

Netri Cosmetic Surgery Limited

Inspection report

2 Stamford Park Road
Hale
Altrincham
WA15 9EN
Tel: 08005668786

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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	

Overall summary

This service is rated as Good overall. (This service has not been inspected before).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced inspection at Netri Cosmetic Surgery Limited on 7 September 2021 as part of our inspection programme and to provide a rating for the service.

Netri Cosmetic Surgery Limited, also known as Netri Cosmetic Surgery, is an aesthetics clinic that provides surgical cosmetic procedures for men and women such as breast augmentation, abdominoplasty, breast uplift, breast reduction and non-surgical treatments.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Netri Cosmetic Surgery Limited provides a range of non-surgical cosmetic interventions, for example dermal fillers and anti-wrinkle injections which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services.

Mr Netri is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The clinic was used for pre-treatment consultations with patients and post-treatment follow up reviews and wound management appointments. All treatments and consultations were carried out by the provider. Surgical procedures were undertaken at one of three private hospitals and not on the premises that we inspected.
- The clinic was clean and hygienic. Infection prevention and control was well managed with appropriate cleaning processes in place.
- There were good systems in place to manage risks so that safety incidents were less likely to happen.
- There was an open and transparent approach to safety and an effective system in place to report and record incidents.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Overall summary

- There was a strong focus on continuous learning and improvement throughout the service.

The areas where the provider **should** make improvements are:

- The provider should consider formalised clinical meetings.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector.

Background to Netri Cosmetic Surgery Limited

Netri Cosmetic Surgery Limited (also known as Netri Cosmetic Surgery) is a private aesthetics clinic located in Hale, Altrincham. The clinic is led by the CQC registered provider Mr Giorgio Netri. They offer surgical cosmetic procedures for men and women such as breast augmentation, abdominoplasty, breast uplift, breast reduction and non-surgical treatments.

The provider is registered at:

2 Stamford Park Road

Hale

Altrincham

WA15 9EN

There is a website: www.netricosmeticsurgery.com

Netri Cosmetic Surgery Limited is registered with the Care Quality Commission (CQC) to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury.

The provider delivers regulated activities at: The HCA Hospital, Wilmslow; Pall Mall Medical, Newton-Le-Willows and The First Trust Hospital, Preston. These locations were not visited as part of this inspection.

The clinic is open:

Monday - Thursday- 9:30am to 7:00pm

Friday - 9:30am to 6:00pm

Saturday - 9:30am to 5:00pm

Sunday – Closed

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider before the inspection.
- A short site visit
- Reviewing the provider's website and service feedback websites.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

We found that this service was providing safe services in accordance with the relevant regulations.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The policies related to the premises inspected and were available to all staff working at the location.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. During discussion the provider described their knowledge of safeguarding and how they would work with other agencies if necessary, to protect patients from harm or abuse. However, there were no examples to evidence this at the time of the inspection.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The policy had appropriate updates regarding COVID-19 in line with guidance.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The clinic was only used for consultations and minor surgery. At the time of the inspection the provider (who was the surgeon and lead of the service), clinical nurse and clinic administrator were the only members of staff required.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- All staff were trained in basic life support. The service had policies for resuscitation and emergency care.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- There were appropriate indemnity insurance arrangements in place.

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The service stored minimal medications. We saw the arrangements for managing medicines kept patients safe; they were stored safely and checked to ensure they did not pass their expiry date.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- The service had a Schedule 3 controlled drug as part of their emergency kit. This was stored appropriately and checked to ensure it did not pass its expiry date.

Track record on safety and incidents

The service was newly registered and inspected and had no history to review.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- Since March 2021 the service had no serious incidents and seven incidents that resulted in no harm.
- We reviewed the seven incidents the service had had. The paperwork was well documented for all incidents taking into account actions that may need to be reconsidered in the future and action taken to stop recurrence. Incidents were all rated with a likelihood and consequence of recurrence.
- The service patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The provider kept up to date with current evidence-based practice. Patients' needs were assessed, and care was delivered in line with current legislation, standards and guidance.

- The service offered consultations to all prospective patients and did not discriminate against any client group. However, we were told that the service was on occasions selective who they were able to offer a service to based on certain criteria in the best interest of the patient, for example, if a treatment would not meet the patient's expectation. It was evident the service would reject treatment that would be unsafe or unreasonable for any patient.
- A full explanation was given if the service deemed, they were unable to perform the procedure or if they thought the procedure was unsuitable for the patient.
- Patients had a minimum of two consultations prior to any procedure being performed which included a needs assessment. This ensured the patient had adequate time to reflect on the procedure and ask any questions to ensure they fully understood the procedure. There was also a "cooling off" period and patients were able to change their minds.
- Patients were given a verbal explanation of the procedure and were involved in the decision-making process. Feedback from patients confirmed this. In addition, patients were given a fact sheet detailing the procedure and written post procedure instructions.
- Audits were undertaken regularly to monitor the quality of service being delivered.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service collected and monitored information on patients' care and treatment outcomes to help make improvements to the service delivery.
- There was a full audit plan in place with directions for audits to be carried out on specific months of the year. For example, infection control, medicine management and patient records. We noted that those audits were not about clinical practice or patient treatment such as review of effective outcomes.
- We saw completed audits of patients records and consent forms, patient satisfaction survey and reviews, medicines management, appraisals, complaints and incidents, infection control and training of staff.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The service could demonstrate how they ensured role-specific training and updating for relevant staff. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The provider and centre manager confirmed this.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

Are services effective?

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Before providing treatment, the clinical staff ensured they had adequate knowledge of the patient's health and their medical history. The provider stated a full medical history from the patient's GP was a requirement before treatment.
- The information needed to deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system. This included the pre-procedure assessment, medical history, consent and all consultations.
- The service shared relevant information with other services in a timely way if appropriate and if the patient consented. For example, we saw information had been shared with a patient's GP when an allergy to the anaesthetic had been discovered.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified and highlighted to patients.
- The service offered advice and support appropriate to the condition treated, including healthy lifestyle advice where relevant.
- There was written information for patients for care post-procedure to help aid recovery and achieve the best results.
- Mental health was taken into consideration and documented. Referrals were made to a psychotherapist if applicable.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Staff supported patients to make decisions.
- The service monitored the process for seeking consent appropriately.
- We spoke with the provider about patients' consent to care and treatment and found this was sought in line with legislation and guidance.
- We saw formal written consent was obtained for each procedure provided and included discussion around benefits, risks and any possible complications before any procedures were undertaken. Patients were asked if they consented to information, if appropriate, being shared with their GP and this was documented. Patients were asked if they consented to photographs being taken and the use of the photographs after their treatment.
- The provider understood the principles of the Mental Capacity Act 2005 (MCA) and staff had undertaken MCA training.
- The provider's consent policy stated that they would provide an interpreter for any patient who did not speak English or provide assistance for those who suffer a hearing disability.

Are services caring?

We rated caring as Good because:

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service carried out its own survey by giving patients a feedback form to complete. The feedback forms asked questions about the quality of care received. The results were then reviewed.
- The service also sought out patient feedback through a business review website. We noted the service overall had 162 reviews and all gave five-stars; 17 five-star reviews had been given in the last six months.
- Feedback from patients was positive about the way staff treated people which we saw from website reviews.
- The provider understood patients' personal, cultural, social and religious needs and displayed an understanding and non-judgmental attitude to all patients.
- Timely support and information was offered and the staff were courteous, knowledgeable and helpful.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Patient information about the service and the procedures available were on the website and information was also available from the service.
- Clear information was given to patients both pre and post procedures. Written, informed consent was obtained.
- Interpretation services were not available for patients who did not have English as a first language. However, the provider would seek interpretation services if required.
- The provider had not treated any patients with learning disabilities or complex social needs but was knowledgeable about what to look out for in respect of safeguarding and assistance.

Privacy and Dignity

The service respected/did not respect patients' privacy and dignity.

- Patients were seen in the privacy of the consulting room to maintain privacy and dignity during consultations or treatments.
- Consultation and treatment room doors were closed during consultations, staff explained that a screen was put around the consultation door when patients needed to undress. Conversations taking place in these rooms could not be overheard.
- A chaperone was available at all appointments.

Are services responsive to people's needs?

We rated responsive as Good because:

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The premises and facilities at the service were appropriate for the services delivered. The service was located in a shared building. The building did not appear to be accessible to people with impaired mobility. The provider explained that a patient with impaired mobility would have a consultation arranged at one of the three private hospital locations.
- Consultations were offered to patients who requested and paid the appropriate fee and did not discriminate against any patient group.
- The information available made it clear to the patient what procedures were available to them.
- The website contained information about the qualifications and experience of all healthcare professionals who carried out all the procedures.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- The service opening hours were Monday to Thursday 9.30am to 7.00pm, Friday 9.30am to 6.00pm and Saturday 9.30am to 5.00pm.
- Clinics were available on alternate weeks, but the service could be contacted 24 hours a day, 7 days a week once a patient had received treatment.
- Patients could send appointment requests via the website, but all appointments were booked through reception.
- At the time of inspection, the service did not have a waiting list for minor procedures that were undertaken in the clinic.
- All patients requesting surgery were informed of availability and potential waiting times. At the time of inspection procedures that took longer than two hours had a six to eight week waiting list.
- We saw that patients had been kept up to date during COVID-19 via the website and through social media.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service had a complaints policy and procedure. The policy contained appropriate timescales for dealing with a complaint.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service's complaints policy detailed that the service would identify what they could do to make sure the problem didn't happen again. At the time of inspection, the service had received no complaints so there was no evidence of this.

Are services well-led?

We rated well-led as Good because:

We found that this service was providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The service lead was knowledgeable about issues and priorities relating to the quality and future of service. They understood the challenges and were addressing them.
- The service lead was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values to provide attention to detail and individualised care for every patient.

Culture

The service had a culture of high-quality sustainable care.

- There was an open and transparent culture and we saw that staff had good relationships with each other. The culture encouraged candour, openness and honesty and there was no blame.
- The lead was clear about the patient consultation process and the standard of care expected.
- There were processes for providing staff with the development they needed. This included appraisal and career development conversations. However, at the time of inspection, one member of staff had not been at the service long enough to have a formal appraisal; this was planned for late September.
- There was a strong emphasis on the safety and well-being of patients and staff.
- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

- Staff were clear on their roles and accountabilities
- The lead had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- At the time of inspection, the service held ad hoc clinical meetings, but minutes were not taken.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. The provider had oversight of safety alerts, incidents, and complaints.
- There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- The service encouraged and valued feedback from patients and staff. It proactively sought patients' feedback following the delivery of a procedure in the form of a feedback questionnaire and review websites.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The staff team worked well together and worked towards continuous improvement. Discussions about opportunities to improve the service were encouraged. The service had a private encrypted message group that all staff could access to discuss improvements and innovation.
- We were told any issues or concerns could be raised and discussed. However, there were no formal meetings to document these discussions.