

Aesthetic Plastic Surgery Ltd

# Aesthetic Plastic Surgery

## Inspection report

129 Harley Street,  
London,  
W1G 6BA

Tel: 0207 486 7757

Website:

<http://www.aesthetic-plastic-surgery.co.uk/>

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## Overall summary

We carried out an announced comprehensive inspection on 25 June 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

#### **Are services well-led?**

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Aesthetic Plastic Surgery is registered with the Care Quality Commission to provide the regulated activities of Treatment of disease, disorder or injury and Surgical procedures. The address of the registered provider is Aesthetic Plastic Surgery, 129 Harley Street, London, W1G 6BA. <https://www.aestheticplasticsurgery.co.uk/>.

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

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received at the clinic.

### **Our key findings were:**

- The clinic had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the clinic learned from them and improved their processes.

# Summary of findings

- The clinic routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

- Staff demonstrated that they understood their responsibilities in safeguarding children and vulnerable adults from abuse.
- The clinic had suitable arrangements to respond to medical emergencies and major incidents. Medicines were safely managed.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.
- The staffing levels were appropriate for the provision of care and treatment offered by the clinic with a good staff skill mix across the service.
- Risk management processes were in place to manage and prevent harm.
- The clinic had an infection control policy and procedures were in place to reduce the risk and spread of infection.

### **Are services effective?**

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

- Patient outcomes were reviewed as part of quality improvement.
- The clinic had systems in place to ensure clinicians were kept up to date with current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The clinic shared relevant information with other services appropriately and in a timely way.

### **Are services caring?**

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

- Patients feedback indicated they were satisfied with care and treatment, facilities and staff at the clinic.
- We saw the clinic had arrangements to ensure patients were treated with kindness and respect, and maintained patient and information confidentiality.
- The clinic complied with the Data Protection Act 1998.

### **Are services responsive to people's needs?**

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

- The service was offered on a private, fee-paying basis only and was accessible to people who chose to use it.
- The clinic had good facilities and was well equipped to treat patients and meet their needs.
- Patient feedback indicated they found it easy and convenient to make appointments at the clinic.
- There was continuity of care, with follow up appointments arranged as required.
- The clinic made a timely and objective response to complaints and learning from complaints was shared among staff.

### **Are services well-led?**

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

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

# Summary of findings

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- Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The clinic had policies and procedures to govern activity. These were implemented and reviewed.
- The provider was aware of the requirements of the duty of candour.
- The lead clinician encouraged a culture of openness and honesty.

There was a focus on continuous learning and improvement among the staff team.

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# Aesthetic Plastic Surgery

## Detailed findings

### Background to this inspection

Aesthetic Plastic surgery was established in 1994. It is a private plastic surgery clinic that carries out plastic, aesthetic and reconstructive surgery for people over the age of eighteen. If people proceed with surgery it is performed at one of the local hospitals in the area. The inspection did not cover activities carried out at the local hospitals. The clinic has two co-directors, both plastic surgeons. The clinic offers both surgical and non-surgical treatments such as facial rejuvenation, rhinoplasty breast and body contouring, non-surgical body contouring and a range of laser treatments. The clinic operates between Monday to Friday; 9am to 5pm.

We carried out an announced comprehensive inspection at Aesthetic Plastic Surgery on 25 June 2018. Our inspection team was led by a CQC Lead Inspector. The other member of the inspection team was a GP specialist advisor.

Before visiting, we reviewed the information we hold about the service.

During our visit we:

- Spoke with the lead clinicians staff and administrative staff.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

# Are services safe?

## Our findings

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

### Safety systems and processes

Processes and procedures within the service were sufficient to ensure patients were kept safe.

- Records completed by the provider confirmed each clinician was up to date with revalidation. (Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up-to-date and fit to practise in their chosen field and able to provide a good level of care).
- The clinic employed two registered nurses. Systems were in place to check Nursing and Midwifery Council registration.
- There was a large team of administrative staff including, a medical secretary, customer co-ordinators and patient advisors. We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. These included proof of identification, two references, proof of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) check.
- Only staff that had undergone chaperone training and had received a DBS check acted as chaperones and arrangements were in place for a chaperone to be available if requested.
- Clinical staff received up-to-date safeguarding training for children and adults at a level appropriate to their role. Staff knew how to identify and report concerns.
- The premises were clean and tidy. The premises were cleaned twice a week by a cleaner and daily cleaning was carried out by the administrative staff as required. A formal cleaning schedule was in place at the time the inspection. Single use supplies were used.
- Records showed a risk assessment process for Legionella with appropriate processes in place to prevent contamination.
- An infection prevention and control (IPC) audit had been undertaken in the previous 12 months and staff had undertaken IPC training. An IPC lead with appropriate training had been identified.
- Portable appliance testing (PAT) was carried out by an external service.

### Risks to patients

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

- Appropriate indemnity arrangements were in place to cover potential liabilities that may arise.
- There was an effective approach to managing staff absences and for responding to sickness, holidays and busy periods.
- There was an effective induction system for staff tailored to their role.
- The clinic was equipped to deal with medical emergencies. Resuscitation equipment and emergency medicines were readily available and clinical staff were suitably trained in emergency procedures. Annual basic life support training was undertaken by all staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinical staff knew how to identify and manage patients with severe infections including sepsis.
- Staff had access to information relating to the steps the business will take in any particular scenario. This included emergency contact numbers.

### Information to deliver safe care and treatment

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

- Patient records were maintained electronically and were password protected. The computer server was located at the clinic; information was backed-up on an external cloud operating system.
- The patient records we saw showed that information needed to deliver safe care and treatment was recorded and stored in an accessible way for relevant staff.
- The clinic had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Referral letters included all of the necessary information.
- There was an appropriate system for the management of test results.

All patients were required to complete a comprehensive registration form prior to their first appointment. This included the patient's personal details, past medical history, GP details and a signature.

### Safe and appropriate use of medicines

# Are services safe?

Systems for the safe handling and storage of medicines were sufficiently adequate to minimise risks. For example,

- The clinic had an appropriate Cold Chain Policy and procedure in place for the management of vaccines and other medicines stored in the fridge. There was information available to staff to inform them of the correct procedure for monitoring fridge temperatures and action to take if temperatures fell outside of the acceptable range.
- Fridge temperatures and the resetting of the fridge temperature thermometer were monitored and recorded daily. We viewed the temperature monitoring log and saw no incidents of temperatures falling outside the recommended range.
- The systems for managing and storing emergency medicines, oxygen and equipment were appropriate.
- Annual service and calibration was carried out to reassure the provider that the fridge was functioning appropriately.

## Track record on safety

- The provider monitored and reviewed activity in order to understand risks and provide a clear and current picture to identify safety improvements.

- There were risk assessments in relation to safety issues within the premises such as health and safety and fire safety.

## Lessons learned and improvements made

The clinic learned and made improvements when things went wrong.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The provider supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. We reviewed three team meeting minutes and saw that significant events were discussed.
- The provider informed us that they had arrangements in place to receive and comply with patient safety alerts, for example, those issued through the Medicines and Healthcare products Regulatory Authority (MHRA).

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

- Patients had two consultations with a surgeon before being scheduled to see a nurse if they decided to proceed. Once agreed, surgery was booked in one of the two local hospitals used by surgeons working at the clinic. Surgery was booked two weeks after a patient's appointment with their surgeon to provide a "cooling off" period.
- The clinic carried out a nurse-led pre-operative assessment, collaborative with a pre-assessment delivered by the hospital where the surgery would be conducted. This included, screening for risk factors and meticillin-resistant *Staphylococcus aureus* (a type of bacteria that is resistant to several widely used antibiotics) decontamination.
- Following surgery, patients were scheduled an appointment with a nurse to discuss aftercare. Further appointments, to see the surgeon who carried out the procedure were accommodated, when requested.
- The clinic provided the details of 'out of hours' advice lines, one staffed by a surgeon to respond to patients' postoperative concerns. The other to the emergency line at the hospital where the surgery was performed.
- Clinical audits undertaken included monitoring surgical revision rates and complications such as infection and seroma (a pocket of clear fluid that sometimes develops in the body after surgery). All audits were found to be satisfactory.

### Monitoring care and treatment

The provider routinely reviewed the effectiveness and appropriateness of the care provided.

- The clinic used information about care and treatment to make improvements.
- Surgeons carried out yearly audits for the British Association of Aesthetic Plastic Surgeons (BAAPS).
- The clinic was actively involved in quality improvement activity. For example, the

provider carried out patient surveys to identify areas for improvement.

- A programme of audits was in place to monitor quality and to make improvements. We saw evidence of clinical audits monitoring outcomes for patients such as wound infection, breast cancer identification, medicine and late complications.

### Effective staffing

- The clinic provided an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- There was an induction log in each staff file, signed off when completed. There was also role specific induction training which ensured staff were competent for the role to which they had been appointed. Staff had access to and made use of e-learning training modules, in-house training and external training.
- An appraisal system was in use to ensure competency was demonstrated and reviewed.

### Coordinating patient care and information sharing

Staff worked together and with other health care professionals to deliver effective care and treatment.

- We saw records that showed that appropriate staff were involved in assessing, planning and delivering care and treatment.
- The clinic had an established network of external services to which referrals were made. Information was shared with services as appropriate.
- Patients received coordinated and person-centred care. This included when they were referred. The clinic shared reports of consultations, test results and treatments with patients.
- A Patient Guide was given to all patients when registering; this included details of the services provided.
- The patient registration requested the details of patient's GP and surgeons encouraged them to consent to the clinic sharing information with them.

### Supporting patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- Preparation for surgery included, where appropriate, consultations with a nutritionist to advise on smoking cessation, weight loss, pro-biotic preparation and options for vitamin supplementation.

# Are services effective?

(for example, treatment is effective)

- Patients were directed to relevant services as appropriate. This included patients at risk of developing a long-term condition.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- We looked at the care records of three surgical patients who had procedures carried out in the last 12 months. Patient consent forms were completed fully and signed appropriately in all the records we reviewed.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- We observed staff were respectful and courteous to patients.
- The patients we spoke with were positive about the care and treatment they received and emotional support provided by staff.
- Patient feedback received from an internal patient survey was positive for all aspects of the service.
- Feedback obtained during the inspection, highlighted staff professionalism and a high standards of patient care.

### **Involvement in decisions about care and treatment**

- The clinic was offered on a private, fee-paying basis only and was accessible to people who chose to use it.
- Patients were involved in decisions about their care and treatment.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

### **Privacy and Dignity**

- Staff gave matters of dignity due consideration. For example, doors were closed during consultations and staff knocked on doors and waited for permission before entering. Conversations with doctors could not be overheard by patients in the waiting room.
- Privacy screens were available when required.
- A copy of the clinic's Privacy Policy was available on their website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

- The clinic organised and delivered services to meet patients' needs.
- The clinic offered a pre-operative text message service to ensure easy access.
- Non-surgical aftercare with a nurse was offered to patients and included, massage therapy and wound wrapping.
- For patients living far from the clinic or international patients the second consultation was frequently a videoconference, with a following preoperative consultation in person.
- The facilities and premises were appropriate for the services delivered.
- Appointment times were scheduled to ensure people's needs and preferences were met.
- The clinic's website contained a range of patient information relating to the surgical experience and answers to general questions. For example, information on post-surgery care, special diets after particular surgery and information about anaesthesia.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Feedback from patients showed that they felt the appointment system was easy to use.

### Listening and learning from concerns and complaints

- The complaints policy and procedures were in line with recognised guidance. There was openness and transparency in how complaints were dealt with.
- We reviewed two written complaints received in the last year. We found that they were satisfactorily handled in a timely way. For example, the provider received a complaint from a patient who had been charged an additional sum for utilising an operating room at a hospital where they had elected to have their surgery. The amount was added to the bill as a result of the surgery overrunning by 1.5 hours due to one of the surgeons, not employed by Aesthetic Plastic Surgery, arriving late. After being notified of this, the provider supported the patient to receive a refund by writing two letters to the hospital explaining what had occurred and why it should not be the patient's responsibility to pay the additional sum of money. The second complaint viewed, involved a patient who did not receive the results expected from surgery. In addition to the provider's extensive response letter, the patient was offered their travel to be paid from outside London to attend the clinic and discuss their concerns.
- The clinic learned lessons from individual concerns and complaints. Team meetings were used to inform staff of incidents and ensure lessons were learnt. The clinic acted to improve the quality of care. For example, a verbal complaint received by the clinic resulted in changes being made to the registration process to improve the booking procedure for patients.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

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

### Leadership capacity and capability

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

- The provider had the experience, capability and integrity to deliver the strategy of the service and address risks to it.
- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider and manager were visible and approachable. They worked closely together and with staff to make sure they prioritised compassionate and inclusive leadership.
- The provider had an effective strategy to develop leadership capacity and skills, including planning for the future development of the service.
- The clinic held weekly staff meetings and monthly clinical management meetings.

### Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values with a realistic strategy and supporting business plans to achieve priorities. For example, we saw clear targets for the clinic to establish strategies for similar data acquisition across clinics in the same field.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the clinic.
- The provider and manager acted on behaviour and performance inconsistent with the vision and values.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received an annual appraisal in the last year.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- The provider had established policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- There were arrangements in place to identify and manage risks. We saw evidence of environmental risk assessments and the providers' health and safety policy.

### Managing risks, issues and performance

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

- The provider had oversight of safety alerts.
- The clinic had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations.
- Clinical audits were carried out as required by the British Association of Aesthetic Plastic Surgeons. The clinic also conducted audits on breast augmentation to ensure the quality of care and outcomes for patients. For example, audits had been carried out to ensure appropriate management of patients with raised infections, haematoma (a solid swelling of clotted blood within the tissues) and asymmetry (a lack of symmetry between parts or aspects of something).
- Patient consultations included a risk benefit analysis of the proposed surgery.
- The clinic implemented service developments and where necessary efficiency changes were made.

### Appropriate and accurate information

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- Quality and operational information was used to ensure and improve performance.
- We reviewed team meeting minutes and saw that quality and sustainability were discussed with relevant staff.
- There were arrangements in place to manage patient information in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The clinic developed the services offered to include imaging technology to support patients to communicate their desires and understand the likely outcome of surgery.

## **Engagement with patients, the public, staff and external partners**

The service involved patients and staff in the development of quality sustainable services.

- The views and concerns of patients', staff and external partners' were encouraged and acted on to inform the development of services.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

- The clinic supported staff learning through its induction and training programme for staff.
- The clinic made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- The provider had taken steps to collaborate with the hospital anaesthetist to screen for potential risks and reduce the concerns of patients by sharing information.