Mike Comins (Hans Place Medical Practice)

Hans Place Practice

Inspection report

43 Hans Place
Knightsbridge
London
SW1X 0JZ
Tel: 02075841642
www.hansplace.com

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

Ratings

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

Summary of findings

Overall summary

We rated this service as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients.
- The service planned care to meet the needs of the patient population, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and all staff were committed to improving services continually.

However:

- We found a box of sedatives (used for patients who opted for conscious sedation) in the medicines cupboard that was out of date and had been used on three patients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	Hans Place Practice is operated by Mike Comins (Hans Place Medical Practice). The service provides medical aesthetic surgery treatments, including body sculpting and vaser liposuction. The premises are located on the ground floor and consists of a reception area, patient waiting area and consultation room. The practice also has a theatre suite and patient discharge room located in the basement. The practice is open 8am to 5pm Monday to Friday. The service sees patients aged 18 years old and over. The service also provides non-surgical injectables which made up 6% of the service. This part of the service was not inspected as this is not regulated by the Care Quality Commission.

Summary of findings

Contents

Summary of this inspection

Background to Hans Place Practice

Hans Place Practice is operated by Mike Comins (Hans Place Medical Practice).

The service provides medical aesthetic surgery treatments, including body sculpting and vaser liposuction. The premises are located on the ground floor and consists of a reception area, patient waiting area and consultation room. The practice also has a theatre suite and patient discharge room located in the basement. The practice is open 8am to 5pm Monday to Friday. The service sees patients aged 18 years old and over. The service also provides non-surgical injectables which made up 6% of the service. This part of the service was not inspected as this is not regulated by the Care Quality Commission.

The team at Hans Place Practice consists of a surgeon, who is also the registered manager, a nurse, an operating department practitioner and reception staff. The practice grants practising privileges to an anaesthetist who supports the provider if the patient chooses to be consciously sedated during the procedure. (Conscious sedation is the administration of sedatives and analgesia that results in the patient becoming drowsy and sleepy, pain free, and sometimes amnesic such that the patient will have very little recollection of the procedure. Communication is possible if necessary, during the operation as the patient is not unconscious at any point in time.)

We inspected this service using our comprehensive inspection methodology.

The provider is registered for the following regulated activities:

• Treatment of disease, disorder or injury

• Surgical procedures

• Diagnostic and screening procedures

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.

How we carried out this inspection

We carried out a short notice announced comprehensive inspection on 29 November 2022 using our comprehensive methodology. We gave 48 working hours' notice of the inspection because evidence gathering in an unannounced inspection would be impacted by the fact that the service undertakes procedures at variable times.

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

During this inspection, the inspection team spoke with patients, the registered manager, nurse, operating department practitioner and reception staff.

Summary of this inspection

We reviewed 10 patient records and the clinic's policies.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Areas for improvement

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

Action the service MUST take to improve:

- The service must ensure that expiry dates on medicines are checked to ensure they are in date and processes are followed to ensure out of date medicines are disposed of promptly and not kept on the premises.

Action the service SHOULD take to improve:

- The service should ensure that audit results are routinely discussed within monthly team meetings.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

Requires Improvement

We rated safe as requires improvement.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. At the time of our inspection mandatory training compliance levels were 100%. Anaesthetists with practising privileges were required to provide evidence to the service that they had completed their training at their main place of work.

Mandatory training was comprehensive and met the needs of patients and staff. Modules included autism awareness, safeguarding adults, immediate life support, conflict resolution, infection, prevention and control, moving and handling, resuscitation, sepsis, preventing radicalisation, fire safety, data security awareness, health and safety, preventing radicalisation and equality and human rights.

The registered manager monitored mandatory training at yearly appraisal meetings and alerted staff when they needed to update their training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. There was also a poster in the waiting room about raising safeguarding concerns.

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. All staff were trained to level two adult safeguarding and the registered manager was trained to safeguarding level three and was the safeguarding lead for the service.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We viewed the safeguarding policy which was up to date however the online version of the policy did not document the telephone numbers and contact details to make a safeguarding referral. Following the inspection, the service sent an updated safeguarding policy which contained contact details of the local authority safeguarding team.

The provider told us they would always double check that patients were over the age of 18 years old by ensuring at the pre-admission stage, they complete identification verification by checking the patient's identification documentation.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

All areas including clinical areas were clean and had suitable furnishings which were clean and well-maintained. There was access to hand sanitisers throughout the clinic and we saw handwashing posters above sinks. Cleaning checklists were completed on a daily basis.

Staff followed infection control principles including the use of personal protective equipment (PPE) and we saw that staff were bare below the elbow.

Staff cleaned equipment after patient contact. Hand sanitising gel was available throughout the clinic for staff, patients and visitors. We observed appropriate hand washing between patients.

Hand hygiene audits were carried out every two months. We reviewed the most recent hand hygiene audit which showed 96% compliance. Actions were in place following the audit to further improve on aspects of the audit.

We reviewed the infection control policy which had been updated to reflect COVID-19 related precautions.

The service employed an external cleaning company to carry out additional deep cleans of the clinic.

The service had maintained its policy from during the pandemic and ensured patients and visitors could socially distance by allowing one patient into the main waiting room at a time.

Staff worked effectively to prevent, identify and treat surgical site infections. There had been no surgical site infections in the last year. There had been no cases of methicillin-resistant staphylococcus aureus (MRSA), methicillin-susceptible Staphylococcus aureus (MSSA) or C. Difficile in the reporting period. The service had access to a microbiologist for advice and in the case of any investigations into surgical site infections.

The theatre and discharge room were visibly clean and free of clutter. There was easy access to personal protective equipment (PPE), such as aprons and gloves.

We inspected various items of equipment including blood pressure cuffs, liposuction equipment, the medical trolley, theatre table and found a good level of cleanliness. Equipment had been labelled with green 'I am clean' stickers to show the date the equipment was cleaned.

Staff kept substances which met the Control of Substances Hazardous to Health (COSHH) regulations in a locked cupboard in a room accessible by staff only. We saw that these were stored appropriately.

Good

Surgery

The provider had a service level agreement with a local NHS trust for the decontamination of sterile theatre equipment. Staff told us that this worked well and they did not encounter any issues with the service.

Environment and equipment

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

The clinic was clean and clutter-free, and rooms were kept clean and tidy. Staff carried out daily safety checks of specialist equipment. All equipment we checked had been serviced, portable appliance tested and labelled to indicate the next service date. Equipment was serviced annually by an external company.

The service had enough suitable equipment to help them to safely care for patients. The theatre was based on the lower ground floor and was laminar flow. Laminar flow theatres aim to reduce the number of infective organisms in the theatre air by generating a continuous flow of bacteria free air.

Medicines cupboards were locked to prevent unauthorised entry. Linen cupboards and storage rooms were appropriately stocked and tidy.

An emergency trolley was available in theatre. A defibrillator was available and we saw that it was checked regularly.

Equipment in the emergency trolley was checked daily and weekly by the registered nurse or operating department practitioner. Resuscitation trolley check sheets listed equipment which was ticked as checked and signed by the allocated staff member to confirm checks had been made.

We saw evidence that equipment had been serviced and calibrated regularly. We checked various items of equipment such as the defibrillator, and blood pressure monitors and found they had been safety tested.

We checked consumable equipment cupboards and found that all items we sampled were in date and packaging was intact, indicating it was sterile and safe for use in patient care. We inspected sharps bins and found them to be correctly labelled and not filled above the maximum fill line.

Waste management was handled appropriately, with different colour coding for general waste, and clinical waste. Waste management and removal including those for contaminated and hazardous waste was in line with national standards. The provider used an external contractor which collected waste on a weekly basis.

Equipment faults could be reported by staff and the registered manager would contact relevant servicing engineers. All equipment was checked before each procedure and confirmed during the World Health Organisation (WHO) checklist.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff knew how to identify and quickly act upon patients at risk of deterioration. The service made sure patients knew who to contact to discuss complications or concerns.

Staff we spoke with were aware of escalation protocols for deteriorating patients and the use of national early warning scores (NEWS2). We checked patients' NEWS2 charts and found them to be correctly filled in. NEWS2 was audited as part of the medical records audit.

Good

Surgery

The use of the World Health Organisation (WHO) five steps to safer surgery checklist was embedded in practice. Audits were carried out monthly and the latest audits as at September 2022 showed 96% compliance for WHO checklist completion and 100% for October 2022.

Staff we spoke with said they had received training in sepsis. The service also had a sepsis folder, which was kept in the patient discharge room and updated regularly. Each time the contents of the folder was updated, staff were required to sign to say they have read and understood the updates within the folder.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly. The service risk assessed patients against their own pre-admission criteria as they were a non-acute facility managing a low risk category of patient (categorised as ASA 1 which is a healthy patient and ASA 2 which is a patient with mild systemic disease such as diabetes). If the patient was categorised as ASA 2, the surgeon looked at the patient notes before admission and if anything was picked up in presurgical assessments (such as medical risks, clinical pathology), the provider declined the patient.

The service did not treat high risk patients, had strict pre-admission criteria and did not accept bariatric patients and patients with complex co-morbidities.

We reviewed the pre-operative checklist which included the patient's COVID-19 status, if they had diabetes whether they had been admitted to hospital in the last year, completion of psychological assessment or letter from GP, whether they were a smoker, venous thromboembolism (VTE) risk, allergies, familial history of a bleeding disorder or excessive bleeding, asthma, pregnancy status, Patient notes we reviewed showed that this checklist had been followed.

Consultations and pre-operative assessments were undertaken by the surgeon. All patients had to submit a Hospital Anxiety and Depression Scale (HADS) assessment which is used to assess psychological distress in non-psychiatric patients. If patients scored above a certain threshold, the surgeon would refer the patient to a psychologist first.

We saw evidence in patient notes that risk assessments had been completed. For example, notes showed that patients were assessed for venous thromboembolism (VTE) risk on admission and 24 hours after admission in patient documentation. VTE risk assessments were completed for all patients by nurses and VTE audits for the reporting period showed 100% compliance.

Patients received a discharge information pack which included an aftercare instruction sheet and vital post-op information she with practical information on what to do immediately post-procedure. The information pack included comprehensive information on diet, physical activity, garments used post-procedure, wound care, nausea, and what to look out of for in relation to infection. There was also a telephone number for patients to call out of hours if they had any concerns or advice post-discharge. The service had an agreement with a private hospital where nurses could provide support to patients out of hours. The surgeon told us that they would also be contacted should the nurses have any queries.

Following a procedure, all patients would be monitored by staff for 60 minutes to ensure the patient had normal observations, was freely mobile and was eating and drinking normally. All patients who had had sedation were required to be escorted home. Patients would have a follow up appointment with the surgeon seven days after the procedure, then at three to four weeks and a final follow up at five months.

All staff had completed immediate life support training and were due to complete a refresher course in the next month.

Good

Surgery

If a patient deteriorated, the provider would call 999 to arrange for transfer to a local NHS hospital depending on the severity of the patient deterioration. We reviewed the provider's deteriorating patient policy which explained the protocol for managing a deteriorating patient.

In the reporting period, the clinic had no unplanned transfers to another hospital.

Nurse and support staffing

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

The service employed one full-time registered nurse and one operating department practitioner. There were two reception staff who greeted patients and managed appointment bookings.

The service undertook elective surgeries and was able to plan staffing accordingly. During surgical procedures, the nurse and operating department practitioner was present alongside the surgeon.

In the case of staff sickness, all non-urgent appointments would be cancelled and rearranged. This had not occurred since the clinic opened.

Medical staffing

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

The service had enough medical staff to keep patients safe. The provider had one surgeon, who was also the registered manager who conducted all procedures undertaken at the service.

An anaesthetist worked at the service under practising privileges. The granting of practising privileges is an established process whereby a medical practitioner is granted permission to work within an independent hospital or clinic. We saw that medical staff had up to date appraisals and revalidation documentation. There were no vacancies or plans to take on other consultants at the time of inspection.

Records

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

Patient notes were comprehensive, and staff could access them easily. Records were stored electronically on a secure, cloud-based system.

We reviewed 10 sets of patients records and found that they were comprehensive and detailed. Records contained information from the patient's initial consultation, evidence of psychological evaluation and letters to the general practitioner (GP). Information was shared with GPs if patients gave their consent. Patients received a discharge letter after any surgery that they could share with their GP.

Records were comprehensive and included the patient's medical history, any medication they took, allergies, weight, consent documentation, discharge summary instructions.

Good

Surgery

We saw in patient records that risk assessments had been completed such as a venous thromboembolism risk assessment, operation notes were legible, comprehensive and explained the procedure that was undertaken with postoperative plans clearly documented.

A tool was used to ensure safe amounts of anaesthetic was being used. The service had a pre-programmed calculator built into an electronic tablet to calculate a safe dosage of tumescent fluid to administer to the patient. After weighing the patient during their admission, their weight is submitted into the calculator and a dose is generated against the pre-programmed limit.

We also saw that a COVID-19 questionnaire had been given to patients. National early warning system (NEWS2) observations were completed and records had photographs of the medicines used so that they could be traced.

Following our inspection, the service provided us with the latest medical records audit from November 2022 which showed 100% compliance.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines. However, we found one box of sedatives in the medicines cupboard was out of date and had recently been used on patients.

The service had a medicines cupboard which was locked and only accessible to authorised staff and there was an up to date medicines management policy in place.

The provider had a logbook where they recorded when medicines had been used and stock was checked. Medicines used in patients' procedures were clearly listed in the patient records. We saw in patient records that allergies were clearly documented within their record. The service did not dispense medicines for patients to take away with them. A prescription for pain relief or antibiotics was given to the patient following a procedure. Prescription pads were kept in a locked drawer accessible only by the surgeon.

During our inspection we found that a box of sedatives which was used for conscious sedation of patients was out of date and had expired in August 2022 and had recently been used on three patients. There is a risk that out of date medicines would be ineffective if used. We raised this with the registered manager who immediately removed the medicines for disposal and although no adverse effects had been reported at the time of the surgery where any adverse effects would have been apparent, the registered manager contacted the patients affected to apologise, and offer a follow up appointment if they wished. This was then declared as an incident and inputted into the service's incident reporting log. Following the inspection, the registered manager submitted a copy of the incident report and a root cause analysis investigation as well as duty of candour letters which were sent to the patients affected. Although there was already a three-point checking process for the medicine at the time of the incident, as a result of the investigation, the service had put in additional mitigating actions as well as initiating disciplinary procedures for the staff involved.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Good

Surgery

Staff knew what incidents to report and how to report them. Staff knew how to raise concerns and report incidents and near misses in line with the service's policy. The service had had no clinical incidents in the 12 months prior to our inspection. However, the service declared an incident when we found the out of date medicine during our inspection. We saw that staff reported serious incidents clearly and in line with the service's policy. We saw that the registered manager debriefed and supported staff after any serious incident.

The registered manager investigated incidents thoroughly. Staff understood the duty of candour and there was an up to date policy on the duty of candour. They were open and transparent, and gave patients a full explanation if and when things went wrong. Staff received feedback from investigation of incidents and meetings were held to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback.

Are Surgery effective?

Good

We rated effective as good.

Evidence-based care and treatment

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

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

The service delivered care in line with national clinical guidance. Staff had access to policies and procedures based on national guidance. Policies were available on the clinic computer system.

We reviewed a sample of clinic policies including policies for safeguarding adults, pre-operative assessment, medical records management, consent, chaperone policy, incident reporting, VTE guidance, detection and care of the deteriorating patient, duty of candour, sepsis, resuscitation, practising privileges which were all in date and appropriately referenced national guidance and best practice such as that recommended by the National Institute for Health and Care Excellence (NICE), the Royal College of Surgeons and the British College of Aesthetic Medicine.

Policies were reviewed by the registered manager who made changes and updates. Staff were informed of changes at monthly meetings and would also be updated through informal meetings at the clinic.

We saw that there was a formal clinical audit schedule in place to evidence performance monitoring, quality measures or patient outcomes. The audit schedule detailed the frequency at which the audits should be undertaken and included audits for infection prevention, medicines management, WHO five steps to safer surgery, medical records, VTE risk assessment and prophylaxis, medicines management and data protection. There were also daily and weekly checklists for the cleaning of the clinic, emergency trolleys, medicines compliance and fridge temperatures.

The registered manager monitored results and although audits were discussed informally, planned to include this discussion as a standing agenda item within monthly team meetings.

Good

Surgery

Nutrition and hydration

Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

There were appropriate processes in place to ensure patients' nutrition and hydration needs were met. Fasting instructions were given to patients at the pre-operative assessment stage and patients told us that staff checked with them that they understood the instructions/

Patients told us that they were offered drinks and fruit after a procedure. Dietary requirements such as allergies and intolerances were taken into account and recorded in patients' notes.

Pain relief

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

Staff gave pain relief in line with individual needs and best practice. They assessed patients' pain using a standardised pain assessment tool to measure patients' pain. Patients were asked to describe their pain with a score of zero (no pain) to ten

Patients told us they received pain relief soon after requesting it.

We saw from patient records we reviewed that staff prescribed, administered and recorded pain relief accurately.

Patients were reminded upon discharge that they could call the clinic and the out of hours number at any time if they were experiencing pain or had any questions following their procedure.

Pain management was audited within the medical records audit.

Patient outcomes

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

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

We viewed the latest audits on patient outcomes which showed that that there had been no healthcare associated infections, unplanned returns to theatre or unplanned transfers out of the service in the reporting period. Outcomes for patients were positive, consistent and met expectations, such as national standards.

Patients were given patient feedback questionnaires to complete following their procedure and this was collated and analysed at team meetings. The service also subscribed to review portals where patients could leave feedback. Feedback we reviewed were overwhelmingly positive. Comments included: "very professional, lovely staff"; "really lovely experience in a very calm, inviting, warm environment".

The service planned to begin collecting patient reported outcome measures (Q-PROMS) which assesses the quality of care from the patient perspective. The service submitted a plan to implement this by January 2023.

Good

Surgery

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Any immediate issues were raised with individuals by way of informal team meetings as and when required. The registered manager planned to include more in-depth discussion of audit results within the monthly team meetings.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. New staff received a comprehensive induction and were signed off by a senior member of staff.

Staff told us that their training needs were met, and managers were always willing to support their development. Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of our inspection, apart from one new staff member, all staff had had their annual appraisal.

The service did not use agency staff but did have an induction pack for agency staff if required.

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

Revalidation was introduced by the Nursing and Midwifery Council (NMC) in 2016 and is the process nurses must follow every three years to maintain their registration. Nursing staff told us they were supported with their revalidation through clinical supervision.

At the time of our inspection, one staff member had been granted practising privileges. Staff who were granted practising privileges were required to submit their CV, with evidence of their surgical qualifications, appraisal and revalidation data, GMC number and evidence of indemnity insurance. All medical staff had to undergo a medical appraisal annually. This was monitored by the registered manager.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

In addition to the monthly meetings with the clinic team, the registered manager linked up with and attended multidisciplinary team meetings of a larger private cosmetic surgery clinic in order to share and gain additional learning. The registered manager presented cases and contributed to discussion medical practice particularly in relation to liposuction procedures.

The registered manager told us that the multidisciplinary meetings were useful to share learning, receive and gain advice on individual cases.

Staff spoke of good relationships with the anaesthetist and surgeon. We saw good team working between clinical and non-clinical groups.

Seven-day services

Patients could contact the service seven days a week for advice and support after their surgery.

Good

Surgery

The clinic was open Monday to Friday from 8am to 5pm. Patients were encouraged to call the clinic if they had questions following a procedure. On discharge, patients were also given a telephone number to call outside of clinic hours if they had any concerns or questions. This was a direct line to nurses at another private hospital who would be able to give advice. The nurses would also have a direct line to the surgeon who could give more specific advice if needed.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Staff gave patients practical support and advice to lead healthier lives.

Staff assessed each patient's health at the pre-assessment stage and provided support for any individual needs to live a healthier lifestyle. Patients told us they received advice and support from the surgeon to lead healthier lives such as smoking cessation and a healthy diet which was encouraged prior to undergoing surgery.

Patients told us that ongoing care such as appointments with therapists were organised for them by the clinic.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance and ensured that patients gave consent in a two-stage process with a cooling off period of at least 14 days between stages.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance involving a two-stage consent process with a cooling off period of 14 days where they could change their mind about their decision to undergo liposuction.

Written consent including anaesthetic and surgical consent was sought from the patient. Written consent was also sought prior to surgery and on the day of surgery. The service also had a COVID-19 consent form which patients were required to sign. The surgeon ensured that patients were reviewed by a psychiatrist prior to undergoing a procedure if they had a high score on their psychological risk assessment.

All records we reviewed showed that staff clearly recorded consent in patient records.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005 and they knew who to contact for advice.

Are Surgery caring?

Good

We rated caring as good.

Compassionate care

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

Good

Surgery

Staff were discreet and responsive when caring for patients. We saw all staff taking the time to interact with patients in a respectful and considerate way. Patients we spoke to and feedback we reviewed consistently reported that staff treated them with kindness and compassion. We observed all staff to be caring and compassionate in their interactions with patients.

Staff we spoke with understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for patients. There was a poster within the waiting room letting patients know they could request a chaperone for their consultation.

Staff we spoke with understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

We viewed comments from patient feedback forms which were overwhelmingly positive. Comments included: “brilliant, very pleased with my results”; “anaesthetist was great at keeping me calm and comfortable”; the team on the phone went above and beyond”; “from start to finish I felt completely at ease”.

Emotional support

Staff provided emotional support to patients.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them. Staff described to us how they had supported patients who became anxious in an open environment such as when they arrived in theatre.

Staff were passionate about their work and were focused on delivering patient centred care. This included emphasising to patients the importance of aftercare, use of compression garments and attendance of follow up appointments.

We spoke to a patient who told us that they were given lots of time to think about going ahead with the procedure after their full consultation and that staff were understanding when they wanted to delay their initial planned date for some extra time to make their decision.

We observed a consultation where a patient was not eligible for the type of procedure the service offered. The surgeon was honest, understanding and took the time to explain to the patient the reasons why they were not eligible. They then signposted the patient to other services including services to help the patient lead a healthier lifestyle.

Patients were given a telephone number to the clinic as well as an out of hours telephone number when they were discharged so they could call for advice and support at any time of the day.

Understanding and involvement of patients and those close to them

Staff supported patients to understand their condition and make decisions about their care and treatment.

Staff involved patients in decisions about their care and treatment. Patients told us they felt comfortable asking the surgeon questions and felt involved their treatment plan. Patients told us staff spent time explaining the procedure and were happy to repeat any details that they did not understand. A patient we spoke with told us they felt able to ask questions and found “all the information really helpful including advice about what not to eat or drink”.

Patients told us that conversations about finances were done so with sensitivity at the beginning of the process and that they had all the information they needed before deciding to proceed.

Good

Surgery

The clinic gathered feedback from patients and undertook an annual patient survey. The latest survey was undertaken in November 2022.

Of the 40 patient responses, 98% of patients said that they strongly agreed that staff were courteous and helpful; 97% of patients said they strongly agreed or agreed that they received clear information from staff; 98% of patients said they strongly agreed or agreed that the service was able to answer all of their questions; 92% of patients said they strongly agreed or agreed that the treatment process was clearly explained.

Are Surgery responsive?

Good

We rated responsive as good.

Service delivery to meet the needs of the patient population

The service planned and provided care in a way that met the needs of their patient population.

Managers planned and organised the service so they met the needs of the patient population. As the clinic provided private elective cosmetic surgery, appointments were planned at times to suit the patients. The service was open five days a week and theatre lists were planned in advance.

Patients were able to book face to face and virtual consultations within two to three weeks.

The clinic was in central London, with good public transportation links, making it accessible to patients from a wide geographical area.

Facilities and premises were appropriate for the services being delivered. There was a waiting area, where hot and cold drinks were available for patients.

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. There was a system for referring patients for psychological assessment before starting treatment, if necessary.

The service was inclusive and took account of patients' individual needs and preferences. Patient records detailed a patient's additional needs. Staff made reasonable adjustments to help patients access services.

Patients were able to book surgery dates to suit their plans and commitments.

The surgeon ensured that patients completed a psychological assessment form prior to undergoing liposuction and if required, a referral to a psychiatrist would be made.

The service had access to a telephone interpreting service for patients who did not speak English as their first language.

We saw some leaflets in the reception area of the clinic however they were only available in English.

Good

Surgery

Upon discharge, patients were given a discharge information leaflet which detailed a telephone number to call if they had any concerns and another number to call out of hours.

Due to the theatre being located on the lower ground floor which was accessible only by stairs, the service was unable to accommodate wheelchair users. This would be made clear at the point of booking and the patient would be referred to another clinic.

Access and flow

People could access the service when they needed it and received the right care.

There was timely access for liposuction. In the reporting period there had been no cancellations made by the service. There had been no unplanned transfers or returns to theatre in the last 12 months.

In the last year, the service saw 473 patients. All surgical procedures were elective which meant that workflow could be planned. Due to the type of liposuction performed, patients did not need to stay overnight but there was a discharge room where patients would stay for up to an hour so staff could conduct observations to check the patient was freely mobile, and eating and drinking normally before being discharged from the clinic. Patients who received sedation were required to be escorted home by a friend or family member.

Staff told us that the discharge process was effective. Discharge arrangements were discussed with the patient prior to their surgery to ensure they had suitable transport home after their procedure.

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. The service included patients in the investigation of their complaint.The service had a system for referring unresolved complaints for independent review.

Complaints were overseen by the registered manager. In the reporting period, the service had received one formal complaint. Complaints were investigated, learning was identified, and the clinic apologised to patients when something went wrong.

The provider told us that feedback from complaints were discussed at monthly team meeting to help improve daily practice.

There were a number of ways patients and families could send feedback including filling in feedback forms. Patients we spoke with were aware of how to make a complaint and told us they felt comfortable about speaking directly with staff if they wanted to complain.

The service clearly displayed information about how to raise a concern in patient areas and on their website. Patients were also provided with information on how to refer unresolved complaints for independent review.

Good

Surgery

Are Surgery well-led?

Good

We rated well led as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The registered manager was also the surgeon at the clinic. Day to day leadership was managed by the onsite team which included the registered manager, theatre nurse, operating department practitioner and administrative team. Leaders had a strong understanding of issues, challenges and priorities in their service.

All staff spoke highly of the registered manager and spoke of good teamwork. They commented on the friendliness and visibility of the senior leaders and that they felt able to approach them.

Staff told us they were supported by their managers to develop their skills and access development opportunities.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

The service's vision was "to provide the highest possible standards of compassionate care and the very best patient and staff experience".

The service's mission was to "always act in patients' best interests. To never sell patients a procedure but to clearly explain patients' options, risks and benefits so that a decision can be made from an informed position of knowledge".

The service's strategy was to ensure good governance was at the heart of clinical practice and provision with a focus on core elements such as risk management, patient involvement, clinical audit, quality improvement, infection prevention delivery and workforce.

Staff were able to describe the vision of the service.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff were passionate about their work and spoke of good teamwork in a patient-centred environment. We found an inclusive and constructive working culture within the clinic among both clinical and non-clinical staff.

Good

Surgery

We found an open and honest culture and staff told us they felt supported by their managers. They told us the registered manager was visible and approachable.

Leaders promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The registered manager was actively involved in the day to day management of services. Staff we spoke with told us they felt able to report concerns to their managers and spoke of an open-door policy.

Staff we spoke with spoke highly of the culture, referring to there being a close-knit team atmosphere within the clinic.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Governance structures were in place at the service. Staff we spoke with had a good awareness of governance arrangements and knew how to escalate their concerns. There were monthly meetings as well as informal meetings where staff could voice their concerns.

In addition to the monthly meetings with the clinic team, the registered manager linked up with and attended the medical advisory committee (MAC) and multidisciplinary team meetings of a larger private cosmetic surgery clinic in order to share and gain learning to further improve governance processes at Hans Place Practice. The chief medical officer at the other cosmetic surgery clinic told us the registered manager of Hans Place Practice presented cases and contributed to discussion around governance and medical practice particularly in relation to liposuction procedures.

The registered manager told us that the MAC meetings and MDT meetings were useful to share learning, receive scrutiny around governance and gain advice on individual cases.

We reviewed monthly meeting minutes which showed discussion of improvements to practice, staffing, training, medicines management and patient feedback. The registered manager told us during the inspection that they intended to further improve the agenda of monthly meetings to include more in-depth discussion around audit results.

The clinic team also told us they held informal meetings to discuss any urgent updates or issues. The team also belonged to a group messaging application where information was also shared within the team.

Management of risk, issues and performance

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

The service had a risk register which was reviewed monthly. Each risk was given a score, review date, a set of control measures and allocated with a risk owner to carry out any mitigations. We saw that risks such as updates to staff training were discussed at monthly meetings.

The issues and risks which managers identified were in line with what we found on inspection and there was alignment between these and the risks outlined on the risk register. For example, the service was aware that safety chair refresher training was overdue however a training date had now been planned.

Good

Surgery

There was a formal audit plan in place for the clinic which outlined the frequency of the audits and dates of the audits. Audits were conducted on an electronic tablet using software that was able to produce action plans and upload data reports that were accessed directly by the registered manager who could monitor the results and progress of any actions.

The service had appropriate emergency action plans in place in event of incidents such as power loss or fire. These outlined clear actions staff were to take and contact details of relevant individuals or services. The service had a back-up generator which was connected to emergency lighting. If there was a power outage, the registered manager told us that as procedures were elective and non-life threatening, procedures would be stopped, measured implemented to ensure the patient is safe and appointments were cancelled and rebooked.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff had access to patients' health records and the results of investigations and tests in a timely manner. The service used electronic records which were stored securely on a cloud-based server.

There were effective arrangements to ensure the confidentiality of patient identifiable data. Computer stations we saw were logged out when not in use.

The clinic used an IT system which allowed the service to manage quality and compliance processes by producing audits and audit reports, action plans and data reports on incidents and risk. The registered manager was able to use the system to create, schedule and assign audits and was notified as soon as an audit had been completed so they had access to real-time results.

The clinic had Wi-Fi for public use. Patients we spoke with said they were able to access the Wi-Fi service.

Engagement

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

Patients were encouraged to share their views on the quality of the service through feedback surveys and posting reviews on internet review sites.

The provider made use of technology to gain instant feedback from patients using QR codes and social media to help the service continuously improve in real time. The service also sought suggestions from staff at all levels in team meetings to improve the customer experience.

Staff were engaged in the planning and delivery of the service. Staff told us that they felt able to suggest new ideas to their managers and that they were listened to.

Staff told us that although during the pandemic, social events had been limited, the service did arrange social gatherings and meals together.

The service used patient feedback to guide the service delivery and responded to any concerns raised or suggestions made by people who used the service. Patient questionnaire results were consistently positive.

Good

Surgery

The provider did not conduct a formal staff survey. The registered manager told us this was because the staff group was very small. However, staff told us they could discuss any concerns or issues with the registered manager at any time.

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.

Staff were committed to continuous learning and improvement. Staff told us they were supported by their managers to develop their skills and access development opportunities. Staff told us they had recently researched and changed the compression garments used for patients, post-procedure, after receiving feedback from patients about the comfort of the original garments.

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
Treatment of disease, disorder or injury Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment (2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include (g) the proper and safe management of medicines; We found that one medicine which was used for conscious sedation of patients was out of date and had expired in August 2022 and had recently been used on three patients.