Personal Health Service Limited

The Cadogan Clinic

Inspection report

120 Sloane Street
London
SW1X 9BW
Tel: 02079018502
www.cadoganclinic.com

Date of inspection visit: 19 November, 2 December and 12 December 2022.
Date of publication: 13/02/2023

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

Ratings

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

Summary of findings

Overall summary

This was the first time we rated this service. We rated it 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. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- 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, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- 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 the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	This was the first time we rated this service. We rated it 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. They managed medicines well. The service managed safety incidents well and learned lessons from them. • Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. • Staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs. They provided emotional support to patients, families and carers. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it. • 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 the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Services for children & young people

Good 

Services for children and young people are a small proportion of the clinic's activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.
This was the first time we rated the service. We rated it as good because:

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers made sure staff were competent. Staff worked well together for the benefit of children and young people, supported them to make decisions about their care and had access to good information.
- Staff treated children and young people 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 children and young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs. 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 felt respected, supported and valued. Staff were clear about their roles and accountabilities.

Summary of findings

Contents

Summary of this inspection — Page

Background to The Cadogan Clinic — 6

Information about The Cadogan Clinic — 6

Our findings from this inspection

Overview of ratings — 8

Our findings by main service — 9

Summary of this inspection

Background to The Cadogan Clinic

The Cadogan Clinic is registered to provide the regulated activities of surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures. It provides day case cosmetic surgery and dermatology services to adults. In 2021 the service saw 20,000 patients and carried out 1,600 surgical procedures. The most common procedures were rhinoplasty, facelift, liposuction and breast reduction. The current registered manager has been in post since 2016.

The clinic also provides dermatology services to children aged 3 to 16 years under local anaesthetic. Surgery for 16 and 18 year olds under general anaesthetic is supported by GP evidence that it is for a medical need. Services for children and young people is a small proportion of the clinic's activity. In 2022, 24 children and young people were treated under local anaesthetic and 2 under general anaesthetic.

The main service was surgery. Where arrangements were the same, we have reported the findings in the surgery section.

How we carried out this inspection

We carried out an unannounced comprehensive inspection of surgery on 19 October and a follow up interview on 2 November 2022. Our team consisted of three inspectors and a specialist advisor. We carried out an unannounced inspection of services for children and young people on 12 December 2022 with one inspector. We visited all areas of the service including theatres, recovery, ambulatory care and outpatients. We observed surgical safety procedures taking place in theatres.

We spoke with six patients at the service but were unable to speak with any children, young people or parents and carers. We interviewed key senior members of staff and spoke with staff from all departments. We reviewed records and documentation on site and requested further documents following our site visit.

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.

Outstanding practice

We found the following outstanding practice:

- Assessments included understanding patient welfare in relation to their suitability for surgery. Psychological assessments and a psychology patient pathway were available.
- All patients who made complaints, voiced concerns or provided poor or passive feedback when reviewing the service, were invited to meet a member of the senior management team. The service aimed to address all forms of patient feedback within two days of receipt and resolve them within 5 days.
- Staff told us the service respected options for work life balance and positive well-being culture with learning opportunities, career progression, which motivated good teamwork for better patient care.
- The service had a detailed understanding of how it was performing, which focused on patient safety and quality improvements within the service.

Summary of this inspection

- Leaders encouraged staff to engage with the service's core values of teamwork and caring. Staff were anonymously nominated by their peers for a monthly prize which was described by staff as meaningful. There was a large uptake from staff from all parts of the service.
- The service had a strong focus on learning, continual improvement and innovation which was demonstrated in a number of ways. Staffing culture was focused on improving the patient experience.
- A devolved leadership model supported staff to take greater responsibility in key areas for which staff received additional training. There was a comprehensive system of responsible leads in a wide variety of roles which promoted safe and responsible practice.
- The service actively and positively used patient and staff comments about the service as a way to improve patient care.
- There was a belief in ethical practice for cosmetic surgery which was borne out through its affiliations with professional associations, good practice and training.
- The service promoted and encouraged innovative and evidence based safe practice including cosmetic surgery procedures, some of which had been risky procedures historically. It demonstrated its work in this over a five-year period which was ongoing.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	☆ Outstanding	Good
Services for children & young people	Good	Good	Inspected but not rated	Good	Good	Good
Overall	Good	Good	Good	Good	☆ Outstanding	Good

Good

Surgery

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

Are Surgery safe?

Good

This was the first time we rated this service. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. Mandatory training was delivered through e-learning with some in person training such as intermediate life support and manual handling. Staff had protected time in January and July to complete training modules. Training logs tracked both mandatory and non-mandatory training for clinical and non-clinical teams and staff were followed up when it was out of date. The service maintained a compliance rate above 98%.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. 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.There were designated leads within the service for safeguarding children and safeguarding adults. All staff had completed safeguarding children and safeguarding adults training to level 2. The designated leads for both children and adult safeguarding had completed level 3.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We were given two examples that had occurred within the last year where staff had identified and escalated safeguarding concerns. Responses had been appropriate to keep people safe in each situation and included a referral to social services and reporting to a GP and the police. All safeguarding issues were discussed among the senior leadership team for learning.

The female genital surgery protocol specifically covered female genital mutilation (FGM). It included the World Health Organisation (WHO) definition and the law in the UK. Aesthetic surgery did not take place for children under sixteen. Surgery for 16 and 17 year olds had to be supported by GP evidence that this was for a medical need.

Staff followed safe procedures for children visiting the service. All children under sixteen must be accompanied by an adult.

Good

Surgery

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The environment was visibly clean including on high and low surfaces and equipment. Walls and flooring were intact and all surfaces were dust free. There were recent 'I am clean stickers' on equipment. Bay curtains in the recovery area were changed regularly. For continued Covid safety all staff wore masks, recovery bays had curtains and ambulatory care was contained within its own room.

The area downstairs where all procedures took place, was not large enough for full dirty/clean corridor entrance and exit, with only one way in to each theatre. However, the service was aware of the tight space and we observed good infection prevention processes in place. Risk assessments had been carried out which were subject to ongoing review.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff were wearing appropriate PPE including scrubs, clogs, masks and theatre caps. In clinical areas, we observed clinical staff consistently adhering to infection control measures with washing hands between patients and after patient contact. Staff used PPE such as gloves and aprons and used aseptic non-touch technique (keeping an area as clean as possible) when undertaking procedures.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. There were operating room task lists including cleaning the room prior to start, preparing instruments, cleaning equipment after the surgery list. Weekly task lists included checking high level dust. Daily anaesthetic checklists in theatres were all dated and signed for the whole month. Daily theatre cleaning checklist was completed up to date.

We observed a good theatre count process in practice which was sterile. Sterile swabs and aseptic technique were in use and added to the count board. All sterile equipment was checked by the scrub and circulatory nurses. Sterile theatre sets were labelled and item checks were taking place. Dirty sets went to the sluice and were packed and sealed into blue boxes. Instruments were sent for decontamination under a service level agreement. We observed safe disposing of sharps in the sharps box.

The training log showed staff had received relevant annual training in hand hygiene, sharps management, sharps injury, biological spills and clinical waste segregation. Infection control and hand hygiene audits were carried out quarterly and included methicillin-resistant staphylococcus aureus (MRSA). Policies were reviewed every three years or sooner if there was an update on a clinical or national guidance or any learning from incidents.

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 service had suitable facilities. Theatres and recovery was located on the lower ground floor and included three general anaesthetic operating theatres with (25 air changes per hour), two minor procedure rooms (15 air changes per hour), a six bed ambulatory area (day case admission) and a two bay resuscitation area.

Good

Surgery

There was an awareness within the service that the space was small for the amount of activity. Risk assessments had been carried out which were subject to ongoing review and renovation of post-operative recovery bays had resulted in improved privacy. Evacuation routes were unobstructed. Fire exit and meeting place signage was at eye level throughout. Extinguishers were in place and in date. Patient areas, especially bays and walkways, were clean and not cluttered.

The outpatients area was located on the ground floor. There were six consulting rooms and two treatment rooms for mole mapping and wound care. Waiting areas were well lit and the reception area was generally clutter-free. Seating in the waiting areas was visibly clean and fit for purpose.

The isolated power system (which included uninterrupted power supply) was maintained under contract and was last inspected in October 2022. It was designed to provide continued power in the event of power failure, for 60 minutes allowing time for the emergency generator to start up (within ten minutes). There was a business continuity and recovery plan which set out plans and mitigated against the loss of computer systems, access to patient records, telephones, electricity, gas, alarms and water.

The service had enough suitable equipment to help them to safely care for patients. Staff had access to all working equipment required. The resuscitation trolley was fully stocked and checked regularly. The theatre registry book was observed and included implants and serial numbers and expiry dates. Call bells were accessible to patients and staff with a dashboard in ambulatory care indicating where an active call was. The anaesthetic machines were all well maintained. Portable appliance testing (PAT) was in place and in date. Equipment had been serviced.

Staff disposed of clinical waste safely. Clinical waste streams were safe and both clinical and domestic. We observe two sharps boxes in use both dated and signed and partially closed.

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient using a recognised tool, assessed suitability for treatment and reviewed this regularly. Care plans were agreed in pre-operative consultations. Plans we saw were based on risk assessments and were person-centred. Care plans were completed with patients and family members, who were involved in setting the goals for their care and treatment. We attended a multidisciplinary team meeting where patients referred for treatment were discussed and a plan agreed.

National early warning score assessments (NEWS) were used on observation charts with trigger thresholds. Patients were not moved to ambulatory care without anaesthetist approval and assessments showed them progressing to recovery stage 2 and at least 30 minutes had passed.

Surgical recovery process was in two stages first stage recovery and six days in second stage recovery. A wheelchair was used to move patients.

As a day case hospital there was no resident medical officer. Anaesthetists stayed with patients up to 8pm and until they were reviewed and assessed as past recovery stage one. A patient co-ordinator stayed in touch with the patient following discharge from the clinic and while in stage 2 of recovery. There was an on-call system that consisted of senior surgeons and the medical director (living within 5 minutes of the clinic) which was used for patients who stayed overnight.

Good

Surgery

Emergency arrangements for level 2/3 critical care were in place with a local acute hospital. There had been no transfers out in 2021 or 2022. There had been five overnight stays due to medical need in 2022. Patients stayed in recovery and on trolleys. We were given examples where the anaesthetist remained with the patient. All theatre staff were trained in intermediate life support. All anaesthetists in advanced life support.

Staff knew about and dealt with any specific risk issues. We observed good safe practice for venous thromboembolism (VTE) including the use of compression stockings. A non-invasive, mechanical prophylaxis system designed to reduce the incidence of deep vein thrombosis was used during all types of major surgery. Positioning was checked and led by the surgeon. Staff were aware of sepsis and could recognise signs. Temperatures were checked and consent given by each patient prior to the procedure. This was recorded in the patient record on the digital tablet. A surgical procedure pack was used in conjunction with all the patient assessment information which was available from the digital patient record.

The World Health Organisation (WHO) checklist Five Steps to Safer Surgery is a surgical safety checklist and was in use at the service. It is widely advocated for all patients in England and Wales undergoing surgical procedures. We observed good practice and multidisciplinary teamwork with the checklist to keep patients safe. A checklist board and digital tablets were used. There was a count board system and final count carried out. Staff told us the checklist process worked well and they felt there were safe processes.

The pre-operative briefing checklist was observed. Patients were discussed and documented in detail including the order of the list, specific comments, briefing notes, concerns and positioning.

Equipment was checked and counts were added to the theatre swab board and verified by the circulatory nurse. There were two checkers for good practice.

At the sign in we observed the whole team being involved as well as the patient. Consent and signature checks and site marks were confirmed. All checks took place including glycaemia, VTE and patient warming. Temperature checks had recently been added to the checklist. Time out was observed with the whole team in attendance. There was use of the whiteboard by the consultant and digital tablet by the operating department assistant (ODP) and circulatory nurse.

Sign out was observed, with theatre equipment counts by the scrub and circulatory nurses. There was confirmation of procedures, instruments and swabs. All agreed with the involvement of the full multidisciplinary team. The post-operative briefing checklist included what went particularly well, what went not so well, what could be improved and actions.

We observed the preparation for the next patient including the setting up of drugs in theatre. There was good communication and medications were checked for expiry dates and appropriate labelling.

Audits on compliance with surgical safety checklists were carried out on a monthly basis. Accountable items audits were carried out on a quarterly basis. Audits were carried out for both general and local anaesthetic as well as skin procedures.

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. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service had enough nursing and support staff to keep patients safe. The service was adequately staffed in all departments on the day of inspection including theatres, recovery, outpatients and reception.

Good

Surgery

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. Theatre staffing levels reflected the recommendations by the Association for Perioperative Practice and included one operating department practitioner (ODP), one 'runner', one 'scrub', one 'circulator', one anaesthetist and one surgeon. Since the pandemic there had been challenges to staffing and a renewed focus on how staffing was planned. The service had hired an extra HR team member to deal with recruiting, raised salaries for entry-level roles, improved staff benefits, improved non-core training for clinical and non-clinical staff and improved on call rates of pay. It was reported that the service was more resilient as a result; enough to not have to cancel theatres on transport strike days which was put down to good planning.

Managers made sure all bank and agency staff understood the service. There were regular bank staff who worked regular shifts and were provided with all mandatory training and training relevant to their roles. The service regularly reviewed its use of bank and agency staff which was tracked and reported in governance meetings. Rates were currently 25% bank and 4% agency.

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.

There was a medical advisory committee (MAC) responsible for consultant engagement. There was a practising privileges policy that outlined the requirements the consultants needed to follow and meet to maintain their practicing privileges. This included annual submission of insurance, appraisal and a formal two-yearly review of their practising privileges by the Medical Advisory Committee (MAC). These were minimum requirements with which a consultant must comply. Practising privileges were paused when mandatory information was not up to date. There were currently 96 consultants with practising privileges. There had been no consultant suspensions in last 12 months and one suspension in the last 24 months. We reviewed a selection of consultant files and these contained evidence qualifications, insurance, registrations and appraisals. This showed that this staff group were suitably skilled and competent to deliver care and treatment.

In speaking with the chair of the MAC and the medical director of the service, we were assured this process was followed. The service provided the responsible officer (RO) role to many consultants for the purpose of re appraisal. There was a 'consultant onboarding' pack that included: the service's mission and values, regulatory requirements for practicing, price lists, histology codes, ICD-10 codes, agreements (contract, practising privileges agreement and doctors' handbook), chaperone policy, resuscitation policy, patient transfer policy and complaints policy. The service offered consultants free of charge mandatory training and in-person training. It also organised DBS checks for consultants.

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 all staff could access them easily. Patient information was recorded directly into the digital system apart from anaesthetic charts and NEWS scores, which were scanned into the electronic record after completion. This meant that all patient information and risk assessments were in one assessment report which enabled all information to be in one place on the day of treatment.

Records were stored securely. Records were always kept securely and remaining paper records were stored securely at a location off site.

Good

Surgery

Medicines

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

Staff stored and managed all medicines safely. In theatres and recovery, medications and controlled drugs (CDs) were both stored in locked cabinets, with the keys held securely by the ODP. The medications were checked twice daily. They were all organised and tidy with a system in place.

Staff completed medicines records accurately and kept them up-to-date. All CDs were signed for with a second signature as witness. Weekly task lists included date checks of consumables. Pharmacist support was provided by an outsourced company and a pharmacist visited each month to review ordering and carry out audits on controlled drugs and medicines management every six months.

Staff followed systems and processes to prescribe and administer medicines safely. We observed medications for a patient being prepared. Disposable trays were in use with everything was labelled and expiry dates checked. We observed the anaesthetist sign controlled drugs contemporaneously.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Staff knew what incidents to report and how to report them. Staff described the process for incident reporting including learning through team meetings. They also described a positive learning culture. All staff had completed training in incident management and reporting.

Managers shared learning with their staff. There was a monthly lessons learnt from incidents session available to all staff and learning was also discussed as part of the feedback loop. We were given an example of a recent incident which included a large team meeting in theatres to discuss learning.

Managers investigated incidents thoroughly. The service used an electronic incident reporting form which was emailed to a dedicated incident mailbox. This was picked up by the clinical governance lead for review and investigation. Any immediate action points were taken with the theatre manager. The clinical governance lead collated the incident log which was reviewed at weekly clinical governance meetings. Incidents were also reviewed at the medical advisory committee. There had been no never events in the last two years.

Are Surgery effective?

Good

This was the first time we rated this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Good

Surgery

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service was signposted to latest guidance and resources through subscription to the NICE newsletter and alert service, the CAS Alert Service, CQC Newsletter, ISCAS Newsletter. Key staff kept up to date with service and practice developments through attendance at webinars and events such as ISCAS webinars, controlled drugs webinars. The medical director received Royal College of Surgeons' Plastic and Reconstructive Surgery specialty updates and attended professional association events such as by the British Association of Aesthetic Plastic Surgeons, British Association of Plastic Reconstructive and Aesthetic Surgeons and The International Society of Aesthetic Plastic Surgery.

National guidance was referenced in policy and included Local and National Safety Standards for Invasive Procedures (LocSSIPs/NatSSIPs), British Association of Aesthetic Plastic Surgeons code of conduct, GMC Ethical Guidance for Doctors, National Institute for Health and Care Excellence (NICE), Royal College of Surgeons Professional Standards for Cosmetic Surgery, Royal College of Anaesthetists Guidelines for Day Case Surgery, Centre for Perioperative Care Guidelines. Examples of recent national guidance updates being implemented was given such as the Royal College of Anaesthetists guidance on anaesthesia post-COVID-19 infection and the ISCAS revised complaints code.

Staff had access to local and national guidance on the intranet. Staff were aware of NICE guidance relevant to their specialty and had access to this online. Staff could access current policies and guidelines on the clinic's intranet pages. Staff we spoke with said they did this regularly and showed us how it worked. The information was easily accessible. There were laminated guidance posters on the walls for safe practices including sharps injuries, Association of Anaesthetists safety guidelines, checklists and protocols.

The service organised and invested in evidence based research and pathway improvement for cosmetic surgery. This had improved safe and effective patient outcomes and treatment pathways. Patient outcomes were monitored and reviewed at MAC and board level and through the publication in UK and international peer reviewed journals.

The service promoted evidence based safe practice. The MAC had a clinical strategy which set out priorities for each year and planned for three large improvement projects each year. A board summary of five years of projects was provided which outlined projects undertaken and improvements that had been implemented up to 2022.

Consultants at the service had designed and implemented of a surgical strategy for Brazilian abdominoplasty to reduce surgical complications including hematoma seroma.

The fat grafting to buttocks protocol had been reviewed and updated over a five year period using research and outcome data including mortality rates. This was a high risk procedure and work at the clinic identified training and good practice at each stage of treatment. Both editions of the British Association of Aesthetic Plastic Surgeons (BAAPS) guidance on fat transfer to buttocks were authored by surgeons from the clinic. The service was aiming to be a centre of excellence for this practice and surgeons now came to the service for training in this method.

Other projects demonstrated improvement in patient care and were outcome focused. There was a new pathway that included genetic screening for keloid scar susceptibility and post-operative results improvements. Surgical and non-surgical combination treatment protocols had been developed and implemented for enhanced reconstructive treatment and improved aesthetic outcomes. Pre- and post-operative protocols in hand rejuvenation, eye rejuvenation and use of radiofrequency devices in combination with surgery were tested and implemented.

Other examples included: the development of a dermatoscopic mole mapping methodology for enhanced melanoma diagnosis leading to improved prognosis and full body imaging and dermatologist pathway to improve early detection of malignant moles improved by 24%. A staff-led pathway project to improve the readability of patient information to improve patient understanding of the procedures they were planning to undertake.

Nutrition and hydration

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

Patients waiting to have surgery were not left nil by mouth for long periods. Association of Anaesthetists guidelines for directing fasting periods were followed. Anti-sickness medication was prescribed for during and after procedures as required. Resuscitation staff ensured patients were able to keep down water prior to transfer to ambulatory care. Patients were advised to drink slowly or through a straw to avoid nausea. Meals were offered to patients and supplied in ambulatory care. There was access to cold and hot beverages.

Pain relief

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

All staff used the same pain assessment score when asking patients about their pain levels. Pain relief was prescribed and available on request. Pain was monitored throughout the recovery process. Pain was assessed using a numeric score as part of their recovery checklist and early warning NEWS score. Anaesthetists stayed with patients until they were reviewed and assessed as past recovery stage one. Discharge information included guidance on pain relief that should be taken. Patient coordinators stayed in contact throughout post discharge recovery and included pain monitoring. Pain relief medication was stocked and available within the recovery area. Patients told us that pain relief was an available on request.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

The service participated in relevant national clinical audits. Patient Reported Outcome Measures for cosmetic surgery, known as QPROMS, were recommended by the Royal College of Surgeons for a range of cosmetic procedures and were submitted to the Private Healthcare Information Network (PHIN). In order to improve the uptake and outcomes, the service had contracted a team who had further contact with patients post treatment. Uptake had increased over an 18 month period by 400%, enabling comparison between procedures and between consultants. Mean post-operative scores were broken down by procedure and on a scale of 0 to 100 (very satisfied). August 2022's report showed scores of 83 for breast, 82 for eyelid, 57 for facelift, 37 for liposuction, 78 for nose reshaping and 74 for tummy tuck.

Data was submitted to the Breast and Cosmetic Implant Registry (BCIR) for traceability in the event of a product recall or other safety concern.

Managers and staff used the results to improve patients' outcomes. Outcomes were reviewed and discussed at MAC and governance meetings. Revisions and returns to theatre rates were monitored at weekly and monthly governance meetings and MAC meetings and reviewed by named consultant. There was an easily located page on the service's

website which summarised key clinical outcome data (QPROMS) alongside revision and return rates and infection rates. This was updated on a quarterly basis. Patients were also able to access full clinical indicators (redacted for confidentiality) in reception and on display within the clinic. In 2021 the service saw 20,000 patients and carried out 1,600 surgical procedures. There were 19 surgical revisions and 8 unplanned returns to theatre.

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.

Managers supported staff to develop through yearly, constructive appraisals of their work. There was an annual appraisal system for all staff. There was a different appraisal template for each part of the service such as theatres, ambulatory care and sales. Objective setting and core values were included and assessed. The clinic's appraisal policy stated that all staff were required to have an annual appraisal using the job description and person specification for their post.

Managers made sure staff received any specialist training for their role. The mandatory training log recorded that staff had completed their 'all staff induction' and 'local induction' within their own department. It also recorded training that staff had completed relevant to their field of expertise, such as paediatric life support, safer surgery checklist, numbing cream application, deteriorating patient, theatre manual handling and specimen management. The service videoed its own face to face training and used it for further training and refresher training.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. There was a comprehensive system of responsible leads across the service in a wide variety of roles which promoted safe and responsible practice. This included leads for sepsis, infection control, health and safety, governance, safer surgery checklist, theatre, resuscitation, safeguarding adults and safeguarding children. There were clinical leads in all areas. There were deputy leads for roles such as theatre and training was in place for them also.

The service offered consultant education and training alongside medical associations. We were provided with examples that included in house events such as GP professional development events, consultant sharps management, consultant hand hygiene and aesthetics key opinion leader training (provided in house by pharmaceutical companies). The service hosted professional associations' conferences. There was a plastic surgery fellowship scheme funded by Cadogan for three fellows a year for three month periods. 14 had completed to date. There was a mentorship scheme for medical student placement also funded by Cadogan and accredited by the British Association of Aesthetic Plastic Surgeons.

Managers gave all new staff a full induction tailored to their role before they started work. All new starters followed a process of induction in order to get to know the service and their specific role. This included a lunch with the director/ registered manager which was reported as a good method of instilling cultural values, open structure and the importance of reporting and responding to concerns. There was a six-month induction process including probation, for learning and completion of specific competency based framework for all healthcare assistants and nursing staff. This was recorded in each person's HR file. A similar process was in place for all non-clinical roles.

Theatre staff told us there were good opportunities for career progression. The operating department practitioner was dual trained in recovery and anaesthesia. Staff told us that ILS and cannulation training happened annually. Staff told us they had a six-month probation. Staff told us that all mandatory training had been completed. Staff told us they had completed competencies in line with their role. They had paired up with other staff for the first few weeks and felt well supported.

Good

Surgery

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. There were several weekly multidisciplinary team meetings that included theatre team meetings, ambulatory team meetings and bookings team meetings. There were daily theatre huddles. There were a number of manager and governance meetings which involved staff from all disciplines within the service.

We observed that all staff worked well together regardless of their role with respect for one another. There was good rapport in theatres and across disciplines.

Every patient was asked to consent for the service to write to their GP following treatment. The service found that there was a 50/50 split in this respect. If consented to a patient letter was sent to the patient and the GP. Each patient was allocated a patient advisor who was in contact with the patient following treatment to understand ongoing treatment needs.

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 to gain patients' consent.

Staff made sure patients consented to treatment based on all the information available. Patients discussed risks, anaesthetic risks and outcomes at the consultation stage and signed the informed consent and anaesthetic consent. At the point of booking surgery informed consents were sent to all patients. Information to enable patients' informed consent included an information pack, website information and illustrative before and after pictures.

The service ensured a two-week cooling off period. Bookings staff checked consultation notes for consent when booking patients. Training on two-week cooling off period was included in bookings team training. Information on cooling off period was included in patient information packs. A cooling off period sampling audit was monitored by the booking team.

Staff clearly recorded consent in the patients' records. In theatres we observed a thorough digital consent form which covered risks throughout the form including post-operative procedures, pregnancy risks and anaesthetic risks which were all explained to patients. There was an electronic patient signature. Staff told us that recording consent on digital tablets worked well and was responsive.

In outpatients staff understood the relevant consent and decision-making requirements of legislation and guidance. Staff gained consent from patients for their care and treatment in line with good practice.

Training on consent was provided to consultants. This included supporting consultation templates covering risks and supporting informed consent templates for surgical procedures and non-surgical procedures, anaesthetic consent and regulatory requirements.

Consent was audited through the monthly medical record audit of all theatre procedures to ensure that digital informed consent was signed. A sample check for paper copies also took place. There was a 100% compliance rate.

Good

Surgery

Staff understood how and when to assess whether a young person had the capacity to make decisions about their care. For further information please refer to the children and young people section of this report.

Are Surgery caring?

Good

This was the first time we rated this service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff were professional, friendly and polite when addressing patients. They were willing to help and demonstrated commitment to a patient centred approach. The director/registered manager reported that the importance of interacting in a caring way was highlighted to staff through its core values.

Patients said staff treated them well and with kindness. In outpatients, patients we spoke with said that staff treated them with kindness, respected their privacy and dignity and took account of their individual needs. In recovery we observed staff taking time to interact with patients in a respectful and considerate way, building up a strong rapport. Patients were complimentary of staff and the entire service, praising this service compared to others they had experienced. One patient told us they had a good conversation with the anaesthetist after their operation, who helped them with their gown while observing their dignity and assisting with their positioning.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff understood the impact that care and treatment had on patient wellbeing. Staff we spoke with stressed the importance of treating patients as individuals. We observed staff putting patients at ease and minimising any discomfort. We observed, and patients told us, that staff answered all their questions patiently and in a considerate manner. We observed good rapport between staff and patients. Staff displayed good listening skills when we observed minor operations.

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. The service took responsibility to understand patient welfare and suitability for surgery. A body dysmorphic score was part of patient assessment and every plastic surgeon had completed a training module in psychological needs. There was a referral pathway available to a psychology practice through a service level agreement, which included specialising in body dysmorphia. We were given an example where one patient was referred to psychologists post operatively. This case was also reviewed by the service to understand if psychological assessments had been meaningful and completed properly which they found they had.

Understanding and involvement of patients and those close to them

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

Good

Surgery

Patients gave positive feedback about the service. The service's patient satisfaction results showed that at the first quarter of 2022, patient satisfaction was 98%. Reviews from the Private Healthcare Information Network (PHIN) showed 98% of 2405 people said that their experience was very good. The service was rated 4.9 out of 5 and 4.8 out of 5 on relevant social media review platforms. The service had acted on previous comments made in patient satisfaction surveys. For example, steps had recently been taken to improve facilities for pre and post-operative privacy. A refurbishment of private changing areas and handwashing facilities took place and outpatients and surgical patient facilities were separated.

The service promoted the involvement of families and carers by encouraging patients to bring someone along with them. However, it was reported that most people did not. Theatre planning was completed by including loved ones and whether loved ones were involved. All children under sixteens had to be accompanied by an adult.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Handovers included patients in the conversation and before any procedure. We observed a good rapport between a patient, ODP and anaesthetist with explanations regarding procedures such as monitoring medications and explaining the procedures themselves, which put the patient at ease who commented they felt relaxed.

Are Surgery responsive?

Good

This was the first time we rated this service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. 40% of patients were from the local and adjacent postcodes areas. There were two local GPs who sat on the medical advisory committee. Both were jointly NHS and private and provided feedback on the changing needs of the local population. We were given an example of this where older patients had the perception that the service was now an aesthetic surgical service rather than dermatological. In response the service created a brochure which aimed to demonstrate its dermatology specialism and be less exclusive. The service had also increased the number of staff in its booking team and contracted an overflow team for when the bookings team were not available.

The service held GP events which counted as professional development events and a further method of gaining feedback about the needs of the local population. The service aimed to be a specialist day surgery service in response to what people said they wanted. If people asked for certain treatments which the service did not provide this information was logged and themes regarding growing demands were tracked. Again, as a result of feedback the service increased its rapid referrals for skin cancers. The service also stopped carrying out a laceration service due to feedback.

Facilities and premises were appropriate for the services being delivered. The service was located over three floors with a lift available which was wheelchair accessible. Individual assessments met individual needs such as disability, physical needs and childcare needs. The waiting area was furnished to a high standard and provided enough comfortable seating. The environment was appropriate and patient-centred with comfortable seating and suitable toilets.

Good

Surgery

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.

Staff understood and applied the policy on meeting the information and communication needs of patients. The phone bookings team were patients first contact point and included identifying individual needs and preferences such as sign language, blind audio and interpreting services which were all available.

The service ran a private elective service that provided aesthetic surgical services, under 18 dermatological services and an older patient group for dermatology/skin cancers. There were information packs on different treatments available to patients. Discharge leaflets were bespoke to surgeon and operation. They included information of how to contact the service in case of deterioration post discharge or out of hours.

Staff ensured patients had transport in order to get home after treatment. The contracted ambulance service was suitable for patient transport as well as transfers out if the need arose. The service also offered taxis to patients.

Patients were given a choice of food and drink to meet their cultural and religious preferences. A menu was sent out to patients and food was ordered prior to the patient's visit and was fresh on the day. It included a choice of different dietary options. There was a range of free hot and cold beverages available, as well as newspapers and magazines to read.

Access and flow

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

Patients could access services and appointments in a way and at a time that suited them. The service ran from Monday to Saturday and patients we spoke with told us told us they had arranged appointments that were organised to meet their needs rather than the needs of the clinic. The bookings process covered both the work consultants brought into the service as well as direct referrals and covered pre and post-operative appointments. Surgery lists were managed by the bookings manager and organised by both a six week and a two-week planning process. The six-week process gathered all assessment information and assessed suitability for treatment. The two-week planning process focussed on theatre lists and timings. There was a weekly planning meeting which was used to organise lists. The theatre schedule ran to time on the day of our visit.

As a day service, patients were discharged from the clinic within 24 hours. Discharge planning occurred as early as possible. Patients moved from pre-assessment to theatre to resuscitation to ambulatory care to discharge with checks at each step by appropriate members of staff.

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.

Managers investigated complaints and identified themes. Managers shared feedback from complaints with staff and learning was used to improve the service. The service aimed to address all forms of patient feedback into the service within two days of receipt and resolve them within 5 days. All patients who made complaints or provided poor or passive feedback when reviewing the service, were now invited to meet a member of the senior management team. It was reported this had led to reduction in formal complaints and improved patient feedback scores. This was outlined in a

Good

Surgery

lessons learned booklet, published by the service in September 2022 and available to patients. Other actions included in the booklet were sharing lessons learned directly with patients, in huddles, newsletters and on posters. The service now sought advice from the Independent Sector Complaints Adjudication Service (ISCAS) at stage 1 of the investigation process. The service tracked all readmissions and revisions as concerns.

There was a complaints manager who along with the registered manager/director, had completed the new ISCAS complaints code of practice training. There had been two ISCAS referrals in last 12 months. Both related to treatment outcomes from the same surgeon who no longer worked at the clinic.

The number of formal complaints received by the service up to June 2022, was 17 and issues recorded as informal was 26. The service gathered information from complaints and informal issues into themes to drive improvement. In 2021 issues that arose and were addressed included a lack of space for patient and staff privacy. A refurbishment was undertaken to address this.

The service was a member of the ISCAS cosmetic surgery group. The most recent ISCAS cosmetic surgery group minutes showed attendance by ISCAS and a number of cosmetic surgery providers where good practice was shared and updates provided.

Are Surgery well-led?

Outstanding ☆

This was the first time we rated this service. We rated it as outstanding.

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 had worked at the service for seven years and demonstrated a good understanding of service priorities. They were experienced and qualified in healthcare policy and management. They kept up to date with training and with themes and issues within their sector of healthcare through networking and attending conferences.

They were supported by a structure that incorporated medical, governance and clinical leadership. Staff took lead responsibility in key areas of the service for which they received suitable training, such as leads in infection control, theatres, resuscitation and safer surgery safety checklist. Staff could name leaders in the service and said they were approachable and responsive.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The service had a corporate strategy which identified business model improvement and pathway improvement. It included further business development in areas of healthcare. Learning and development and good culture were all

identified as strategies to sustain future business and staff were fully aware of these priorities. The most recent strategy was ratified at a board meeting in quarter 4, 2022. The whiteboard in theatres showed clinical and commercial strategy as threefold in 2022. Build clinical leadership, make improvement as per team and patient suggestions and work towards non cosmetic medical offerings.

Culture

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

The service had a vision and a set of values that had been co created with staff. They were to put patients first, value staff, invest in pioneering practice and deliver high quality patient experience. The service had invested in communicating how it lived its values through recruiting to those values and promoting the values in communication with staff. Staff reported there was a monthly prize for meeting the values, which was nominated to anonymously. It was reported that as many as 19 nominations had occurred in one month. Winners had been staff from all areas and levels of the service and prizes were described as meaningful, such as a local meal for two and a local spa voucher which encouraged staff uptake.

Staff told us this was a good place to work which respected options for work life balance and positive well-being culture. Staff felt respected and valued and told us that the monthly prize was more than just a token gesture. There were regular staff socials and staff spoke highly of teamwork. We were told that competencies and skills were encouraged and staff felt supported with career progression such as taking on lead roles. Staff communicated with each other professionally but in a friendly manner putting the patients at ease.

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.

There was a regular team meeting structure with information cascaded in both directions including board meetings, governance meetings and medical advisory committee meetings. Other meetings included all staff meetings twice a year, weekly theatre team meetings, ambulatory team meetings, bookings team meetings and daily theatre huddles.

The medical advisory committee (MAC) met on a quarterly basis and minutes showed the regular attendance of key medical and clinical leads. The most recent MAC minutes (July 2022) showed documents were reviewed such as the integrated governance minutes, the clinic and corporate risk registers, revisions and returns to theatre, and a new policy on the introduction of new devices and procedures. Actions were agreed and named people took responsibility.

The board met on a quarterly basis. The most recent minutes (July 2022) showed a board pack was prepared and governance minutes reviewed. Key themes such as finance, strategy, planning, recruitment, facilities and risk were all reviewed.

The clinical quality group met on a weekly basis. Minutes from 5 and 12 October 2022 showed attendance by the director (registered manager), governance manager, theatre manager, medical director and head of operations. Clinical quality was meaningfully reviewed, including national guidance, satisfaction scores, complaints and improvements, incidents and learning, themes from safer surgery checklist debrief, audits and risk register. Ongoing actions from the meeting were updated.

The integrated governance meeting occurred on a quarterly basis. The most recent minutes (October 2022) showed good attendance from key staff such as the director, medical director, operations manager, clinical governance lead, clinical lead, infection control lead, head of people and training, theatre reservations lead, clinic manager and consultant liaison. A number of key papers were reviewed and discussed including clinical indictors, incidents, infection control, practising privileges, audit schedule and training log. Named individuals took responsibility for key actions which were reviewed at each meeting.

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 detailed understanding of how it was performing, which focused on patient safety and quality improvements within the service.

The service had an extensive audit programme with outcomes reviewed at the quarterly integrated governance meeting and the weekly clinical quality group. Themes and trends were meaningfully monitored at these meetings and learning was cascaded to teams. The central audit register recorded progress with the audit programme. It was reviewed at the weekly clinical quality group to identify outstanding actions. Audit outcomes were reported in the form of clinical indicators to the quarterly clinical governance meetings and quarterly medical advisory committee meetings.

Clinical indicators were extensively recorded and were monitored in governance meetings. Clinical scores included the percentage of records that had been completed for consent, VTE risk assessment, controlled drugs register, theatre register, hand hygiene and WHO compliance. Outcomes were monitored and included healthcare acquired infections, incident reporting, patient satisfaction and QPROMS. Quality Indicators were monitored and included surgical revisions, returns to theatre, cancellations on the day, overnight stays and transfers out. Consultant governance was monitored and included revisions and returns per quarter by named consultant and paused practising privileges.

The risk register was described as a live document which was reviewed in weekly clinical quality group meetings. It showed the weekly review recorded updates when action had been taken. There were ten current risks, all rated on the basis of likelihood and consequence. Staff were aware of the risk register. The size of the premises was small in relation to the amount of activity and was understood by staff to be the biggest risk. There were meaningful statements on each risk regarding how it was being managed. All live risks had been reviewed within the last 7 days. The service was a small organisation and reporting lines were described as short which meant things could be actioned quickly. We were given the example of new guidelines on mole mapping and removal which were updated on the day the guidance was issued.

There was a service level agreement (SLA) log and contract schedule which tracked all the contracts the service held and when they were due for renewal. Contracts covered a wide range of services from DBS checks, fire extinguisher servicing, confidential waste, maintenance of medical gas pipeline and pathology services. The governance lead and registered manager were responsible for reviewing each SLA. Feedback regarding the quality of each was sought from relevant stakeholders. For instance, medical gases which were reviewed after feedback from medical staff. Other contracts were monitored depending on the nature and demands of the service being provided such as regular catch ups with the cleaning company.

There was a written agreement with a local private acute hospital for the provision of intensive treatment in an emergency. There was an ambulance service contract in place. There had been no patients transferred out in the last 18 months. The ambulance service was frequently used to transport patients post surgery who had care needs.

Good

Surgery

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.

All records were held in digital form apart from anaesthetic charts and NEWS scores which were scanned into the electronic record after completion. Patient information was recorded directly into the digital system. All questionnaires and assessments were then located in one assessment report which enabled information to be in one place on the day of treatment. Remaining paper records were stored securely at a location off site. There were enough computers and tablets for staff to access information when they needed it. Access to the systems was secure and accessible via password to prevent unauthorised access.

Pre and aftercare advice was sent directly to patients via a secure link at stages of the pathway which were triggered by digital records being linked to digital pathways.

There was a Caldicot Guardian and a data protection lead. We were provided with an example of a relatively recent minor data breach which was reviewed with actions and learning, at the clinical quality governance meeting. Learning included training and a new standard operating procedure being put in place.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Patient feedback was gathered in a couple of ways. An e-mail was sent to all patients at the end of their visit day whether that was for a procedure or a clinic appointment. Surgical patients also filled out a patient satisfaction survey while in recovery. The service also monitored online reviews but found internal reviews a more powerful method of responding to patients. Patient satisfaction surveys were reviewed in clinical governance for themes and issues.

In 2021 the service saw 20,000 patients and received 1400 survey responses. If patients gave anything other than a five star review it was reviewed in management meetings and shared with the treating consultant. It was reported that the service found this a good way to learn and often found it was a good source of knowledge to improve systems. Patient satisfaction comments were responded to swiftly with suggestions for how to improve the individual patient experience. It was reported that this was one reason why complaints to the service where low.

Patient satisfaction results showed that as of June 2022 patient satisfaction was at 98%. Reviews from other sources were similar; 98% of reviews on the Private Healthcare Information Network rated their experience as very good. The service was rated 4.9 out of 5 and 4.8 out of 5 on relevant social media review platforms.

A staff survey took place twice a year with results and actions fed back through you said/we did within the staff newsletter. In 2022 the service had identified 31 comments and suggestions made by staff that it reported actions back to the staff group. This included requesting a porter which had now been provided, increased overtime payments, more say and better visibility in rota planning, better defined career progression and refurbishment of staff areas.

Throughout the inspection, staff were welcoming and willing to speak with us. All staff we spoke to were proud of their department and the clinic. Staff were committed to improving services and had worked hard to address previous patient concerns. Staff told us they routinely engaged with patients and their relatives to gain feedback from them.

Good

Surgery

Leaders encouraged the staff engagement with the service's core values of teamwork and caring through a monthly prize for which staff were anonymously nominated by their peers. This was a monthly prize which was described by staff as meaningful. It included a local meal for two, a local spa voucher and wine from a local wine shop. The service was proud to say that there had been as many as 19 nominations in a month so there was big uptake from staff. Winners of the prize had been from all parts of the service such as maintenance, bookings and theatres.

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.

The service had a focus on learning, continual improvement and innovation which was demonstrated in a number of ways. Staffing culture was focused on improving the patient experience. This was demonstrated through the devolved leadership model which supported staff to take greater responsibility in some key areas. The service actively and positively used patient and staff comments about the service as a method for improvement. Staff were empowered to find creative and innovative solutions to improve patient care. The service had also developed ways to meaningfully live its values which were focused on the patient experience.

Innovation in surgical techniques had been a focus of the service which had included improving the safety of procedures. We found many examples of this including the development of a mechanical stem cell harvesting and fat grafting protocol for enhanced skin rejuvenation and restorative treatments. Investigation into medical rhinoplasty for the development of a non-invasive surgical technique as opposed to complete reconstruction of the nasal cartilage. Development of a safe non-implant breast surgery technique with good clinical outcomes. Development of new treatment protocol to combining the use of autologous fat in aesthetic surgery. Combining surgical and non-surgical approaches to eye rejuvenation. Development of new Cannula for the management of facial scars and contour defects. A scoping project on fat grafting and the feasibility of a preconditioning device to potentially improve fat grafting outcomes. A study of surgeon reported outcomes in cosmetic surgery in comparison to patient reported outcomes. Recent work had taken place on developing systems for ex vivo and in vitro skin modelling and testing with a London university.

Good

Services for children & young people

Safe	Good
Effective	Good
Caring	Inspected but not rated
Responsive	Good
Well-led	Good

Are Services for children & young people safe?

Good

This was the first time we rated this service. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of children, young people and staff. Modules such as chaperoning, governance, prevention of radicalisation and medication awareness addressed specific needs of children.

For further information please refer to the Surgery section of this report.

Safeguarding

Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Not all staff had received training specific for their role.

Staff knew how to identify children at risk of or suffering significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. We were given examples where the service had appropriately escalated safeguarding concerns. This included contacting local authority safeguarding teams and being involved to the point of outcome. In the last year two cases were escalated to the designated leads for safeguarding children. In both cases action was taken to protect children. Weekly clinical governance meetings reviewed any safeguarding concerns for learning.

Staff received training specific for their role on how to recognise and report abuse. There were dedicated leads for safeguarding children and an individual with a level 4 safeguarding children qualification who was available during operational hours. Two managers had completed the designated safeguarding lead for children qualification and a third, a new in post manager was also completing it. All staff who could potentially contribute to assessing, planning and evaluating the needs of children were trained to safeguarding children level 3 in line with national guidance.

Good

Services for children & young people

Aesthetic surgery did not take place for children under sixteen. Surgery for 16 and 17 year olds had to be supported by GP evidence that this was for a medical need. Staff followed safe procedures for children visiting the service. All children under sixteens must be accompanied by an adult.

For further information please refer to the Surgery section of this report.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.

For further information please refer to the Surgery section of this report.

Environment and equipment

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

The service had suitable facilities to meet the needs of children and young people's families. Minor procedures for 3 to 16 year olds were carried out in two treatment rooms located on the ground floor and first floor. These were more relaxing spaces and were intended to put children at ease. There were dedicated waiting areas and consultation/ treatment rooms for children that were decorated in a child friendly way. There were dedicated timeslots for children only which meant that children and adults did not mix.

The service had enough suitable equipment to help them to safely care for children and young people. Resuscitation equipment was available and suitable for all age ranges of children and young people. A paediatric emergency bag was located on the ground floor which was where most minor procedures for 3 to 16 year olds took place. The bag contained appropriately sized equipment including airways, oxygen masks, tubing, anaesthetic face masks and resuscitator for manual ventilation. The contents were checked on a monthly basis. There was a separate anaphylaxis box located on each floor with Resuscitation Council UK Guidelines printed out. It included a breakdown for paediatric dosages at the bottom of each sheet. Monthly emergency equipment drills took place and included paediatric care.

For further information please refer to the Surgery section of this report.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each child and young person and removed or minimised risks.

Staff completed risk assessments for each child and young person using a recognised tool. Staff knew about and dealt with any specific risk issues. A process of assessment and review made decisions about suitability for treatment. Healthcare assistants were trained in completing paediatric risk assessments which were an addition to other assessments. Assessments were reviewed by the ambulatory nurses and reviewed again by the anaesthetist who confirmed whether it was safe for the procedure to go ahead. For 3 to 16 year olds being treated for minor procedures the treating consultant would review risk assessments prior to any treatment.

Good

Services for children & young people

For all general anaesthetic procedures a psychological assessment questionnaire was completed. The service had a contracted psychological service to refer onto. Risk assessments incorporated parental pressure or undue external pressure. We were given examples where procedures did not go ahead or were given extended time to think it over. The 14 day cooling off period was always applied.

One nurse was paediatric advanced life support qualified and another paediatric immediate life support. There were additional three nurses who had completed both the online and practical training in paediatric life support. A further five nurses had completed online paediatric life support. All were full time members of staff and available during operational hours.

For further information please refer to the Surgery section of this report.

Nurse staffing

The service had enough nursing staff with the right qualifications, skills, training and experience to keep children, young people and their families safe.

The service had enough nursing and support staff to keep children and young people safe. If a child was booked for a minor procedure a paediatric nurse was always available to assist with the procedure. The service employed a full time paediatric registered nurse and a regular bank nurse who also worked at a specialist children's hospital. The booking process meant that appointments were scheduled for when a paediatric nurse was on duty. Appointments were rescheduled if a paediatric nurse was not available. If a procedure was requested at short notice, an agency paediatric nurse would be offered at additional cost.

For further information please refer to the Surgery section of this report.

Medical staffing

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

The service had enough medical staff to keep children and young people safe. There were doctors who specialised in treating children who most cases were referred to. There was also a medical paediatric lead who chaired the multidisciplinary team meeting for dermatology.

As part of the practising privileges application and on an ongoing basis, consultants' scope of practice was regularly reviewed including paediatric experience and activity.

For further information please refer to the Surgery section of this report.

Records

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

Patient notes were comprehensive and all staff could access them easily. Records were stored securely.

For further information please refer to the Surgery section of this report.

Good

Services for children & young people

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. 3 to 16 year olds were treated under local anaesthetic only. 16 to 18 year olds under general anaesthetic. In 2022, 24 children were treated under local anaesthetic and 2 under general anaesthetic.

Prescriptions were mostly for general dermatology and acne such as hydrocortisone and isotretinoin which were regularly reviewed in consultations.

For further information please refer to the Surgery section of this report.

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.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the provider's policy. There had been no incidents related to children and young people in the last two years. If there was this would follow the service's review and investigation process and would be learned from in the same way.

For further information please refer to the Surgery section of this report.

Are Services for children & young people effective?

Good

This was the first time we rated this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. A sample of policies and guidelines related to children and young people showed they referred to national good practice guidance from sources such as the National Service Framework for Children, the Children Act and the Royal College of Paediatrics and Child Health.

For further information please refer to the Surgery section of this report.

Nutrition and hydration

Staff gave children, young people and their families enough food and drink to meet their needs and improve their health.

For further information please refer to the Surgery section of this report.

Good

Services for children & young people

Pain relief

Staff assessed and monitored children and young people regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed children and young people's pain using a recognised tool and gave pain relief in line with individual needs and best practice. Pain was assessed using a numeric score as part of their recovery checklist and early warning NEWS score for general anaesthetic patients which included 16 to 18 year olds. In minor procedures children and young peoples' pain was evaluated using visual and pictorial pain score tools. Pain assessment and advice was offered including at follow up appointments. The service was available for contact 24 hours a day to speak to nurses and to escalate to surgeons if patients were in pain.

Patient outcomes

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

The service participated in national clinical audits and were used to improve children and young people's outcomes.

For further information please refer to the Surgery section of this report.

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 children, young people and their families. There was a comprehensive system of responsible leads that included a paediatric lead nurse and medical lead. Staff had induction specific to their role and there was a system of appraisal and supervision. Staff had received additional training specific to their role such as paediatric phlebotomy, consent, resuscitation and paediatric risk assessment.

For further information please refer to the Surgery section of this report.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss children and young people and improve their care. A fortnightly dermatology multidisciplinary team meeting was led by the paediatric medical lead where all dermatology cases including children were reviewed.

For further information please refer to the Surgery section of this report.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

Good

Services for children & young people

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. Staff made sure children, young people and their families consented to treatment based on all the information available. The consent policy took account of relevant legislation and guidance and was accessible by all staff. Staff understood Gillick Competence and supported children who wished to make decisions about their treatment. The assessment process clearly recorded consent based on specific relevant information. There was an additional risk assessment for 3 to 15 year olds for which staff had received training. Assessment of Gillick competency for specifically named procedures took place in line with the consent policy. The service always aimed to have parental consent and always encouraged the parents to attend with the child or young person. Minor procedures were not carried out without accompaniment.

Consent forms were signed electronically and digitally stored. This meant there was an instant audit trail and any consent not properly completed would be immediately flagged and actioned. All consent was audited on a monthly basis.

For further information please refer to the Surgery section of this report.

Are Services for children & young people caring?

Inspected but not rated

We did not rate caring as there was not sufficient evidence to rate.

There were no children or young people using the service on the day we inspected. We could not speak with anyone being treated or any relatives, so cannot report fully on the caring key questions. For further information please refer to the Surgery section of this report.

Compassionate care

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff took time to interact with children, young people and their families in a respectful and considerate way. The culture and values of the service were to be respectful and caring which was also highlighted to staff through how it lived its values. Staff interacted with patients in a friendly and compassionate way, took time to answer questions and treat them with dignity.

Chaperones were available for all under 18 year old consultations and procedures. Chaperone training emphasised the needs of under 16 and under 18 year old patient groups. This included respecting their privacy and dignity.

For further information please refer to the Surgery section of this report.

Emotional support

Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.

Good

Services for children & young people

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their family's wellbeing. The service understood the impact that care and treatment had on patient wellbeing. To minimise any anxiety about treatment and minimise any risk of delay, children were always booked as first on the list for minor procedures. 16 to 18 year olds having treatment under general anaesthetic were also booked first on to theatre lists for similar reasons and to work with patients' need for fasting.

For further information please refer to the Surgery section of this report.

Understanding and involvement of patients and those close to them

Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. However, patient information sheets and feedback forms were not age appropriate.

Staff involved children and young people in their own care. There was an information sheet with advice for parents and carers. It included information on consent, accompaniment and general advice on treatments. There was age appropriate, child friendly literature available to help children understand their care or treatment.

Feedback about the service was positive. The service always responded to negative or passive reviews from patient surveys and online reviews. Patients were invited to meet a member of the senior management team to improve the patient experience. This included families of children and young people. There were opportunities to provide feedback directly after treatment on a digital tablet and through a post-operative questionnaire sent out after patients left the building.

The service also maintained relationships with GPs who provided feedback information which included treatment provided to children and young people.

For further information please refer to the Surgery section of this report.

Are Services for children & young people responsive?

Good

This was the first time we rated this service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population. Appointments for children and young people were flagged by the bookings team and assessed ahead of time so that specific needs could be planned for. Appointments were offered at times that were appropriate such as after school and at weekends, when dermatology appointments were available.

Changing facilities were available to children and young people in consultation and treatment rooms so that adult changing facilities were not used. These were more relaxing spaces, were intended to put children at ease and

accommodated parental accompaniment. Distraction aids such as bubbles, sticker books and a starlight machine were available and there was space for parents and carer accompaniment. All consultation and treatment rooms had curtains for privacy. There were dedicated timeslots for children only which meant that children and adults did not mix. There were dedicated waiting areas and consultation/ treatment rooms for children that were decorated in a child friendly way.

For further information please refer to the Surgery section of this report.

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services.

The service met the individual needs of children, young people and their families. All individual needs were assessed and accounted for in the preoperative assessment process. This included patient advisors contacting the parent or the patient to discuss any special requirements and advise the most appropriate consultant. This meant that the needs of children and young people were met in advance and on an individual basis.

For further information please refer to the Surgery section of this report.

Access and flow

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

Managers made sure children, young people and their families could access services when needed and received treatment within agreed timeframes. The length of timeslots was based on individual need and was part of the pre assessment discussion with the patient or parent and patient advisor. To minimise any risk of delay, children were always booked as first on the list for minor procedures. 16 to 18 year olds having treatment under general anaesthetic were also booked first on to theatre lists for similar reasons and to work with patients' need for fasting. Appointments were offered at times that were appropriate such as after school and at weekends, when dermatology appointments were available.

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 children, young people and their families in the investigation of their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. All complaints and negative or passive reviews about the service were recorded and discussed in governance meetings where they were broken down into themes. There had been no complaints or bad reviews in the last two years that involved the care and treatment of children and young people.

For further information please refer to the Surgery section of this report.

Are Services for children & young people well-led?

Good

This was the first time we rated this service. We rated it as good.

Good

Services for children & young people

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.

Leaders had the skills and abilities to meet the needs of children and young people. They were supported by a structure that included named paediatric nurse and consultant leads.

For further information please refer to the Surgery section of this report.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.

Dermatology services were provided for children and young people visited the service which was described as a growth area for the service.

For further information please refer to the Surgery section of this report.

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.

The service had a vision and a set of values that had been co created with staff and centred around putting patients first including the needs of children and young people.

For further information please refer to the Surgery section of this report.

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.

The governance and meeting structure effectively identified issues of performance and quality for children and young people.

For further information please refer to the Surgery section of this report.

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.

There were no specific issues relating to children and young people on the risk register.

For further information please refer to the Surgery section of this report.

Good

Services for children & young people

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.

For further information please refer to the Surgery section of this report.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

For further information please refer to the Surgery section of this report.

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.

For further information please refer to the Surgery section of this report.