the required range.
- The clinic did not stock or supply controlled drugs (CD).
- The clinic stocked a small amount of medicines. There were sufficient stocks available for use. Nurses completed daily medicine reconciliation. We reviewed the clinic's medicines stock and found all medicines were in date and the amounts recorded were correct. There was a stock control ledger that was used to monitor the amounts of drugs held by the clinic. This ensured the clinic was not over or under stocked. We found the amounts of medicines recorded in the ledger were the same as amounts stored in the medicines cupboard. Expired stock was returned to the pharmacy and recorded in the ledger.

- Emergency medicines were available if required. We checked the emergency medicines and all medicines were in date. We saw records which demonstrated that staff had checked emergency medicines to monitor stock levels and expiry dates.
- All staff clinical and non- clinical were trained in the use of injecting adrenaline with an epi pen, (This is a device used for injecting the drug epinephrine into someone's body when they are having a serious allergic reaction). Most staff we spoke with told us they felt competent in its use and received regular update training on the use of an epi pen from the medical director.
- Doctors told us they were the only staff that prescribed medicines. Prescriptions were paper based and scanned onto patient records. We reviewed three patients' prescription records and found these to be signed by a doctor. Patient allergies were documented. Antibiotics were prescribed in accordance with NHS antibiotic guidelines for primary care. The medical director told us the clinic would only prescribe an antibiotic when there was likely to be a clear clinical benefit to the patient. Patients were given printed information on the amounts and frequency of administering their prescribed medicines, as well as why the medicine had been prescribed. Patients' prescription medicines were reviewed at each appointment to ensure they were effective or whether they were required.
- Medicines administered at the clinic were recorded on the patient's electronic patient record, which had a medicines administration records tab. We viewed three patients' medicines records and found these recorded amounts and types of medicine. Patients' allergies were recorded. The records also recorded the reasons for medicines being administered.
- The clinic did not provide 'to take away' (TTA) medicines.
- There was a protocol for the administration of topical anaesthesia. The protocol gave clear guidance to staff on application quantity and times of effectiveness. The policy also gave staff guidance on contraindications and topical medicines removal.
- The clinic had a medicines policy that staff could access on the company's shared drive. The policy had been reviewed and updated on 2 October 2018.
- A pharmacy provided staff with email and telephone support. The clinic also had access to out of hours pharmacy support.
- Pharmacy support was available to clinical staff via email or telephone 24 hours a day, seven days a week.

Incidents

- **The clinic managed patient safety incidents well.**
- The clinic had procedures in place to investigate, respond to and learn from incidents. Incidents were recorded on an incident and complaints spreadsheet. The spreadsheet was red, amber, green (RAG) rated. The log recorded that there had been 23 incidents in the period January to October 2018. The log recorded the staff member that had investigated the incident and actions the clinic had taken in response. We found that all incidents on the log had been investigated and closed. The highest rates of incidents were: side effects (7), waiting for information (7), adverse reactions (4), and problems with the clinic's website (4).
- All staff were aware of the procedures for reporting incidents. Staff reported incidents with the use of an accident book. Incidents in the accident book were reviewed and recorded on the incident and complaints spreadsheet to facilitate monitoring. However, this was not the most robust system as incidents were recorded in the same place as accidents in the book and the same place as complaints on the spreadsheet. This did not facilitate clear exclusive monitoring of incidents. In mitigation the clinic reviewed the accident book daily and incidents could be filtered on the spreadsheet.
- The accident book was reviewed and any entries were discussed with staff at daily staff meetings. For example, staff told us about a recent incident involving a patient catching their foot on a coffee table in the clinic's reception. Even though this had not resulted in any harm to the patient we saw that this had been discussed at a daily staff meeting and the coffee table had been removed in response.
- During the period September 2017 to August 2018 there had been no serious incidents requiring investigation, as defined by the NHS Commission Board Serious Incident Framework 2013. Serious incidents are events in health care where the potential for learning is so

great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

- There had been no 'never events' in the previous 12 months prior to this inspection. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the 12 months preceding this inspection. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers 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. However, staff told us they would always offer support to a patient that raised an issue with services the clinic provided irrespective of the duty of candour requirements. The clinic had a duty of candour policy which provided guidance to staff on when the duty of candour should be implemented.
- The medical director received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These alerts identified any problems or concerns relating to a medicine or piece of medical equipment. Alerts were reviewed by the medical director and shared with staff at the daily staff meetings when considered relevant.
- There was a system for reporting injuries under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. Staff we spoke with were aware of these reporting systems. No RIDDOR incidents had been reported in the previous twelve months.

Are surgery services effective?

Good

This was the first inspection for the service. We rated it as **good.**

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.**
- Patients care and treatment was delivered and clinical outcomes monitored in accordance with guidance from the National Institute for Health and Care Excellence (NICE), Public Health England (PHE), Royal College of Surgeons, 2016, and British Association of Aesthetic Plastic Surgeons (BAAPS). For example, the clinic reviewed its cosmetic surgery services against the nationally recognised 'Professional Standards for Cosmetic Surgery' (Royal College of Surgeons, 2016).
- Staff followed the National Patient Safety Agency five steps to safer surgery as part of the World Health Organisation surgical safety checklist in procedures, such as mole or wart removal. The purpose of the checklist was to check all safety elements of a patient's procedure before proceeding. This included, for example, checking it was the correct patient, the correct procedure site, and that all the staff were clear in their roles and responsibilities. We reviewed three World Health Organisation safety checklists and found these were complete. This meant the clinic could be assured that safety checks had been undertaken correctly and accurate records kept of the procedure.
- We saw that policies and procedures were in date and were reviewed annually by the medical director.
- Staff discussions about the clinics policies took place on a regular basis during PHI days; these were days which included staff training, reviews of policies and procedures, governance and operational issues. Staff confirmed clinical governance information and changes to policies and procedures and guidance was discussed at daily staff meetings and PHI days.
- There was a central register of all PHI clinic policies which was regularly reviewed and policies updated. We saw that the clinic's policies had been reviewed on 2 October 2018.
- PHI clinic had local rules which took account of the Health & Safety at Work Act 1974 (HSAW) and the subsidiary regulations (e.g., the Management of Health and Safety at Work Regulations 1999 and the Provision and Use of Work Equipment Regulations 1998). The duty under Section 2 of the act states as far as is reasonably

practicable; employers must protect the health, safety and welfare of all employees. In addition, under Section 3, employers must also ensure "so far as is reasonably practicable, that persons not in his employment who may be affected thereby are not thereby exposed to risks to their health or safety".

- The service had local rules for the use of lasers and intensive pulse light (IPL) system which took into account Medicines and Health Care Products Regulatory Agency (MHRA) guidance, "Guidance on the safe use of lasers, IPL systems and LEDs", DB 2008(03).

Pain relief

- **Staff assessed and monitored patients regularly to manage their pain.**
- The clinic did not use general anaesthetic. The clinic used local anaesthesia; this is the lightest type of used on patients. This type of anaesthesia numbs the treatment area and patients are completely awake and during treatment.
- The clinic risk assessed patients for their suitability to use anaesthetic cream. Patients were left for a short period of time in the treatment room to allow the cream time to work. During this time patients were provided with a call alarm to call staff in case they experienced any side effects, such as redness or itching.
- Patients requiring analgesia such as paracetamol would be advised by a doctor to purchase this over the counter from a pharmacy.

Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.**
- The clinic had a compliance and audit log schedule. This recorded the scheduled monthly audits, including inspection of the clinical environment, records, medicines, laser and medical devices, and clinical governance. The log also acted as a prompt list for staff by recording the months when electrical safety checks, fire drills, COSHH and water supply checks were due.
- The clinic took photographs of patients at every visit so that both the patient and the clinic could monitor the results of the patient's procedures.
- The clinic informed us that due to the clinic's business being patient reported outcomes were the main method of monitoring patient outcomes. Patient reported outcomes were monitored by a patient satisfaction and quality of life survey. All patients were asked to complete a survey following treatment at the clinic. The results were logged on the clinic's survey log and quarterly results were available for patients to view in the clinic's waiting area. We viewed the results from the January to December 2017 survey and found 99% compliance for the year. Questions included, "By the end of the consultation did you feel better able to understand and/or manage your condition and your care?" The survey results recorded that 100% of patients had answered positively to the question. Results for the January to December 2018 patient survey were being compiled by the clinic and unavailable for review at the time of inspection.
- All patients had review appointments scheduled following treatment to discuss their progress and satisfaction. Patient who missed a review were automatically recalled.
- The number of patients having adverse reactions or side effects to treatment was monitored through the clinic's incident reporting system.

Competent staff

- **The clinic made sure staff were competent for their roles.**
- All staff received an induction and underwent initial competency assessment when first employed at the clinic.
- Staff skills were assessed as part of the recruitment process, at induction, through probation, and then ongoing as part of staff performance management and the clinics appraisal and continuous professional development (CPD) process.
- New staff were provided with an orientation to the clinic and walk-through of the centre's fire safety and evacuation procedure, and read the clinics key policies. Staff were also signposted to the procedure for calling for help in an emergency, including fire or cardiac arrest. The local rules were shared with the staff member and they were required to sign to confirm they had read and were aware of these. Staff were required to complete a

competency checklist within the first three months of employment, and did not work alone until the required competencies had been met. Most staff records we viewed had completed induction and competency records which had been signed as completed by the member of staff and a supervisor. However, we did see one member of staff's induction record which had been signed by the member of staff as completed, but had not been signed off by a senior member of staff.

- All staff were required to complete the clinic's mandatory training programme as well as role specific training to support ongoing competency and professional development. Competency based professional development included monthly training sessions from the medical director on aspects of the clinics practice.
- Staff told us there was a focus on staff learning and development at the clinic. There were weekly discussions on training issues with staff at the weekly extended team meeting. There were also quarterly seminars from the medical director who was a lecturer for an international training provider in practice development and continuous professional development.
- Staff told us PHI clinic had a comprehensive internal training programme aimed at developing specific competence. For example, staff were not allowed to work on their own and were always supervised during patient examinations until they were assessed as competent in specific tasks. Staff had received training in Sepsis awareness from the medical director.
- Staff attended relevant courses to enhance professional development and this was supported by the company. PHI clinic offered access to both internal and externally funded training programmes to support staff in developing skills and competencies relevant to their career. For example, the clinic's laser protection supervisor had completed a course in 'core laser protection competence'.
- Staff had regular individual annual appraisal to set professional development goals. Records we viewed confirmed that 100% of staff appraisals were up to date.
- Medical staff performance was monitored through peer review and issues were discussed in a supportive environment. The medical director fed back any performance issues to enhance learning or highlight areas of improvement in individual doctor's performance.
- All doctors were registered with the general medical council (GMC) and nurses were registered with the nursing and midwifery council (NMC). This meant staff met regulatory standards and were subject to revalidation of their registration to ensure the delivery of safe and effective care and treatment to patients.
- The medical director was accredited by the British College of Aesthetics. The medical director was a lecturer in cosmetic procedures and had been involved in shared learning sessions with national publications and international education providers.

Multidisciplinary working

- **Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other staff supported each other to provide good care.**
- The clinic had a training facility where doctors from other organisations as well as other providers of cosmetic services could attend training. Other providers could also book the clinic's training facility to share learning and best practice in cosmetic medicine.
- The PHI clinic staff team was a multidisciplinary team consisting of medical staff, nursing staff and aesthetic therapists. Staff told us the team worked well together and shared learning across specialisms. For example, the clinic had regular PHI days where staff shared learning.
- Patients attending the clinic were asked for their GP details. However, patients were given a choice on whether they wanted their GP to be informed of their cosmetic procedure. The medical director told us patients GPs would always be informed when there was complications with procedures or if patients required a follow up GP appointment. Staff told us they would always discuss GP contacts with patients prior to contacting their GP. However, staff also said the clinics 'duty of care' would take precedence over patient choice where clinicians believed there was a risk to a patient. Staff said they would always discuss referrals to other services with patients.

Health promotion

Good

Surgery

- The clinics website carried information on a range of skin conditions, symptoms and causes. These included explanations of genetic factors, exposure to ultraviolet (UV) light, smoking and diet.
- Patients we spoke with told us they were provided with a range of information prior to their appointment including information on diet and smoking. Patients said staff promoted healthy lifestyles during their appointments by explaining the impact of lifestyle choices on their skin and general wellbeing.

Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.**
- Staff understood the requirements of the Mental Capacity Act 2005 (MCA) during our conversations with them. We saw guidance on the principles of the MCA displayed in staff rooms and in the clinics kitchen. For example, there were 'at a glance' guidelines on the MCA from the social care institute for excellence (SCIE). Staff told us they had attended training sessions in the principles of the MCA with the medical director.
- Staff we spoke with understood the need for consent and gave patients the option of withdrawing consent and stopping their care or treatment at any time. The clinic used consent forms that all patients were required to sign at the time of booking in at the clinic. This was later scanned onto the electronic system and kept with the patients' electronic records.
- We viewed the results of a consent audit dated 18 December 2018. The audit found 100% of patients had a completed consent form in place and this was attached to the patients' electronic record.
- Documents at the clinic demonstrated staff were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. Staff had been provided with Mental Capacity Act 2005 (MCA) training. The MCA provided a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves.
- Discussions with two patients identified that consent was discussed and recorded at each patient consultation and treatment.
- Staff told us they had not had any patients at the clinic that lacked capacity, either permanently or temporarily. All patients received a consultation prior to any procedures being booked. Consent was discussed with patients at the time of consultation and subsequently at every appointment for a procedure. Staff told us as the clinic was a cosmetic clinic they would not provide services to a patient that appeared to lack the capacity to comprehend and consent to procedures.

Are surgery services caring?

Good

This was the first inspection for this clinic. We rated it as **good.**

Compassionate care

- **Staff treated patients with dignity, kindness, compassion, courtesy and respect.**
- We saw that staff at the practice treated patients with dignity and respect. Discussions between staff and patients were polite, respectful and professional. We also saw that staff maintained patient's privacy, and discussions with patients took place either in a consultation room, treatment room or a separate reception.
- Patients told us that they were offered a cup of tea on arrival and staff were flexible if they were late for their appointment.
- Staff introduced themselves prior to the start of a patient's treatment, explained their role and what would happen next. In the interactions we saw staff interacted well with patients and included them in general conversation. Feedback provided by patients demonstrated that patients found staff to have a kind and caring attitude. We spoke with two patients about various aspects of the care they received at PHI clinic. Patients' feedback was consistently positive about staff and the care they delivered.
- Patients could leave comments on a review website. For example, a patient comment dated 16 January 2019 recorded, "Totally looked after from the minute you enter. Beautiful clinic, with kind and friendly staff." Another patient commented, "The clinic has a very

welcoming environment. Staff spent time getting to know me and my skin at the beginning of each of my sessions. The nurse showed real skill and care when carrying out treatments." The platform had one negative feedback which related to a surgical procedure in 2015.

Emotional support

- **Staff supported people through their examinations, ensuring they were well informed and knew what to expect.**
- Staff provided reassurance and support to allay patients' anxieties prior to treatment. Staff demonstrated a calm and reassuring attitude to alleviate any anxiety or nervousness patients experienced.
- Staff described how they provided reassurance throughout the examination process and how they updated patients on the progress of their examination. The patients we spoke with told us staff had been supportive.
- Staff told us recognising and providing emotional support to patients was an integral part of the work they did. For example, a patient we spoke with told us, "I've been coming here for three or four years. It's wonderful, they give you a feeling. They are very supportive, even when you're anxious."
- Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- Patients we spoke with were very positive about their experience of the practice. Some remarked upon the high quality of procedures at the clinic and how caring and friendly the staff were. All patients spoken with said that treatment was explained clearly including the cost. The clinic provided patients with information about the services they offered on their website. In addition we saw a range of patient information was available in the clinic.
- All patients were welcomed into the reception area and reassured about their procedure. Staff communicated with patients in a manner that would ensure they understood their care and treatment plans. Payment was discussed at consultation and patients were given 14 days to decide whether they wished to continue with treatments. A patient we spoke with told us, "They explain everything including the charges before you get any treatments. The first thing they ask is what you have to say. It gives a basis for communication – The doctor tells you what he is doing and tells you about aftercare."
- Patients reported feeling safe and confident at the clinic. Patients told us the clinic was very open and honest in regards to any risks related to their procedures. Patients told us that they had ample opportunity to ask questions about their treatment.
- We viewed patient feedback dated 22 September 2018 from an online consumer review website. A patient commented, "Great professional clinic. My nurse was very diligent and explained everything to me. I was a first time visitor and the clinic made me feel very welcome and ensured I fully understood what my clinics entailed." On the same website a comment dated 30 August 2018 read, "I had a consultation with a nurse to receive more tailored advice, during which the nurse was friendly, professional and very knowledgeable, and her approach was holistic - looking at my face and listening to my concerns to give her professional opinion on what it would benefit from. There was no pressure to proceed, in fact, she stressed the importance of going away to have a think about it, and sent me lots of information to read on email afterwards."

Are surgery services responsive?

Good

This was the first inspection for the service. We rated it as **good.**

Service delivery to meet the needs of local people

- **The clinic planned and provided services in a way that met the needs of its customer base**
- PHI clinic was planned and designed to meet the needs of the patients. All patients were privately funded.

- The surgical removal of mole or warts, use of subcutaneous injection of botulinum toxin or fillers, laser hair removal, skin rejuvenation, and cosmetic interventions that did not involve cutting or inserting instruments or equipment into the body.
- The clinics specialism and majority of its business were non-invasive cosmetic treatments like wrinkle treatments, dermal fillers, skin and anti-ageing treatments with an emphasis on laser and skin rejuvenation.
- The clinic used intense pulsed light (IPL) this is a procedure similar to laser treatments. A bright light is aimed at the skin using various filters so that it only targets specific areas of the skin. Laser resurfacing was offered by the clinic, this is a procedure aimed at improving facial scarring that has happened as a result of injury or earlier surgery, and acne scarring. The clinic also offered fillers under the skin by injection and pulse dye laser treatment for face veins and redness. The clinic did not provide treatment for blue veins.
- The clinic had a 'statement of purpose' which set out services the clinic provided. This included: consultation, examination and treatments in cosmetic medicine and treatment of skin diseases and disorders, including the use of class 3B lasers and intense pulsed light (IPL) systems. The following treatments were carried out using lasers and IPL systems: skin rejuvenation, facial thread veins, treatment of vascular and pigmented lesions, acne and acne scarring, age/sun spots, stretch marks, birthmarks, skin blemishes and ablative skin resurfacing.
- The clinic offered a range of surgical procedures which were carried out under local anaesthetic, including: cellulite reduction and laser assisted liposuction.
- The clinic did not provide procedures requiring a general anaesthetic or diagnostic and screening procedures.
- The clinic was situated in Harley Street, London. The clinic was situated near local and national transport links.
- The building which housed the clinic was rented with a rental agreement from a private provider. The building was shared with a residential property and another business. PHI clinic occupied four floors of the building. on the ground floor and basement. The medical director had a consultation room on the second floor. The clinic also had a staff training suite on the third floor.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- The clinic only provided cosmetic treatment to adults over the age of 18 years old. The clinic provided care and treatment to both UK and international patients.
- All patients received a bespoke paper and electronic information pack which was tailored to their individual treatment plan when they first booked in at the clinic.
- Staff had received training in body dysmorphia, this is an anxiety disorder that involves a pre-occupation with body image. Staff told us they were very aware of the signs and symptoms of body dysmorphia. Staff told us patients were assessed for potential body dysmorphia as part of their initial consultation. Staff told us they would refuse treatment to any patient that displayed obsessive behaviour in regards to cosmetic treatments.
- The clinic was accessible for patients with impaired mobility. This included access from street level by a portable ramp, a ground floor toilet which was accessible to people with restricted mobility. Doorways and corridors were wide enough to accommodate patients who used wheelchairs. Basement clinical rooms were accessible by a lift.
- The clinics beds and trolleys were suitable for bariatric patients. However, there was no bariatric wheelchair. Staff told us bariatric patients would need to provide their own wheelchair or be able to mobilise and use the lift.
- Staff told us they could access interpreters by appointment for patients who did not speak English. The clinic could also provide printed information and treatment plans in patients preferred language. However, staff said most patients attending the clinic spoke English.
- Patients could request a chaperone during procedures. Staff told us this would be provided by the clinic or patients could have a friend or relative to support them.

We did not see any signage in the clinic to inform patients that a chaperone could be requested. However, staff said due to the demographic of the patients the clinic saw there was no demand for chaperones.

Access and flow

- **People could access the service when they needed it.**
- We found the clinic had an appointment system to respond to patients' routine needs and when they required urgent treatment. The clinic did not have a waiting list for appointments and patients would be offered a choice of appointment times starting with the earliest available.
- Patients' initial consultations could be booked by telephone or online through the PHI clinic website. All patients received an initial 45 minute consultation.
- The length of appointments and the frequency of visits for each patient was based on their individual treatment plans. Longer appointments were available for patients who needed more time. Feedback from patients about the appointments system was positive. Patients said that appointments were easy to arrange. For example, a patient told us, "The patient journey from reception to treatment and discharge is right."
- The clinic had an appointment system to respond to patients' routine needs and when they

  required urgent treatment. For example, patients who required a routine appointment were offered the next available appointment when their clinician or therapist was on duty. In the event that a patient experienced an adverse reaction and reported pain, the patient was offered a fast emergency appointment during normal working hours.
- There had been no patient appointment cancellations in the previous 12 months that were due to the clinic.
- Patients that required out of hours assistance were able to contact the medical director on his mobile telephone number.
- If patients required clinics that were not provided at the clinic, there were established referral pathways to ensure patients' care and treatment needs were met.
- Patient records were audited monthly. We viewed a patient record audit dated December 2018; this found that 95% of patients had been sent aftercare information. In response to the audit patients identified as not having received after care information were sent this.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- The clinic had a complaints procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. The service had a policy which included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or felt that their concerns were not treated fairly. Staff we spoke with were aware of the procedure to follow if they received a complaint.
- Complaints were investigated, responded to and learnt from. Staff told us they treated any expression of dissatisfaction with clinical or non-clinical services at the clinic as a complaint to ensure issues or concerns patients raised were addressed. There had been 34 complaints received from October 2017 to October 2018, eight of these were upheld. Responses to patients' complaints had been recorded and demonstrated an open approach to dealing with complaints. Documents we reviewed demonstrated a willingness to engage with the complainant and resolve matters where possible.
- All complaints were responded to within the 14 days in accordance with the clinics complaints handling policy. We reviewed the clinics complaints log which demonstrated that the clinic had followed due process and procedure in responding to complaints. For example, a patient had been given an apology and a refund when they expressed that they were unhappy with their treatment. The patient received an initial acknowledgement to their complaint within the timescales set by the clinic for its response.
- We viewed a bar chart that recorded the types of complaints and enabled the clinic to monitor themes and trends in complaints. Complaints were discussed at daily meetings and reviewed at quarterly governance

meetings. Complaints about individual members of staff were addressed directly with the member of staff. Staff confirmed that they received feedback from complaints from the medical director.

- There were 246 testimonials on a consumer website in which patients had shared positive experiences of the clinic.

Are surgery services well-led?

Good

This was the first inspection for the service. We rated it as **good.**

Leadership

- **Managers at all levels had the right skills and abilities to run a clinic**
- The medical director was the registered manager of the service. The clinic was led by the medical director and managing director.
- The clinic had flowcharts which clearly defined the lines of accountability both clinically and as a limited company. The medical director had direct oversight of all clinical staff and was responsible for their clinical supervision. The managing director and medical director had joint responsibility for the oversight of non-clinical staff and business.
- The medical director took an active lead in the day to day running of the clinic. The medical director was also a registered doctor and had a thorough understanding of the day to day operation of the clinic.
- Staff told us the medical director was approachable and always available when not on-site by a social media 'app' or mobile phone. Staff told us the medical director was responsive when staff contacted them for advice.
- Nursing leadership was provided by the nursing leads in specific areas of practice. For example, infection prevention and control and safeguarding.
- A senior aesthetic therapist acted as the internal laser protection supervisor. The therapist had a qualification in core knowledge in laser treatments. They also had nine years' experience in cosmetic laser treatments.
- The service had a service level agreement with external laser protection advisor that was registered with the association of laser protection and healthcare advisors.
- Staff were aware of their roles and responsibilities within the practice.

Vision and strategy

- **The clinic had a set of clear values that were well understood by staff who were engaged by them.**
- PHI had a set of values in the form of 'Commandments'. These values were, "Excellence, credibility, no compromise, satisfaction and innovation." These values were central to all the care and treatment carried out daily. Staff we spoke with were aware of these values and said they were encouraged to reflect the clinic's values in their work.
- All staff were introduced to the PHI 'Commandments' when first employed during their induction. The appraisal process was also aligned to the values and all personal professional development objectives discussed at appraisal were linked to the company's objectives.
- Staff understood the part they played in achieving the aims of the clinic and how their actions reflected the organisations vision and values.

Culture

- **Managers promoted a positive culture that supported staff and created a sense of common purpose based on shared values.**
- The clinic had an open and honest culture which focused on safety. We found clear lines of responsibility and accountability within the practice. Staff told us that they could speak with the medical director if they had any concerns. Our observations together with comments from patients and staff supported that clinical staff were able to discuss any professional issues openly.
- The clinic had a 'whistleblowing' policy which staff were aware of. A whistleblower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. The policy had been reviewed on 2 October 2018 and was up to date.

- Directors promoted a positive culture that supported and valued staff creating a sense of common purpose based on shared values. Morale throughout the clinic was high. All of the staff we spoke with were very positive and happy in their role and stated the clinic was a good place to work. A staff member told us the medical director would not provide care or treatment for a patient if it was unsuitable for the patient. The staff member told us, "It is very much a team effort. We are not target driven."
- There was an annual staff survey. We viewed results for the 2018 staff survey. This recorded that 72% of staff had responded that they were 'happy' working for PHI clinic. However, 56% of staff had responded that they felt 'valued' by the company. There was an action plan in response to the staff survey. This included a discussion of the survey at a staff meeting and arranging of social events to increase staff sense of being valued by the company.
- The medical director told us there was a, "Zero tolerance," policy that the clinic would not incentivise or discount care or treatment. The medical director said the clinic had a 40% decline rate as a result of the policy for patients where it was assessed that treatments offered by the clinic would be unsuitable for their needs. For example, if a patient was assessed and staff thought the treatment would not meet their expectations.
- All patients received a 'Statement of Treatment in Good Faith.' This documented that all the parties signing the document would act with the utmost good faith towards one another and would act reasonably and prudently at all times. The clinic had audited the statements in October 2018 and found 100% of patients had completed statements.

Governance

- **The clinic had systems to assess and monitor the services provided in the carrying on of regulated activities**
- We found that there were governance arrangements in place. We saw clinical audits were undertaken and there were regular reviews and updates of policies and procedures. There was a full range of policies and procedures in use at the clinic. These included health and safety, infection prevention and control and patient confidentiality. Staff were asked to sign policies and procedures to indicate they had read and understood them.
- We viewed a governance flowchart which clearly detailed staff areas of responsibility such as a clinical auditor, as well as safeguarding and data protection leads.
- The clinic had arrangements in place for monitoring and improving the services provided to patients. Minutes of daily staff meetings identified that issues of safety and quality were regularly discussed. Staff said they found the daily meetings beneficial as learning could be shared and discussed. The clinic had also introduced an extended daily staff meeting fortnightly to aid staff learning. The extended staff meeting was used as a teaching session by the medical director. For example, an extended staff meeting had looked at how staff should assess people for their suitability for the use of dermal fillers.
- Directors and senior clinicians attended a quarterly clinical governance meeting. At the meetings there was a discussion of complaints, incidents, audits and patient outcomes. Information from this meeting was cascaded to staff through daily staff meetings. Staff told us that the clinic was a small organisation and this facilitated staff in communicating with each other informally on a daily basis. We saw staff approaching the medical director and discussing the clinics daily business during our inspection.
- Staff told us they received feedback from incidents they had raised and learning from incidents raised by other members of staff at daily staff meeting meetings. This meant wider learning across the company was disseminated to all staff.
- We viewed six sets of minutes from daily staff meeting notes which were chosen at random, dated from 22 March 2018 to 10 December 2018. The staff meetings had a formal agenda to ensure consistency in what was discussed at each meeting. We found action plans were developed and discussed with staff in response to complaints and incidents. For example, there had been an incident with a coffee table causing an obstruction in the clinic's main reception. This was discussed with staff and the clinic took action and removed the table.

- Directors had oversight of targeted areas such as infection prevention and control through daily staff meeting meetings. Infection prevention and control audits were also reviewed at the clinic's quarterly governance meeting.

Managing risks, issues and performance

- **The clinic had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**
- All cosmetic procedures were based on 'best practice' guidelines from the 'Professional Standards for Cosmetic Surgery' (Royal College of Surgeons, 2016) and British Association of Aesthetic Plastic Surgeons (BAAPS). Policies were discussed at governance meetings, staff meetings and PHI days. Policies were reviewed and updated annually or in response to new legislation or guidance.
- Risks were monitored through the PHI clinic risk register. The medical director told us risks were escalated onto the risk register by discussion at quarterly governance meetings. The risk register was red, amber, green rated (RAG) and recorded potential risks and actions the clinic had taken to mitigate risks. For example, staff training in the use of equipment and local rules, (local rules were the key working instructions for managing laser safety).
- There was a risk assessment system with a process of escalation onto the clinic's risk register.
- The clinic had a risk log to monitor when risk assessments required review. For example, fire, water, health and safety and infection control.
- There were arrangements in place to deal with potential emergencies. The medical director had completed a 'critical function analyses. This had resulted in the medical director having an emergency procedures pack which included contact details for staff, utilities contact details, and emergency services contact details. There was also a health and safety policy to guide staff. Staff were aware of the policy and told us discussions of health and safety risks took place regularly in staff meetings.
- The clinic had a business continuity policy which detailed arrangements in the event of a loss of electricity, water or gas. It also detailed that patients records could be accessed from a cloud facility either off-site or from portable devices in the event of a loss of computers at the clinic.

Managing information

- **The clinic had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.**
- All staff at the centre had access to the PHI clinic shared drive where they could access policies and procedures.
- Staff told us there were sufficient numbers of computers in the centre. This enabled staff to access the computer system when they needed to.
- All staff we spoke with demonstrated they could locate and access relevant information and records easily, this enabled them to carry out their day to day roles.
- Electronic patient records could be accessed easily, but were kept secure to prevent unauthorised access to data.
- Performance data was monitored by the provider to ensure the centre were meeting the provider's standards of care.
- Patient information was protected by a 'cloud' back up system which staff could access externally in the event of computer outage at the clinic.

Engagement

- **The clinic engaged well with patients, staff, and the public to plan and manage appropriate services.**
- Staff said they felt well cared for, respected and involved in the clinic. The clinic held regular staff meetings and annual staff appraisals had been undertaken. Staff told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team and well supported.
- The practice ensured that patients were involved in making decisions about their care and treatment and this information was recorded in their records. Staff said that patients could give feedback at any time they

visited. Comments on a consumer website were positive and included comments that they received a professional service and good quality care and treatment.

- Patient satisfaction was formally measured through completion of an online consumer review website. For example, on 17 January 2019 the clinic had received 246 reviews and been rated as, “Excellent” by patients that used the platform. Of these reviews 97% found the clinic, “Excellent,” 2% found the clinic, “Great,” 1% found the clinic, “Poor.” However, none of the respondents found the clinic, “Bad.”
- All patients were asked to provide feedback on completion of their treatment. Patients were provided with a link to provide online feedback. We viewed patient feedback dated May 2018 to January 2019. We found 92% of patients in the period were, “Positive”, about clinics; 8% were, “Passive”, and no patients were negative about clinics. Patients could comment on the quality of clinics in the feedback.

Learning, continuous improvement and innovation

- **The clinic was committed to improving services promoting training, research and innovation.**
- The clinic had received national recognition in the form of awards from a best practice cosmetic medical journal for three consecutive years between 2014 and 2017. The awards were judged by a panel of cosmetic medicine professionals.
- The clinic offered some state of the art treatments including: high intensity focused ultrasound treatment (HIFU) this is a non-surgical skin rejuvenation method for tightening the skin by reaching deeply into the skin.
- The clinic had introduced a mentorship programme for therapists. This meant therapists could only develop their own lists following a three month mentorship with the medical director.
- The clinic had been involved in a number of research projects. These included an evaluation of an ultrasound body contouring device for non invasive body contouring.
- The medical director had been involved in teaching internationally and had a number of papers published in international cosmetic surgery journals.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that the resuscitation trolley is checked in accordance with the PHI clinic resuscitation policy.