

Azara







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?	Requires improvement		
Are services effective?	Good		
Are services caring?	Outstanding		
Are services responsive?	Outstanding		
Are services well-led?	Good		

Summary of findings

Letter from the Chief Inspector of Hospitals

Azara is operated by Mr. Dominic Bray. The service has two beds. Facilities include one operating theatre, and three clinic rooms.

The service provides cosmetic surgery to patients over the age of 18. We inspected surgery services.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 18 September 2019.

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

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

Services we rate

We rated it as **Good** overall.

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

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

Patient safety incidents were managed in line with best practice. Staff recognised incidents and reported them appropriately.

The service had an effective system to regularly assess and monitor the quality of its services to ensure patient outcomes were monitored and measured. Clinical audits and risk assessments were carried out to facilitate this. Outcomes for people who used services are positive, consistent and regularly exceed expectations.

Doctors, nurses and support staff worked together as a team to benefit patients. They supported each other to provide good care. All members of the multidisciplinary team supported each other to provide care. Staff respected their colleague's opinions.

Patients were supported to make informed decisions about their chosen procedures and treatments and were given sensible expectation.

There was a strong visible person-centred culture to providing care in the service. Patients were always treated with dignity and respect. All staff we spoke with were very passionate about their roles and were dedicated to making sure patients received the best individualised patient-centred care possible.

Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were witnessed to be strong, caring, respectful and supportive.

Feedback from people who used the service and those who were close to them was continually positive about the way staff treated people.

Staff understood the impact that a person's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially. People's emotional and social needs were seen as being as important as their physical needs.

Summary of findings

Staff fully involved patients and those close to them to make decisions about their care and treatment.

Staff treated people who used the services as active partners in their care. They were fully committed to working in partnership with people and making this a reality for them.

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

The provider planned services to take into account the needs of different people to allow them to access care and treatment.

Staff were proactive in understanding the needs of different groups of people and in delivering care in a way that met these needs.

Care and treatment were tailored to meet the needs of the individual patients.

The leadership of the service had the right skills and abilities to run a service providing high-quality care.

There was strong collaboration, team-working and support across all functions and a common focus on improving the quality, safety and sustainability of care. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns.

There were consistently high levels of constructive engagement with staff and people who use services. Services are developed with the full participation of those who use them, staff and external partners as equal partners.

However, we also found areas of practice that required improvement:

The service did not formally record all elements of the WHO Surgical Safety Checklist or audit compliance.

At the time of the inspection the service did contribute to national audits such as Quality Patient Reported Outcomes Measures (Q PROMS) and Private Healthcare Information Network (PHIN).

An additional safeguarding training package had been introduced, not all staff were up to date with this training.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

Surgery was the main activity of the service. We rated this service as good because it was effective and well led. We rated caring and responsive to peoples needs as outstanding. Safe was rated requires improvement.

Summary of findings

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Good 

Azara

Services we looked at

Surgery

Summary of this inspection

Background to Azara

Azara is operated by Mr Dominic Bray. The service opened in September 2018. It is an independent private hospital in Tunbridge Wells, Kent. It serves the communities in Tunbridge Wells, and accepts patient referrals from outside this area and abroad.

The main service the clinic provided is minor cosmetic surgery. All surgery is performed as a day case under twilight sedation or local anaesthetic. Pre and post-operative consultations take place for cosmetic surgery that is performed by the cosmetic surgeon at this hospital.

A range of cosmetic treatments and procedures were available at the clinic. The most common surgeries performed were face and neck lift, platysmaplasty (neck lift), lateral temporal browlift, and upper blepharoplasty (eyelid surgery). The surgeon had the experience, skills and expertise to carry out the procedures and treatments provided at the clinic.

The hospital has had a responsible individual in post since September 2018.

The hospital facilities are laid out over two floors. Situated on the ground floor is the reception, waiting area and three consulting rooms. On the first floor was the theatre, and two bedrooms for inpatients and one for staff. The administrative offices are on the ground floor. There is a toilet on the ground, and first floor.

The clinic provides day case cosmetic surgery and consultation services for adults over the age of 18 years only.

The clinic offers services to self-pay patients. The clinic also offers cosmetic procedures such as dermal fillers and botulinum toxin, laser skin resurfacing and massage therapy. We did not inspect these services, as these are not regulated by the Care Quality Commission (CQC).

This is the services first inspection since registering with the Care Quality Commission (CQC).

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in surgery. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about Azara

The hospital is registered to provide the following regulated activities:

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

During the inspection, we visited all areas of the Azara hospital location. We spoke with three staff, including medical staff, nursing staff and reception staff. We spoke

with four patients. During our inspection, we reviewed five sets of patient records. We also reviewed information on policies, guidance, performance and feedback provided to us, before and after the inspection.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before the inspection. This was the services first inspection since registration with the CQC.

Activity (July 2018 to June 2019)

Summary of this inspection

- In the reporting period July 2018 to June 2019 There were 226 inpatient and day case episodes of care recorded at The Hospital. Of these 40% were inpatient episodes of care and 60% day case patients.
- There were 990 outpatient total attendances in the reporting period.
- All patients were self-pay

Track record on safety (July 2018 to June 2019)

- •No reported never events
- •One incident
- •No reported serious injuries

- •No incidences of healthcare associated Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (C. diff) or E-Coli
- No complaints

Services accredited by a national body:

- None

Services provided at the location under service level agreement:

- Anaesthetic cover
- Clinical and non-clinical waste removal
- Equipment maintenance

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?

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

The service did not formally record all elements of the WHO Surgical Safety Checklist or audit compliance.

An additional safeguarding training package had been introduced, not all staff were up to date with this training.

However,

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

The service-controlled infection risk in line with best practice. There were policies to manage effective infection control and hygiene processes. Equipment and the environment were visibly clean.

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Staff completed and updated risk assessments for each patient and minimised risks. Staff identified and acted upon patients at risk of deterioration.

Nursing and support staffing levels were appropriate for the procedures performed at the clinic.

Medical staffing levels were appropriate for the procedures performed at the clinic.

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

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

Patient safety incidents were managed in line with best practice. Staff recognised incidents and reported them appropriately.

There were comprehensive systems to keep people safe, which took account of current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems. People who used the services were at the centre of safeguarding and protection from discrimination.

Requires improvement



Are services effective?

Are services effective?

Good



Summary of this inspection

We rated it as **Good** because:

Care and treatment provided was based on national guidance and evidence of its effectiveness.

Staff gave patients enough food and drink to meet their needs. The service made adjustments for patients' dietary, religious, cultural and other preferences.

Staff assessed and monitored patients regularly to see if they were in pain. They gave additional pain relief to ease pain when needed.

Managers appraised staff work performance and held supervision meetings with them to provide support and development.

Doctors, nurses and support staff worked together as a team to benefit patients. They supported each other to provide good care. All members of the multidisciplinary team supported each other to provide care. Staff respected their colleague's opinions.

The clinic's opening hours and out of hours arrangements were sufficient to ensure effective care was available to patients.

Staff encouraged patients to lead healthier lives and provided practical support to manage their own health and wellbeing.

Patients were supported to make informed decisions about their chosen procedures and treatments and were given sensible expectations.

The service had an effective system to regularly assess and monitor the quality of its services to ensure patient outcomes were monitored and measured. Clinical audits and risk assessments were carried out to facilitate this. Outcomes for people who used services are positive, consistent and regularly exceed expectations.

However:

At the time of the inspection the service did contribute to national audits such as Quality Patient Reported Outcomes Measures (Q PROMS) and Private Healthcare Information Network (PHIN).

Are services caring?

Are services caring?

We rated it as **Outstanding** because:

There was a strong visible person-centred culture to providing care in the service. Patients were always treated with dignity and respect. All staff we spoke with were very passionate about their roles and were dedicated to making sure patients received the best individualised patient-centred care possible.

Outstanding



Summary of this inspection

Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were witnessed to be strong, caring, respectful and supportive

Feedback from people who used the service and those who were close to them was continually positive about the way staff treated people.

Staff understood the impact that a person's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially. People's emotional and social needs were seen as being as important as their physical needs.

Staff spent time supporting patients through the processes and made them feel special and important. Staff were empathetic to patients who were anxious about their surgery.

Staff fully involved patients and those close to them to make decisions about their care and treatment.

Staff treated people who used the services as active partners in their care. They were fully committed to working in partnership with people and making this a reality for them.

Staff communicated well with patients and those close to them in a manner, so they could understand their care, treatment and condition.

Are services responsive?

We rated it as **Outstanding** because:

The service planned and provided care in a way that met the needs of people. People's individual needs and preferences were central to the delivery of tailored services.

The service was flexible, provided informed choice and ensured continuity of care.

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

The provider planned services to take into account the needs of different people to allow them to access care and treatment.

Staff were proactive in understanding the needs of different groups of people and in delivering care in a way that met these needs.

Care and treatment were tailored to meet the needs of the individual patients.

Outstanding



Summary of this inspection

People could easily access the service when they needed it and received the right care promptly. The patients we spoke with did not have any concerns in relation to their admission, waiting times, or discharge arrangements.

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

Are services well-led?

We rated it as **Good** because:

The leadership of the service had the right skills and abilities to run a service providing high-quality care.

The service had a vision of what it wanted to achieve and action plans to turn it into action, which had been developed with involvement from staff and patients.

There was strong collaboration, team-working and support across all functions and a common focus on improving the quality, safety and sustainability of care. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns.

The service had adequate governance arrangements to make sure they continually maintained high standards of care. Staff at all levels were clear about their roles and responsibilities.

There was evidence of processes for managing risks, issues and performance.

The service routinely collected, managed and used information to support its activities.

There were consistently high levels of constructive engagement with staff and people who use services. Services are developed with the full participation of those who use them, staff and external partners as equal partners.

Good








Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are surgery services safe?

Requires improvement 

We rated it as **requires improvement**.

Mandatory training

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

Staff received mandatory training in safety systems, processes and practices. They received training mostly through e-learning modules, with face-to-face sessions for basic, immediate and advanced life support training.

All staff we spoke with understood their responsibility to complete mandatory training. They told us they received the necessary mandatory training to make sure they could do their jobs.

The service had recently introduced new training modules. At the time of our inspection not all staff had completed all mandatory training. A rolling programme of training was in place to ensure that all staff had attended all mandatory training modules within the provider's timescales.

Safeguarding

There were comprehensive systems to keep people safe, which took account of current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems. People who used the services were at the centre of safeguarding and

protection from discrimination. An additional safeguarding training package had been introduced, however, not all staff were up to date with this training.

Staff were engaged in the reviewing and improving of safe systems at the service. There was an up to date safeguarding policy for staff to follow, which all staff were involved in the development of.

We saw that there were posters displayed which showed staff what to do if there were any concerns about patients. These posters contained flow charts and actions to be taken and who to contact in the event of adult or child safeguarding issues arising.

An additional safeguarding training package had been introduced, however, not all staff were up to date with this training. We saw two out of the six staff were up to date with their training. We spoke with the responsible individual during our inspection, who told us they had recently implemented a new training package, which took into account the requirements of the legislation. Staff were expected to complete by October 2019. However, staff were able to explain what actions they would take to resolve any concerns, and where it was documented and who they would go to for advice.

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff understood and could give examples of what constituted a safeguarding concern. For example, due to the nature of the service they were aware of possible emotional abuse and coercive behaviours. Staff explained the actions they would take if they suspected a patient was being coerced.

Surgery

There had been no safeguarding concerns reported to CQC in the reporting period from July 2018 to June 2019.

The service promoted safety in recruitment procedures and ongoing employment checks. Staff had Disclosure and Barring Service (DBS) checks at the level appropriate to their role. All staff had up-to-date DBS certificates.

Cleanliness, infection control and hygiene.

The service-controlled infection risk in line with best practice. There were policies to manage effective infection control and hygiene processes. Equipment and the environment were visibly clean.

The service had an in-date infection prevention and control policy to minimise risks to staff, patients and visitors of acquiring a healthcare associated infection.

Staff maintained the standards of cleanliness of the premises well. There were suitable, clean and well-maintained furnishings. The service employed a cleaner. We found all areas of the service visibly clean and tidy.

There was a service level agreement with an external cleaning company that provided a deep-clean every six months, to make sure no potentially harmful microorganisms were present. This was carried out in in the last six months.

There were enough handwashing sinks and alcohol-based hand sanitising gel within all areas we visited. All sinks had sensor operated taps. During our inspection we saw staff either washing their hands or using the hand sanitising gel correctly, in line with the 'five moments of hand hygiene' and National Institute for Health and Social Care Excellent (NICE) quality standard (QS) 61, statement three. Hand washing posters were displayed in the public toilet and clinical areas.

We saw staff had access to personal protective equipment (PPE), such as disposable gloves and aprons in all relevant areas. We found equipment was visibly clean throughout the department, and staff had a good understanding of responsibilities in relation to cleaning and infection control.

Flooring throughout the hospital was well-maintained and visibly clean. Flooring in all clinical areas such as theatres, the procedure room and consultation rooms met with national requirements (Department of Health, Health Building Note 00-10 Part A: Flooring 2013).

The hospital stairs had carpet which could not be cleaned as easily as the laminated flooring when spills occurred. Department of Health's Hospital Building Note (HBN) 00-09: infection control in the built environment states 'Spillage can occur in all clinical areas, corridors and entrances' and 'in areas of frequent spillage or heavy traffic, they can quickly become unsightly'. We saw the of the carpet looked visibly clean. The responsible individual told us the carpet was regularly deep cleaned.

Staff wore theatre attire when they carried out minor surgeries in the procedure room. Designated theatre shoes were available for staff to wear in the theatre room. We observed the theatre shoes were visibly clean. Staff cleaned these after each procedure. This was in line with best practice 'Association for Perioperative Practice Theatre Attire 2011'.

Patients were not routinely screened for MRSA (antibiotic resistant bacteria) unless they had previously been colonised with or infected by MRSA. This was in line with national guidance (Department of Health Implementation of modified admission MRSA screening guidance for NHS (2014). The pre-operative risk assessment form included patient history for MRSA.

Water supplies were maintained at safe temperatures and there was regular testing and operation of systems to minimise the risk of Legionella bacteria.

Single use items of sterile equipment were readily available and stored appropriately in all areas we checked. Instruments used for patient treatment that required decontamination and sterilisation were processed via the on-site sterile supplies department, to ensure compliance with regulatory requirements for cleaning (decontamination), Health Technical Memorandum (HTM) 01-01: management and decontamination of surgical instruments (medical devices) used in acute care. There was an electronic traceability system to enable the tracking and tracing of instruments for quality assurances purposes. However, the service did not regularly undertake any 'look back' audit exercises to check to ensure the service could tell which individual instruments were used on which patients, and when.

Environment and equipment

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The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The premises were well designed, maintained and had adequate facilities for the cosmetic surgeries and consultations provided.

The hospital was laid out over two floors, with three consulting rooms on the ground floor. Each room had a desk for consultation and two of the consulting rooms had an electronically operated treatment chair. There were privacy screens on the windows or wooden blinds to protect the privacy and dignity of people using the service.

The operating theatre was on the first floor. There was a clean air system which constantly exchanged and cleaned the air in the room. There were three bedrooms, all ensuite.

Equipment were regularly maintained by several external maintenance providers. They attended the premises annually to service and safety check the medical and electrical equipment. All items of equipment we looked at had had been serviced within dates, in line with the service's equipment maintenance records.

We checked a range of consumable items in the theatres and procedure room, including theatre drape sets, sponge holders, swabs, needles, cannulas and syringes. We found all items were in-date.

Staff segregated waste in line with the Department of Health Technical Memorandum (HTM) 07-01, control of substance hazardous to health and Health and Safety at Work regulations.

Waste in the consulting rooms was separated and in different coloured bags to identify the different categories of waste.

The service kept waste outside the premises in a compound and the waste bins were chained and locked to a wall. However, on the day of inspection the compound was not locked, due to the doors needing repair. We fed this back to the responsible person at the end of the inspection, who sent us evidence that the doors had been mended, and the compound was locked and secured.

Containers for sharps were in date and not overfilled. This showed compliance with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. This requires

staff to place secure containers and instructions for safe disposal of medical sharps close to the work area. We saw the labels on sharps bins had been fully completed which made sure traceability of each container.

There was a resuscitation pack and automated external defibrillator (used to help resuscitate a patient in a cardiac arrest) in a central point between the theatres. All equipment and drugs were within their use-by dates. We also saw checklists for all trolleys showing evidence staff checked the trolleys daily.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and minimised risks. Staff identified and acted upon patients at risk of deterioration. However, the service did not formally record all elements of the WHO Surgical Safety Checklist or audit compliance.

The service had pre-screening triage system, to determine the suitability of patients to surgery treatment at Azara. Pre-operative consultations for cosmetic surgery were carried out in line with national guidance. They included a risk assessment of the patient's suitability for the procedure, such as their medical history, general health, age, existing diseases or disorders, medications and other planned procedures. The surgeon assessed all patients to make sure their psychological wellbeing was considered. Psychologically vulnerable patients were identified and referred for appropriate psychological assessment, in line with Royal College of Surgeons, Professional Standards for Cosmetic Surgery 2016.

All patients treated at the service had undergone a pre-operative consultation and assessment. All patients seen at the clinic had consultant-led care.

The service performed procedures under twilight sedation or local anaesthetic. Twilight sedation is an anaesthetic technique where a mild dose of sedation is applied to induce anxiolysis (anxiety relief), hypnosis, and anterograde amnesia (inability to form new memories). The patient is not unconscious, but sedated.

Patients who underwent longer facelift procedures and received twilight sedation, stayed post operatively over night at the hospital. There were two rooms available, and a registered nurse stayed overnight in the third. Following their procedure patients were walked to an adjoining area, where they were reviewed, and additional vital signs, such

Surgery

as blood pressure, pulse and temperature were taken. Once the patient was more awake they were escorted to their room to rest. The Surgeon and anaesthetist remained at the hospital until they were satisfied with the patient's recovery.

Patients who had stayed overnight told us the registered nurse checked on them regularly. There was a call bell facility in the rooms, went through to a watch that the registered nurse wore on their wrist. Patients told us the nursing staff responded promptly

All inpatients were reviewed the next day by the surgeon. Their bandages would be removed, and their hair washed. They were placed under an infrared light, to encourage blood flow to the area. This was to see if the patient had any bleeding, and see if the patient would develop a haematoma, which if the patient did, could be dealt with immediately. A haematoma is a collection of blood, usually clotted, outside of a blood vessel that may occur because of an injury to the wall of a blood vessel allowing blood to leak out into tissues where it does not belong.

The service did not formally record all elements of the WHO Surgical Safety Checklist or audit compliance, in line with national recommendations (National Patient Safety Agency (NPSA) Patient Safety Alert: WHO Surgical Safety Checklist (January 2009)). Staff we spoke with told us they undertook a safety huddle prior to each operating list, which was attended by the surgeon, scrub nurse, practice manager and administration staff. However, at the time of the inspection these were not formally recorded. We fed this back to the responsible individual who told us they would add these elements to the sedation record. Following the inspection, the responsible individual sent us their updated sedation record which included a section to state that the safety checklist had been completed.

There was always a trained member of staff to assist the anaesthetist with an emergency of a patient with a difficult airway.

Although we did not see any operations during our inspection. We saw there was a white board in theatres for staff to record swab and needle counts. This showed clearly to the surgeon and operating room staff the number of swabs and needles they used. Staff told us at the end of the procedure both the surgeon and operating scrub nurse would count these together, as a final check.

Patients who attended the clinic underwent day case procedures under twilight sedation or local anaesthetic. Therefore, patients did not require routine screening for risk of venous thromboembolism (VTE) because there was a very low risk of acquiring a VTE while having treatment.

Staff were aware of the signs and symptoms of sepsis. If they suspected a patient had sepsis they would arrange for immediate transfer to the local acute NHS trust. The service had a policy in place for the management of patients that become unwell.

Fire safety risk assessments were carried out by an external provider annually. A risk assessment carried out within the last 12 months. We saw evidence of weekly fire alarm checks and monthly emergency lighting checks. All fire extinguishers we looked at were in date. In addition, all patients who stay overnight had personal emergency evacuation plans (PEEPS) in place.

The service offered a 24-hour telephone support line. Staff advised patients to call this telephone number if they had any concerns. This line went directly to the surgeon. Patients were given the telephone number on discharge from service. None of the patients we spoke with needed to use this service.

Following discharge home all patients received a daily follow up call from the service. If the patients were having any problems this would be escalated to the consultant. For example, a patient told us to check on their progress, they were requested to send daily pictures, recently they thought they thought she might be getting an infection and discussed this with the consultant.

Nursing and support staffing

Nursing and support staffing levels were appropriate for the procedures performed at the clinic.

The service employed, six members of staff, five nursing and support members of staff. Three registered nurses, one practice manager and one receptionist.

The clinic was staffed with a minimum of two nurses when operating lists were performed. However, due to the low volumes of patients on site at any one time, the service has a ratio of six staff to one patient.

We saw there were enough staff that each patient was attended to by the cosmetic surgeon and a registered nurse.

Surgery

There were no nurse and support staff vacancies at the time of our inspection.

Medical staffing

Medical staffing levels were appropriate for the procedures performed at the clinic.

The responsible person was the only surgeon who performed operations at the clinic.

Surgery took place two days per week and an anaesthetist was always present. Patients received treatment under local anaesthetic or twilight sedation. Two consultant anaesthetists also worked at the clinic under a service level agreement.

Due to the nature of the service there were not handover or shift changes. All patients seen at the clinic had consultant-led care. The service provided patients access to consultant medical input the whole time they were in the clinic. The surgeon and anaesthetist remained in the clinic until all patients were discharged.

Patients and staff had access to the surgeon's mobile number 24 hours a day if required.

Records

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

All the information needed to deliver safe care and treatment was available to relevant staff in a timely and accessible way. Records were both paper based and electronic. We looked at five sets of records during our inspection. The service reported that no patients were seen without all relevant medical records being available, in the last three months. All records both paper and electronic were stored securely when not in use, in line with the Data Protection Act 2018.

The electronic patient records were only accessible through password protected systems to authorised staff. Staff could view and share patient information to deliver safe care and treatment in a timely and accessible way. The paper-based records we looked at were generally found to be accurate and fit for purpose. We saw they were stored securely when not in use.

Appropriate pre-operative assessment information was recorded. This included a full explanation of the procedure, likely outcome, the patient's medical and social history, and fees. This was in line with national guidance (RCS Professional Standards for Cosmetic Surgery (April 2016)).

Patients were given a discharge summary and information, which included details of the surgery performed, postoperative advice, contact numbers and follow-up appointments. Patients were asked for their consent to share information with their GP. All patients who consented had GP letters sent, detailing consultations and procedures performed. Patients who did not consent were given a copy of their discharge summary and advised it to show it to their GP.

Records compliance was audited once a year as per the clinical audit plan and this had been completed within the last 12 months which demonstrated that records had been completed fully and correctly.

Medicines

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

The service had an up-to-date medicines management policy in place, which included the arrangements in place for the ordering, receiving, storage and prescribing of medicines.

We saw medicines were stored safely and securely in locked cupboards in the consulting rooms and theatres, in line with the Medicines Act 1968 and the Misuse of Drugs Act 1971 for the safe storage of medicines. Only clinical staff had access to medicines, and one member of staff had responsibility for the safe custody of the medicine keys.

The service kept controlled drugs at the premises and had an appointed controlled drugs accountable officer, responsible for all aspects of controlled drugs management within the service. This was in line with national requirements, The Controlled Drugs (Supervision of Management and Use) Regulations 2013.

We reviewed the controlled drugs register and checked entries, at random, made in the last six months. These showed medicines had an accurate stock, had the required minimum of two signatures, which were clear and legible.

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The clinic dispensed take home medicines for patients following surgery, this included simple painkillers and antibiotics.

We checked a range of medicines, all of which were within the use by date.

Medicines requiring refrigeration were stored appropriately in a locked fridge. The fridge temperature was checked and recorded daily to ensure medicines were stored within the correct temperature range and were safe for patient use. Staff understood the procedures to follow if the fridge temperature was out of range. We saw fridge temperatures were within the recommended range.

Patients were given advice about the medicines they had been prescribed for use at home.

Emergency medicines were kept in the tamper-evident resuscitation kit bag. This was in line with national guidance (Resuscitation Council (UK) Statement: Keeping resuscitation drugs locked away (November 2016)).

The service ordered medicines from a pharmacy provider as and when required. Medical gas cylinders were kept securely, were within the supplier's expiry date and contained sufficient levels of oxygen for use in an emergency.

Incidents

Patient safety incidents were managed in line with best practice. Staff recognised incidents and reported them appropriately.

The clinic had an up-to-date incident reporting policy in place, which staff were familiar with. There were arrangements in place for reviewing and investigating safety and safeguarding incidents and events when things went wrong.

An incident form was used to record all incidents or accidents that occurred within the service. Staff were familiar with this. The form included person details, the date, time and description of the incident or accident, who it was reported to, action taken by staff. There was a second form completed by the person who investigated the incident, that included learning outcomes and changes to practice. Staff reported all incidents that they should report. Staff were encouraged to report incidents and they were confident about reporting issues or raising concerns.

Between July 2018 and June 2019, there has been one incident reported. This related to a member of staff who had developed pain, due to their posture whilst assisting with surgery. We saw that appropriate action was taken, and learning was shared with the rest of the team.

In the same reporting period, the service reported no never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

Staff were aware of their responsibilities with regards to the duty of candour. 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, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. None of the incidents reported met the threshold for the duty of candour.

Safety Thermometer (or equivalent)

The service used monitoring results to improve safety.

The service collected and monitored patient safety information such as infection rates. In March 2019 the service had undertaken a more comprehensive look back at the previous 500 facelift surgeries. Out of the last 500 facelift surgery's the service reported an infection rate of 2.4%. All cases were successfully treated with antibiotics.

From July 2018 to June 2019, the service reported no incidents of hospital-acquired venous thromboembolism (VTE) or pulmonary embolism (PE) (a blood clot in the lungs).

Are surgery services effective?

Good 

We rated it as **good**.

Evidence-based care and treatment

Care and treatment provided was based on national guidance and evidence of its effectiveness.

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New evidence-based techniques and technologies are used to support the delivery of high-quality care. The service was contributing to research to reduce the occurrence of bleeding following facelift surgery. This meant, staff not only met good practice standards in relation to national guidance, they also contribute to research and development of national guidance.

The provider had a programme of clinical and internal audit in place to monitor consistency of practice. These included, record keeping and documentation, and hand hygiene. In addition, they have a rolling programme of audit for patient outcomes such as delayed healing, poor scarring, bleeding and quality of life improvement.

From patient records we looked at, staff and patient's we spoke with, and observation of practice, we found cosmetic surgery was managed in line with professional and expert guidance (Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016)).

People's suitability for proposed treatment was holistically assessed. The surgeon considered each patient's medical history, general health, mental health concerns, and history of previous cosmetic surgery before any surgery was performed. The expected outcome was identified and discussed with each patient before treatment and was reviewed postoperatively. This was in line with professional standards (RCS Professional Standards for Cosmetic Surgery (April 2016)).

Technology and equipment were used to enhance the delivery of effective care and treatment. For example, the service offered video call consultations to patients who found it difficult to attend the clinic.

Policies were available for staff. Policies were stored on an online system which all staff had access to. All staff were encouraged to be involved in the development of policies. Each member of the staff team has been encouraged to review and where necessary, offer suggestions for revising policies. The responsible person told us this is, so they feel that they own the changes. These will be discussed at a staff meeting and final changes ratified by the staff group.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. The service made adjustments for patients' dietary, religious, cultural and other preferences.

Part of the pre-assessment questionnaire included dietary requirements, which asked patients if they had any special dietary requirements, which meant individual patient needs were met.

Prior to surgery, patients were advised to follow a low salicylate diet, to limit the amount of bruising the patient may experience. Patients were advised to follow to the diet for one week before and after surgery.

Patients were given clear instructions about if they needed to fast prior to surgery. For example, if a patient was having their surgery under a local anaesthetic, they were told they did not need to fast prior to their surgery.

Staff routinely monitored patients for nausea and vomiting during and following their procedure. Disposable vomit bowls were available if needed.

The service audited their rates of patients with nausea and vomiting following surgery. We saw the results were 10% of patients reported nausea and 5% reported vomiting. No patients we spoke with reported nausea or had vomited following their surgery.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain. They gave additional pain relief to ease pain when needed.

Staff regularly assessed patients for pain; both during and following surgery. All patients were given pain relief medicines to take home following their surgery, unless otherwise indicated. The service followed up each patient the daily with a telephone call to check their wellbeing and whether they were in any pain.

During our inspection, we did not find any patients who were in pain or who required pain relief. All patients we spoke with told us their pain was well managed, and they knew what would hurt and when. One patient told us their "pain was minimal even less than toothache". Another said, "the operation was pain free, had no pain throughout and was completely relaxed during the procedure." When we spoke with the consultant surgeon, they explained this is because at each stage of the process they will explain to the patient what will happen next.

All patients we spoke with had, had twilight sedation, they told us they felt no discomfort or pain during the operation.

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One patient told us, they listened to some music and the whole thing felt “really lovely”. It didn’t feel clinical, felt very friendly and that there was no pain at all during the operation.

Patient outcomes

The service had an effective system to regularly assess and monitor the quality of its services to ensure patient outcomes were monitored and measured. Clinical audits and risk assessments were carried out to facilitate this. Outcomes for people who used services are positive, consistent and regularly exceed expectations.

Patient outcomes were routinely monitored and collected. The service audited patient outcomes monthly, these included, but not limited to delayed healing, infection, numbness, and bleeding. However, in March 2019 the service had undertaken a more comprehensive look back at the previous 500 facelift surgeries. We saw the results were:

- Bleeding 1%
- Infection 2.4%
- Suture spitting 1%
- Nerve weakness 0.4%
- Delayed healing 0.2%
- Poor scarring 1%

The results of the audit were due to go on the service’s new website, which is due to go live following the inspection. Patients we spoke with told us that the consultant surgeon was transparent about risk and complications.

The service audited their rate of haematoma (a collection of blood, usually clotted, outside of a blood vessel that may occur because of an injury to the wall of a blood vessel allowing blood to leak out into tissues where it does not belong.) following facelift surgery between June 2018 and September 2019. The audit looked at the effectiveness of the use of a medicine during surgery to treat or prevent excessive blood loss, and prevent a haematoma being formed. The audit result showed that the service had a haematoma incident rate of 1.2% (6 out of 500), compared to the average of between 7% to 15%.

The service reported zero cases of unplanned transfer of a patient to another hospital. There were no unplanned readmission within 28 days of discharge and zero cases of unplanned return to the operating theatre between July 2018 and June 2019.

At the time of the inspection the service did not collect Quality Patient Reported Outcomes Measures (Q PROMS). However, the service told us following an external review they were planning on implementing this. Quality Patient Reported Outcome Measures (Q PROMS) are recommended by the Royal College of Surgeons and involve the patient completing a pre and post-operative satisfaction survey based on the outcome of the cosmetic surgery.

At the time of the inspection the service did not participate in the Private Healthcare Information Network (PHIN). However, following an external review they were in contact with Private Healthcare Information Network, to submit data. On behalf of the Competition and Markets Authority, PHIN publishes data for 11 performance measures at both hospital and consultant level. These measures include the volume of procedures undertaken, infection rates, readmission rates and revision surgery rate.

Competent staff

Managers appraised staff work performance and held supervision meetings with them to provide support and development.

The consultant surgeon had the skills, competence and experience to perform the treatments and procedures they provided. They performed cosmetic surgery procedures for privately funded and self-insured patients.

Staff had defined roles and responsibilities and completed competencies that were applicable for their specific role. In discussion with staff they appeared very knowledgeable and confident in their roles. All the staff we spoke to commented on how much training they received.

Staff training, and professional development needs were identified through informal discussion and annual appraisals. During the inspection we looked at two appraisals. We saw the annual appraisals gave an opportunity for staff and managers to meet, review

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performance and development opportunities which promoted competence, well-being, and capability. From July 2018 to June 2019, all clinical and support staff had completed an annual appraisal.

Staff who had, had an appraisal told us they were undertaken yearly. They felt it was useful and managers discussed performance and opportunities for training and progression.

Staff told us there was an effective induction programme in place which new starters completed when they joined the service. All new staff had a full induction tailored to their role before they started work.

Staff were given appropriate training to meet their learning needs to cover the scope of their work. There were good opportunities for development and training. They were encouraged and supported to develop their expertise and competencies and extend their skills.

Multidisciplinary working

Doctors, nurses and support staff worked together as a team to benefit patients. All members of the multidisciplinary team supported each other to provide care. Staff respected their colleague's opinions.

There was good multidisciplinary team working. Staff had input into the planning, assessing and delivering of patients' care and treatment. Staff told us they were proud of good multidisciplinary team working, and we saw this in practice. Staff were courteous and supportive of one another. Staff told us they worked closely together to make sure patients received person-centred care and support. Patients told us "every single person who works here is a credit to [responsible individual]. They treat you like a family".

Staff of all disciplines, clinical and non-clinical, worked alongside each other throughout the service. We observed good communication amongst all members of staff. They reported that they worked well as a team.

Treatment provided was consultant-led. All team members knew who had overall responsibility for each patient's care.

There was good multidisciplinary communication between clinical and support staff. There was a monthly staff meeting we saw minutes from the most recent meeting, where issues such as staff immunisation, fire protocols and documentation.

The surgeon shared relevant information with the patient's GP. If patients consented, the surgeon wrote to their GP following the consultation. They informed them of the planned procedure and asked whether there were any underlying medical problems which may have impacted on their surgery.

The surgeon would involve mental health services when indicated. They had links with a psychologist, who they would refer patients to if they felt this was needed.

Seven-day services

The clinic's opening hours and out of hours arrangements were sufficient to ensure effective care was available to patients.

The service offered a 24-hour telephone support line. Staff advised patients to call this telephone number if they had any concerns. This line went directly to the surgeon. Patients were given the telephone number on discharge from service. None of the patients we spoke with needed to use this service.

Health promotion

Staff encouraged patients to lead healthier lives and provided practical support to manage their own health and wellbeing.

Staff were consistent in supporting people to live healthier lives, including identifying those who need extra support, through a targeted and proactive approach to health promotion and prevention of ill-health, and they use every contact with people to do so. We saw this undertaken continuously from initial contact and throughout their experience at the service.

People who used the service were empowered and supported to manage their own health, care and wellbeing. Patients were provided with the relevant information to assist them prepare for their surgery. This included a low salicylate diet, to limit the amount of bruising the patient may experience. Patients were advised to follow to the diet

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for one week before and after surgery. They were also supplied with medicines which will also limit the amount of bruising they experience. Patients were advised to start taking these two days before surgery.

Staff gave patients practical support and advice to lead healthier lives. Lifestyle questions were part of the initial assessment's patients were asked to complete, including whether they smoked, and how many, and how many units of alcohol they consumed. This was then discussed at the initial consultation. Patients were advised to stop smoking six weeks before their surgery and for at least two weeks after surgery. They were also advised to avoid alcohol at least one week before and two weeks after surgery. Written information was sent to patients on the potential risks and side-effects of smoking and having cosmetic surgery. This was to reduce the risk of any complications and help promote healing.

Staff provided advice to patients on managing their care after discharge. We observed staff advising patients on how to maintain their recovery after they had left the service, included a full discharge protocol giving details of what to expect in the coming days after their operation and how to contact the clinic if she needed to. Staff also encouraged patients to contact the hospital if they had any questions.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Patients were supported to make informed decisions about their chosen procedures and treatments and were given sensible expectations.

Staff understood their responsibilities under the Mental Capacity Act 2005. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

The consultant told us they had not had any patients at the clinic who lacked capacity. If they had any concerns about a patient's capacity to consent, they would not perform cosmetic surgery without involvement from the patient's GP and a psychologist.

Staff understood their responsibilities regarding consent. The consultant surgeon offered patients a minimum of three consultations before they carried out any surgery. They explained the expected outcomes and made sure the patient understood these and any potential risks before agreeing to go ahead with surgery. We saw detailed

preoperative information, which included managing expectations, risks and potential complications. This was supported with photographs of what to expect postoperatively, which the consultant discussed through at consultations. The consultant told us it was important to manage patient's expectation following surgery. Patient we spoke with confirmed this, one patient told us that the consultant was "very transparent" when they met him, everything that was important to me was there and discussed.

Consent was obtained in line with national standards (Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (April 2016)). Consent was obtained in a three-stage process. Following the initial consultation, a letter was sent to the patient along with a consent form, which outlined the procedure, alternatives to surgery and risks. They receive the consent form again on the second consultation, written consent was formally taken on the day of surgery. Consent was always taken jointly by the consultant surgeon and anaesthetist.

All patients undergoing cosmetic surgery waited a minimum of three weeks between consultation and surgery.

Are surgery services caring?

Outstanding



We rated it as **outstanding**.

Compassionate care

There was a strong visible person-centred culture to providing care in the service. Patients were always treated with dignity and respect. All staff we spoke with were very passionate about their roles and were dedicated to making sure patients received the best individualised patient-centred care possible.

Staff introduced themselves, and their role, and asked patients how they wanted to be addressed. We saw them explain who they were and what was going to happen in a discreet way. This is in line with National Institute for Health and Care Excellence, quality standard 15, statement three.

Staff took time to interact with patients and those close to them in a respectful and considerate way. All the patients

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and relatives we spoke with were highly complementary about the care and support they received. They said that the staff were 'marvellous' and were always around to provide help and support.

There was a strong, visible person-centred culture, to care at the service. Staff were highly motivated and inspired to offer care that is kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff were witnessed to be strong, caring, respectful and supportive. We observed staff took the time to interact with people who used the service and those close to them in a polite, respectful and considerate way.

People were always treated with dignity by all those involved in their care, treatment and support. Patients' privacy and dignity needs were understood and always respected. Where care and treatment required a patient to undress, staff ensured this was done in complete privacy through the provision of a private room. Appropriate clothing such as gowns were provided, where necessary. We spoke with two patients who had stayed the night before the inspection. Both confirmed they were unaware of anyone else being present, and felt the care and treatment was tailored for their needs.

Feedback from people who used the service and those who were close to them was continually positive about the way staff treat people. We spoke with four patients and looked at other feedback such as cards and letters sent to the staff. We found the responses were overwhelmingly positive. Feedback responses included "fantastic", "faultless", "amazing", "sensational treatment" and "what I thought could be terrifying was very cossetting and a much better experience than I could have imagined". Patients we spoke with told us they felt cared for and they would recommend the clinic to friends and family.

Patients could also post reviews of the service on various social media platforms. We looked at one independent on-line review website. In the last 12 months there had been 16 reviews of which 100% rated the service as five-star (excellent). One patient wrote, "[the responsible person] and his team are amazingly professional and caring and friendly. They make you feel at ease from the moment you make the call for your consultation". Another wrote, "the way I was looked after was so supportive. Nothing was ever too much trouble."

Emotional support

Staff understood the impact that a person's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially. People's emotional and social needs were seen as being as important as their physical needs.

People's emotional and social needs are seen as being as important as their physical needs. We saw in patients' feedback that they were "certain that if [the responsible person] feels surgery is not required, he will be honest and ask you to reconsider." When we spoke with the responsible person, they confirmed they would not operate on someone, if they thought it was not required. They were able to give us examples where they had declined to operate, particularly if they felt a non-surgical alternative will achieve a similar result.

Staff spent time supporting patients through the processes and made them feel special and important. Staff were empathetic to patients who were anxious about their surgery. They took the time to reassure them. One patient told us, they had "never felt so supported or heard".

Patients were given appropriate and timely support and information to cope emotionally with their care, and treatment. Patients told us the before and aftercare was "exceptional", and they were clear about what to expect. Patients could have as many follow-up appointments as necessary and this was included in the cost of the surgery.

Patients were given appropriate and timely support and information. All patients were given the service's 24-hour contact number, who they could contact if they had any concerns or questions.

The service had links with a psychologist who they could refer patients to, if they had any concerns about their emotional wellbeing.

Understanding and involvement of patients and those close to them

Staff fully involved patients and those close to them to make decisions about their care and treatment.

Staff treated people who used the services as active partners in their care. They were fully committed to working in partnership with people and making this a reality for them.

Staff communicated well with patients and those close to them in a manner, so they could understand their care,

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treatment and condition. Staff responded positively to patient's questions and took time to explain things in a way patient could understand. This is in line with National Institute of Health and Care Excellence quality standard 15, statement 2.

Patients we spoke with confirmed this and told us their care had been discussed with them. Patients told us they were given time and could ask questions and felt included in the decisions about their care. This is in line with National Institute of Health and Care Excellence, quality standard 15, statement 4.

Staff always empowered people who used the service to have a voice and to realise their potential. The surgeon went above and beyond expectations to make sure patients were fully consulted and had realistic expectations before they agreed to perform any cosmetic surgery. This included the anatomy involved, relevant research, potential risks and complications of the procedure, and what the patient should expect. The patient record also included photographs of expected postoperative bruising and swelling. This was in line with national recommendations, 'Royal College of Surgeons Professional Standards for Cosmetic Surgery April 2016'

For example, we saw a patient's consultation on day one post surgery. Everything was explained in detail, and photographs showing before and after were shared. These were placed side by side on the computer, so the patient could see the difference. In addition, the consultant surgeon asked if the patient wanted to see part of a video of the operation, which they confirmed they did. During this the consultant surgeon explained all that was happening in the operation. This helped the patient understand what happened and why they would feel uncomfortable.

Patients told us they felt involved in their care and had received the information they needed to understand their treatment. One patient told us they were sent lots of information about the procedure, so they could make an 'informed choice'. All four patients we spoke with confirmed there was no pressure or hard sell for the procedure and all were given time to think. One patient wrote "at no stage do you feel that he has anything other than your best interest at heart".

There were appropriate and sensitive discussions about the cost of treatment. Staff advised patients of the cost of their planned treatment following the initial consultation

and the options of different methods of payment. The service also sent this information by email, so patients were fully aware of their planned treatment costs. All patients we spoke with confirmed this.

The service only performed surgeries under local anaesthetic or twilight sedation. Patients told us they felt confident to be independent and manage their own health very quickly after surgery.

Are surgery services responsive?

Outstanding



We rated it as **outstanding**.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of people. People's individual needs and preferences were central to the delivery of tailored services.

The service continually planned and delivered service in a way that reflected people's needs. Azara provided treatments that were not offered by the NHS and at a time convenient to patients. This showed the service always gave people choice and the flexibility to meet their needs.

The service was flexible, provided informed choice and ensured continuity of care. Following feedback from a patient the service undertook an audit, the serviced reviewed their pre-consultation process, implemented pre-screening triage system and changed their pre-consultation information. This reduced their waiting time for a consultation from nine months to four weeks.

All consultations and postoperative checks were carried out by the operating surgeon. This ensured patients received continuity of care.

A range of cosmetic treatments and procedures were available at the clinic. The most common surgeries performed were face and neck lift, platysmaplasty (neck lift), lateral temporal browlift, and upper blepharoplasty (eyelid surgery). The surgeon had the experience, skills and expertise to carry out the procedures and treatments provided at the clinic.

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The service only received planned admissions. Patients' with specific needs issues were identified at initial consultation. This meant appropriate arrangements could be made to meet individual needs prior to admission.

The facilities and premises were appropriate for the services delivered. On the ground floor there was a large waiting area, and three consultation rooms. On the first floor was the theatre and overnight rooms for two patients and a member of staff. This was sufficient for the number of patients who attended the clinic.

The service was in a quiet area in an easily accessible part of Tunbridge Wells. There was sufficient patient car parking at the premises. Patients and visitors could also access the service by public transport; the nearest rail station was approximately a 15-minute walk.

The service provided free Wi-Fi access which meant patients could keep in contact with their friends and relatives via social media while in hospital.

The service was open Monday to Friday, times varied to suit patients' needs.

The clinic only undertook planned cosmetic surgery, with operating lists organised in advance on Tuesday and Thursday. The surgeon provided consultation appointments on Wednesday and Friday.

Patients were routinely followed up three times in the first two weeks following surgery, one day, five days and two weeks. The patient also receives daily telephone calls.

Meeting people's individual needs

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

The provider planned services to take into account the needs of different people to allow them to access care and treatment. Patients told us how their individual needs were met, with some examples of staff supporting them before and after they had their procedure.

All patients we spoke with told us they could have as many consultations as they needed before having their surgery. These consultations were part of their package and there were no additional costs for extra consultations or more follow up appointments where needed.

The surgeon would involve mental health services when needed. They referred patients to a psychologist if they were concerned about their mental health and wellbeing. They would also write to the patient's GP if they had any concerns about a patient's mental health.

Patients were asked what music they would like to listen to while their procedure was carried out. This was to help create a calm atmosphere and encourage them to relax. Staff also encouraged patients to talk during the procedure. Patients told us they felt calm and often had conversations with staff that made them feel relaxed.

Staff were proactive in understanding the needs of different groups of people and in delivering care in a way that met these needs. For example, one patient told us because they couldn't open their mouth so wide after the operation, a child's toothbrush had been supplied in the bathroom for them to use.

Care and treatment was tailored to meet the needs of the individual patients. For example, we saw on the pre-operative information, patient self-checklist, there was a section to remind patients to have their hair cut and coloured if they wanted, two weeks before the operation. On the day after the operation once bandages have been removed, patients had their hair washed by a member of staff. Patients told us they felt their whole experience at the hospital was 'very personalised'.

Due to the layout of the premises, there was no access for people who required wheelchair access. However, reasonable adjustments had been made so that people with a disability could access and use the service on an equal basis to others, but this would be decided on an individual basis. The service told us about an example where they had made adjustments to accommodate a patient who used a wheelchair, for example, both the consultant surgeon and the person's carer stayed overnight.

People's individual needs and preferences are central to the delivery of tailored services. The responsible person told us that they had tailored their services to make sure of patient's privacy. They told us for patients the decision to have cosmetic surgery was a very private decision, and they tailored their appointment and operations to allow for this. Patients told us they did not know there had been any other people in the building with them, and the service felt 'personalised'.

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The waiting area was light and comfortable. There was limited information about operations on display. The responsible person told us this is because the cosmetic surgery a person received was individually tailored for them. Following the consultation, they would be provided with all the information about the surgery for them to read and make an informed choice. Patients and visitors also had access to free wi-fi.

Patients who stayed overnighted were given a choice of water, fruit juices and a selection of yoghurts, jelly and custard. Prior to surgery, all patient completed a risk assessment which included any dietary need, preferences or requirements such as lactose intolerant, vegetarian or gluten free. The food placed in the room would be tailored to the patient responses, which took account of their individual preferences, respecting cultural and personal choice.

Access and flow

People could easily access the service when they needed it and received the right care promptly. The patients we spoke with did not have any concerns in relation to their admission, waiting times, or discharge arrangements.

Patients could access care and treatment at a time that suited them. Patients referred themselves to the clinic and appointment times were made according to their preference. The service had an easy-to-use appointment system and supported people to access appointments. Patients could arrange an appointment by phone or make an enquiry via the service's website. The online enquiry form was easy to use. All patients we spoke with confirmed this.

Patients were greeted at the clinic by reception staff and were seated in the waiting area until they were called by the nurse or consultant.

Patients had timely access to consultations, treatment and after care. Dates were discussed with patients during their pre-surgery consultations; this gave flexibility to the patients for deciding when they wished to have their surgery carried out.

Patients undergoing cosmetic surgery waited a minimum of two weeks between consultation and procedure. This 'cooling off' period was in line with national recommendations of the Royal College of Surgeons Professional Standards for Cosmetic Surgery April 2016.

Patients we spoke with confirmed this, one patient told us, they took around three months to think about the operation, they were able to contact the clinic, if they had additional questions. Another patient told us they felt like they had a "direct line" to the consultant and they felt that they had all the information they needed prior to committing to the operation.

The service reported there were no procedures cancelled between July 2018 and June 2019.

Services ran on time. The service informed patients of any delays. The patients we spoke with said they had timely access to appointments and treatment.

Following discharge home all patients received a daily follow up call from the service. If the patients were having any problems this would be escalated to the consultant. For example, a patient told us to check on their progress, they were requested to send daily pictures, recently they thought they thought she might be getting an infection and discussed this with the consultant. Patients told us they felt the service was "faultless" and "very personalised".

Patients were routinely followed up three times in the first two weeks following surgery, one day, five days and two weeks.

The service used technology to support timely access to care and treatment, which facilitated patient choice. They offered video or telephone call consultations to patients who found it difficult to attend the clinic.

Learning from complaints and concerns

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

Staff told us, they encouraged people to give feedback, make complaints and raise concerns. Staff we spoke with told us they always tried to address complaints or concerns immediately to see if they could resolve any issues before concerns escalated to become formal complaints.

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If a complaint could not be resolved, the responsible individual manager had overall responsibility for responding to all written complaints. The service acknowledged complaints within 48 hours of receiving the complaint with an aim to have the complaint reviewed and completed within 20 days. There was an expectation that complaints would be resolved within 20 days. If they could not, a letter was sent to the complainant explaining why.

Information for patients on how to make a complaint is available for patients at the location. From August 2018 to July 2019, the service had received no complaints.

Patients we spoke with told us they had no concerns about the service provided. Information for patients on how to make a complaint is available for patients at the location.

Are surgery services well-led?

Good 

We rated it as **good**.

Leadership

The leadership of the service had the right skills and abilities to run a service providing high-quality care.

The overall lead for the service was the responsible individual, who was the consultant plastic surgeon. They were supported by the practice manager, three registered nurses and one receptionist. There was a management structure in place with defining lines of responsibility and accountability.

The clinic employed the services of people with expertise in finance and accounting, and information technology to support the effective running of the service.

The responsible individual provided effective leadership which prioritised high quality care. They worked cohesively to address the business challenges in relation to performance of the service and oversight of risks. All staff we spoke with were overwhelmingly positive about the responsible individual. They told us they were very visible, and they felt well supported, valued and respected.

The service actively supported all staff learning and development. Staff told us they had support to attend training and development courses.

Vision and strategy

The service had a vision of what it wanted to achieve and plans to turn it into action, which had been developed with involvement from staff and patients.

The clinic's vision was to be the best facelift and revision facelift service in the world. Their aim was to set a very high standard of expectation and then surpass it. One patient we spoke with told us that the " [responsible person] should be the industry standard."

Their mission was to restore or assist people gain to regain confidence whose trust in facial plastic surgery has been dented by nurturing our patients through their journeys back to confidence.

Staff knew and understood the vision, values and strategy for the service and their roles in achieving them. The service told us they are constantly refining techniques, and process to improve what they do and ask every patient how their experience could be bettered.

Culture

There was strong collaboration, team-working and support across all functions and a common focus on improving the quality, safety and sustainability of care. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns.

The service promoted a positive, inclusive and collaborative culture that supported and valued staff. There was a sense of common purpose based on shared values.

Staff we met were welcoming, friendly and helpful. It was clear that an open, and transparent, culture had been established where the emphasis was on quality of care delivered to the patients. Staff we spoke with felt supported, respected and valued in their working environments. Staff felt listened to and said they worked well as a team. Openness and honesty were encouraged at all levels and staff said they felt able to discuss and escalate concerns.

Staff we spoke with expressed pride and commitment working for the service. Staff reported the team worked effectively together, with staff respecting each other and working together to provide the best possible care and treatment to patients.

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There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. We found the care and service delivered at the service showed a strong cohesive team approach to work. All staff told us they felt valued in their roles and felt part of the team very much.

There was a culture of learning and development, innovation and creativity within the service.

The service complied with guidance from the Committee on Advertising Practice and industry standards of the Royal College of Surgeons Professional Standards for Cosmetic Surgery April 2016. They did not offer financial incentives that might influence the patient's decision, such as time-limited discounts or two-for-one offers.

The service had arrangements to promote the safety and wellbeing of staff. Access to the building was secure, with security cameras at the entrance.

Governance

The service had adequate governance arrangements to make sure they continually maintained high standards of care. Staff at all levels were clear about their roles and responsibilities.

There was evidence of a stable and well-arranged organisational structure and staff were aware of their roles and responsibilities. Although a small team all staff were aware of their own roles and responsibilities in relation to the service.

There was strong collaboration and continual support across all functions. All staff were committed and had a common focus on improving quality and maintaining high standards of care, and people's experiences.

Due to the small size of the service, separate clinical governance meetings had not been held. Staff told us that if an incident or complaint was received, this was dealt with immediately and discussed amongst the team. The service could manage effectively in this way because there were so few staff working at the clinic and they worked so closely together, which we observed during our inspection.

However, the service was in the process of setting up formal governance meetings. The meeting would include the responsible individual, one of the registered nurses,

one of the anaesthetists and the medical director from the local NHS trust, to provide external assurance. We saw the first meeting was due to take place the third week of October 2019.

There was an active clinical audit plan which supported the service to monitor its performance and highlight areas for improvement. Effective joint working and communication was in place between the clinic staff and other health professionals. However, the service did not currently submit data to national audits.

The service had effective governance processes in place to ensure equipment and medicines were checked regularly and were safe and fit for patient use. The checklists we reviewed corroborated this. They also had arrangements in place to ensure all theatre attire was washed at the correct temperature.

Managing risks, issues and performance

There was evidence of processes for managing risks, issues and performance.

The surgeon was the responsible person for the service. They had clear oversight of all procedures undertaken and the day-to-day business operations. However, the service could not ensure compliance a patient safety, surgical checklist including marking of the surgical site, as it did not document any patient safety checks.

There were systems to identify, understand, monitor and address most health and safety risks related to the premises. There was a programme of clinical and internal audit, to check the quality and operational processes and systems, to identify when action should be taken.

We found the risk assessments generally reflected those within the service. Staff had awareness of the services risks and were able to tell us what actions had been taken to lessen risks. We saw the service engaged with the local fire brigade, and patients had a personalised emergency evacuation plan (PEEP) in place. Only the responsible person performed cosmetic surgeries. This meant they had oversight of all operations undertaken.

The provider had a clear oversight of recruitment procedures and systems for development and staff training. There were measures to improve and address quality. There was evidence of changes made to improve the quality of the service provided.

Surgery

Managing information

The service routinely collected, managed and used information to support its activities.

Information needed to deliver effective care and treatment was available to relevant staff in a timely and accessible way. The service used a combination of electronic and paper records. Paper records when not in use were stored in locked cabinets, in a locked room.

Data regarding patient outcomes was routinely collected and monitored. Staff demonstrated to us they had an understanding of performance across the service and were able to give examples of how performance and patient and staff feedback were used to drive improvements across the service. Staff had completed confidentiality training.

Staff had access to up-to-date accurate information on patients' care and treatment. Staff were aware of how to use and store confidential information. Records for patients were always kept securely. There were arrangements in place to ensure the confidentiality of patient information held electronically. Staff showed us how to use the system on a mobile electronic device. Each member of staff had a unique pass code to use the system. These devices were stored securely when not in use.

Systems and processes ensured data and notifications were submitted to external bodies. For example, statutory notifications about safeguarding incidents which would need to be made to the Care Quality Commission.

Engagement

There were consistently high levels of constructive engagement with staff and people who use services. Services are developed with the full participation of those who use them, staff and external partners as equal partners.

The service routinely gathered people's views and experiences. They used these to shape and improve services. Patient feedback was sought following surgery. We saw the service used patient feedback to inform changes and improve service provision. For example, following feedback from a patient the service undertook an audit, which looked at their pre-consultation information. This reduced their waiting time for a consultation from nine months to four weeks.

Patients could also post reviews of the service on various social media platforms. All patient feedback we saw was overwhelmingly positive.

People considering or deciding to undergo cosmetic surgery were provided with the right information and considerations to help them make the best decision about their choice of procedure and surgeon. We saw patients received comprehensive information about the

surgery they were considering. This included how the procedure was performed, costs, and the risks and complications associated with the procedure. Patients we spoke with also told us the service fully engaged with them throughout the whole journey.

From the conversations we had with staff and observations we made during our inspection, it was evident that staff were engaged in the service. The service only employed a small number of staff, most of which had been employed with the service for many years. Staff told us they shared information regularly with one another on an informal basis, as they worked so closely together. They also held regular team meetings.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

There was a fully embedded and systematic approach to improvement, which made consistent use of a recognised improvement methodology. Improvement was seen as the way to deal with performance and for the service to learn. Improvement methods and skills were available and used across the service and staff were empowered to lead and deliver change.

Innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There is a strong record of sharing work, nationally and internationally.

Staff told us they were encouraged to make improvements through innovative thinking and were included when developing services. Staff felt listened to and acknowledged when making a suggestion or recommendation for service improvement. New

Surgery

evidence-based techniques and technologies are used to support the delivery of high-quality care. The service was contributing to research to reduce the occurrence of bleeding following facelift surgery. This meant, staff not only met good practice standards in relation to national guidance, they also contribute to research and development of national guidance.

The responsible person regularly attended international specialist conferences to present the service's outcomes and processes yearly.

Outstanding practice and areas for improvement

Outstanding practice

People were always treated with dignity by all those involved in their care, treatment and support. Patients' privacy and dignity needs were understood and always respected. We spoke with two patients who had stayed the night before the inspection. Both confirmed they were unaware of anyone else being present, and felt the care and treatment was tailored for their needs.

Staff understood the impact that a person's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially. People's emotional and social needs were seen as being as important as their physical needs.

The service planned and provided care in a way that met the needs of people. People's individual needs and preferences were central to the delivery of tailored services. The service continually planned and delivered service in a way that reflected people's needs. The service

was flexible, provided informed choice and ensured continuity of care. Following feedback from a patient the service undertook an audit, the service reviewed their pre-consultation process, implemented pre-screening triage system and changed their pre-consultation information. This reduced their waiting time for a consultation from nine months to four weeks.

People's emotional and social needs are seen as being as important as their physical needs. We saw in patients' feedback that they were "certain that if [the responsible person] feels surgery is not required, he will be honest and ask you to reconsider." When we spoke with the responsible person, they confirmed they would not operate on someone, if they thought it was not required. They were able to give us examples where they had declined to operate, particularly if they felt a non-surgical alternative will achieve a similar result.

Areas for improvement

Action the provider MUST take to improve **Action the provider MUST take to improve**

The provider must ensure that they record all elements of the WHO Surgical Safety Checklist and that this is regularly audited.

Action the provider SHOULD take to improve **Action the provider SHOULD take to improve**

The provider should ensure they submit data to national audits such as Quality Patient Reported Outcomes Measures (Q PROMS) and Private Healthcare Information Network (PHIN).

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 12(2)(a) assessing the risks to the health and safety of service users of receiving the care or treatment;