Transform (Manchester)

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good **overall.**

Our key findings were:

- The service provided safe care and treatment in accordance with the relevant regulations.
- Staff had training in safety systems, processes and practices and this was monitored by managers and Transform nationally.
- The service provided staff with polices and training to keep people safe from abuse.
- Staff were aware of infection, prevention and control issues. The service had procedures and a policy in place for staff to manage infection control to minimise the risk to patients. Equipment and the environment were satisfactory and clean.
- There was adequate staffing to meet the demands of the clinics in the service.
- There was an effective system for reporting and learning from incidents and the number of incidents were low.
- The staff had the ability to assess and respond to risk and were aware of who to contact if a patient deteriorated.
- The service provided its care and treatment based on national guidance. It monitored the effectiveness of care and treatment and used the findings to improve.
- 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 monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. We were told surgeons, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- Staff cared for patients with compassion. During our inspection we saw patients being supported and cared for by the staff team. Staff provided emotional support to patients to minimise their distress. They understood that many patients were anxious about treatment or had long standing issues with body image.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service planned and provided services in a way that met the needs of local people.
- The service had processes in place to highlight mental health issues or physical issues and had a referral process to support patients if further support was needed.
- The service took account of patients' individual needs. There were facilities for patients with disabilities to access the service on the ground floor via a lift and a buzzer system to access support.
- Patients self-referred into the service. People could access the service when they needed it.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared the findings with staff.
- Managers had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service was committed to improving services by learning from when things went well or when they went wrong, promoting training, research and innovation.

Ellen Armistead

Deputy Chief Inspector of Hospitals

Our inspection team

We carried out an announced comprehensive inspection at Transform Manchester as part of our inspection programme. CQC inspected the service on 6 December 2018.

The inspection was led by a CQC inspector. The inspection team was overseen by Nicholas Smith, Head of Hospital Inspection.

We spoke with six staff including registered nurses, health care assistants, reception staff and managers. three people who used the service provided feedback during the inspection about 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.

Background to Transform (Manchester)

The service opened in 2015. It is a private health service in Greater Manchester. The service primarily serves the communities of Greater Manchester and the North of England. It also accepts patient referrals from outside this area. Eight surgeons with practicing privileges, two registered nurses and five other staff worked at Transform Manchester.

Transform has two treatment rooms and five consultation rooms. Patients are seen pre- operatively by nurses and surgeons. Post operatively patients are seen for wound care and patients can be seen by surgeons and nurses.

The current registered manager has been in post since 2017.

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

Activity (August 2017 to July 2018)

- In the reporting period August 2017 to July 2018 there were 682 outpatients first appointment attendances and 1,950 follow up appointments; of these 0% were NHS-funded and 100% were privately funded.
- There were 2,627-day case appointment attendances in the reporting period; of these 100% were between the age ranges of 18 to 74 years old.

Track record on safety

- The service had no Never events
- The service had three Clinical incidents which were low harm
- The service had no incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA)
- The service had no incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- The service had no incidences of hospital acquired Clostridium difficile (c.diff)
- The service had no incidences of hospital acquired E-Coli

The service is registered to provide the following regulated activities:

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

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

The clinical nurse lead 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.

Good

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- Staff received safety information from the service as part of their induction and refresher training. Transform Manchester provided staff with training in safety systems, processes and practices. Training was conducted on induction and on a yearly basis. Staff received support and training in a number of training modules which included, safeguarding, infection control and manual handling.
- We saw copies of a staff log for mandatory training and compliance levels were at 100% across all nine training modules for all staff. Staff confirmed that they had completed their training and that this was monitored by managers within the service.
- The service had systems to safeguard children and vulnerable adults from abuse. Transform Manchester provided staff with polices and training to keep people safe from abuse and this was monitored by managers and Transform nationally.
- Staff had received training from an external accredited provider in safeguarding. We were shown copies of a staff log for mandatory training at level two in safeguarding and compliance levels were at 100%.
- Staff received training on vulnerability and mental capacity and training levels were at 100% compliance.
- The national organisation had a safeguarding policy and staff had access to it and were aware of how it supported decision making.
- Staff could seek advice from a nurse lead who was based in the head office of Transform and trained at level three safeguarding competence. The nurse lead linked into regional and national networks for advice on safeguarding when needed.
- Transform as a national organisation screened all surgical patients at referral and one of the screening questions was for any concerns relating to mental health. The mental health question was included so that the organisation was certain that patients had capacity to make decisions about cosmetic surgery treatment and were protected from unnecessary surgery.
- Transform Manchester followed this national process. The service generated a letter to GPs with screening for mental health as one of the screening questions for patients seeking cosmetic surgery.
- In our inspection we reviewed a patient file where one of the services surgeons had asked administration to re contract the patients doctor because they had not identified if the patient had previous issues with their mental health.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Transform Manchester had strong links with a local hospital where surgery was conducted and all relevant information about the patient was shared. Transform also asked for information from patients GPs before they had surgery and provided relevant information on the patient to GPs when they left the service.
- Transform nationally carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service checks were undertaken where required. The checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There was an effective system to manage infection prevention and control. Transform Manchester had procedures and a policy in place for its staff to manage infection control to minimise the risk to patients. Nurses had been trained in applying wound dressings within the service as part of their competences.
- All clinical staff had received training in infection control measures and this was at a 100% compliance rate in the service.
- Transform as a national organisation undertook audits on infection control and benchmarked services. Staff undertook audits as part of national programme as directed and records showed compliance levels were high and were comparable with other services.
- The service had an Infection, Prevention and Control Plan for 2018/2019 which had been developed by the local national lead. The service provided evidence of local infection control meetings which linked into its regional specialist hospital and the local clinical leads plan.

Good

Are services safe?

- Staff who worked in clinical areas were seen to be compliant in dress code which included bare below the elbow and not wearing jewellery or watches, or false nails.
- We observed staff had adequate supplies of hand gel sanitiser and personal protective equipment in clinic rooms.
- We observed instructions on each sink informing staff to wash their hands using good hand washing techniques following care interventions.
- Methicillin-resistant Staphylococcus aureus screening was carried out on patients as indicated within Transforms MRSA screening policy. The screening occurred within the assessment period before surgery. The service also had access to an infection control nurse and a consultant microbiologist who specialised in wound care. Staff could ask for support if they were concerned about infection, before or after surgery and needed specialist opinion.
- We saw evidence that the clinics waste was risk assessed and standard precautions were applied for the handling of different types of waste. The service showed us evidence that it used an external provider for the removal of hazardous and non-hazardous waste.
- The clinic received regular deep cleans of its clinic rooms and at the time of our unannounced inspection a specialist private contractor was undertaking a regular deep clean of all clinical areas.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste**.**
- The working environment was appropriate for the services being delivered in it. We found that, equipment and the environment were satisfactory and clean.
- The premises were modern and accessible, consisting of one floor with a reception area, clinic rooms and consultation areas. Access to the clinic was by the means of a ground floor lift and there was a buzzer system to enter the premises. Doors for secure areas had locks for privacy.
- We found that both consulting and treatment rooms were of suitable size and contained the necessary patient equipment which was clean, well-cared for and regularly checked.
- The service used oxygen when needed and the oxygen cylinder was stored in an accessible and safe manner. The oxygen was attached against a secure surface, on the wall outside the treatment room. We checked the cylinder and found adequate oxygen supply for treatment of patients.
- Transform Manchester followed Control of Substances Hazardous to Health. The regulations impose duties on Transform to protect its staff and any other persons, who may be affected by its work involving substances hazardous to health.
- The Control of Substances Hazardous to Health assessments were undertaken in the clinic and we were shown evidence of compliance. Risks assessments were used showing a rating matrix, which gave the scoring for current and future likelihood of risks and impact. The assessment took account of how substances were used, stored, transported and disposed of and the measures and precautions required.
- Transform Manchester followed Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. The regulations place the statutory obligation on organisations to report deaths, injuries, diseases and "dangerous occurrences", that take place at work or in connection with work.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was adequate staffing to meet the demands of the clinics in Transform Manchester. The service provided us with information that showed it had filled its clinical and none clinical posts and sickness and vacancy rates were low.
- Staff had the ability to assess and respond to patient risk and were aware of who to contact if a patient deteriorated. Transform nationally provided staff with policies and procedures which ensured they could assess and respond to patient risk appropriately.
- The service had a number of treatment criteria, which included patients having to be over 18 years of age. Transform also excluded access to surgery for patients with certain co morbidities which may have made surgery risky. The service also excluded patients who had some mental health disorders including body dysmorphia. Patients with nutritional or chronic pain issues were referred to their GPs.

Good

Are services safe?

- Staff in the service were trained to deal with medical emergencies and were 100% compliant for basic life support training modules. Trained nurses were on hand in the building to provide clinical support.
- First aid kits were present in clinical areas and these were fully stocked and ready to use.
- The service had an automated external defibrillator available on the premises for serious medical emergencies and staff were trained to use it and it was in good working order.
- All staff told us that they were aware of the emergency procedure if patients became ill and staff would call 999 if immediate medical treatment was needed.
- The service had a pathway to refer patients to specialists following the discovery of a malignant mole.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- We found that records were generally clear and concise and recording systems supported patient care and were secure. The clinic used two sets of records and these consisted of a set of clinical notes for patients and an administrative electronic record which provided general patient information and appointments.
- We looked at six files and found that nurse records were clear and concise and supported patient care. Files were kept in sections which related to patient care and interventions were dated after each consultation.
- Whilst the quality of notes was generally good, we found some surgeons clinical notes difficult to read.
- Staff in the clinic had access to present and previous paper records and these were stored safely and securely internally in their building. Files were stored well so that they could be accessed quickly for patient identification purposes. The service had the ability to access external storage when needed.
- Patients electronic records were kept by administrative and clinical staff through a secure computer system. The system was password protected.
- Transform Manchester had participated in a full audit of records in February 2018, which was conducted nationally. The audit included completion of base line observations, investigation section, allergies, post-operative arrangements, nursing assessment and medical history. The service was fully compliant reaching 100% in most of the audit areas.

Safe and appropriate use of medicines

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

- Transform nationally had a medicines management policy and this was followed by clinical staff.
- The clinic did not store controlled drugs and medicines were stored appropriately in locked cabinets on walls which were monitored by nurses. Keys were kept separately so that access was on a need to access basis.
- We saw a record for the ordering, receipt and disposal of general medicines and all medicines and supplies were in date of safe use.

Track record on safety and incidents

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was an effective system for reporting and learning from incidents.
- Staff were aware of the processes for reporting of incidents and said that they received feedback from incidents in team meetings.
- From to December 2018 the clinic reported no serious incidents.
- There were three incidents reported for the clinic in the period July 2017 to June 2018, the incidents were rated as low in seriousness and had no specific trends identified.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. Records showed relevant safety alerts issued through the Medicines and Healthcare Products Regulatory Authority and the Central Alerting System were reviewed and actioned where required.

Good

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The service provided care and treatment based on national guidance and evidence. Managers checked to make sure staff followed guidance. Clinical staff followed guidance based on the National Institute for Health and Care Excellence.
- Transform nationally had a compliance team which matched practice with National Institute for Health and Care Excellence guidance and monitored any new guidance or notices to ensure staff received updated information.
- At a local level National Institute for Health and Care Excellence guidance was issued by the services local hospital manager and clinical services manager. The guidance was issued in collaboration with service leads who decided whether it was applicable to the service and if it was, compliance was reviewed at clinical governance meetings.
- The service used a number of pre and post assessments, which were comprehensive and based on National Institute for Health and Care Excellence guidance and considered the general health of the patient. Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The surgeon and nurses discussed existing medical conditions, ongoing medications and other planned procedures at assessment.
- Patients were advised of lifestyle changes which were required before surgery including losing weight or stopping smoking.
- Transform Manchester provided information to patients who were seen at the clinic which supported post-surgery recovery. This included advice on wearing bras after breast surgery, avoiding any physical effects after surgery and avoiding deep vein thrombosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- All surgical outcomes for patients were monitored and reported to the Medical Advisory Committee and the Clinical Governance Committee.
- We were told by managers they compared local results with those of other services to learn from them. Staff and minutes presented to us showed how the team discussed performance related outcomes as a group.
- Outcomes were compared nationally by Transform so that effectiveness comparisons could be made with other clinical teams across the country.
- The responsible officer and head of operations in the North West of England meet every month to review surgeon's outcomes and monitor any themes and trends in the service.
- Transform submitted organisational performance data to The Private Healthcare Information Network. The network is mandated with publishing information about performance, outcomes and fees for private healthcare. The depth of submission provided by Transform was limited because of organisational issues with IT and the network submission did not present a full picture of the organisations performance. We were told by Transforms national governance lead that improving its submission was an organisational priority.
- Whilst the submission was yet not fully complete the team showed us evidence that they participated in a yearly national audit programme where outcomes were compared against the other Transform clinics.
- The audit included general assessments of how well the service had done on an outpatient's pathway and included reviews of pre-operative assessment, admissions, post-operative arrangements, nursing assessments and contact with GPs.
- The audit included seven targets and was used in nine different Transform locations nationally. Transform Manchester results were positive when compared to other areas. The service was 100% compliant in ten targets of the audit. In the other seven targets the service generally reached 80% and over.
- We were told that patients were offered the option to opt in to having their details and their implant type recorded on the National Breast Implant Registry at

pre-operative consultation. The registry records the details of any individual who has breast implant surgery so they can be traced in the event of a product recall or other safety concern relating to a specific type of implant.

- Patients who had been discharged from the hospital and service could also register on the National Breast Implant Registry site. Information on how to register for patients was publicised on the Transform website. The service also held information on all patient's breast implants since 2004.
- Staff told us that uptake of the Breast Implant Registry register was low and the service was currently planning to implement changes in working practice to increase the number of patients who consent to participation on this register.
- We were told that new information brochures on the register were to be made available to patients and staff had been asked to prioritise supporting patients to register.

Effective staffing

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

- All staff were appropriately qualified. New staff members told us that they had received a good induction in the service and had been given time to do mandatory training on induction and participated in shadowing colleagues.
- Relevant professionals (medical and nursing) were registered with the General Medical Council and Nursing and Midwifery Council. The registration details were checked by Transform managers. The national governance and compliance team monitored medical staff renewal dates of registration, clearance, indemnity insurance, appraisal status, revalidation status and Disclosure and Barring Service status.
- Transform Manchester made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Transform reviewed monthly, any impending issues with the competence of surgeons so that any issues could be dealt with swiftly. The Responsible Officer in the North West of England reviewed all appraisals for Surgeons and Anaesthetists.
- The service had experienced a period of change in leadership and none clinical appraisals had suffered as a result. However, new leadership had seen a change in direction and all staff told us they had either received or were about to receive an appraisal.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained centrally by Transform and by local managers. Staff told us they were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Staff worked together as a team to benefit patients. We were told by staff that surgeons, nurses and other healthcare professionals supported each other to provide good care. Staff spoke highly of one another and valued each other's professional qualities.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The patients GPs were involved in patient care when needed, either through contact with the service at screening or through contact at assessment or post operatively.
- Before providing treatment, surgeons at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Transform as a national organisation screened all surgical patients at referral and one of the screening questions focused on any concerns relating to mental health. The mental health question was included so that the organisation was certain that patients had capacity to make decisions about cosmetic surgery treatment and were protected from unnecessary surgery.
- In our inspection we reviewed a patient file where one of the services surgeons had asked administration to re contract the patients doctor because the GP had not identified if the patient had previous issues with their mental health.

Good

Are services effective?

Supporting patients to live healthier lives

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

- Transform Manchester provided information to patients who were seen at the clinic which supported post-surgery recovery. This included advice on wearing bras after breast surgery, avoiding any physical effects after surgery and avoiding deep vein thrombosis.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood how and when to assess if a patient had the capacity to make decisions about their care. They followed the service policy when clients entered treatment and used assessment procedures which included contacting GPs to review any history of mental health problems.
- Staff understood their roles and responsibilities under the Mental Capacity Act 2005.
- Staff received training on capacity and vulnerability as part of their mandatory training. The service was 100% compliant with this training.
- Staff told us they would seek more specialist advice from local managers, the regional or national teams if need be.
- Patients were provided with sufficient information about the risks and benefits of treatments and were guided by a non-clinical patient care co-ordinator through the practical process of treatment. Nurses and surgeons provided clinical input to patients.
- Records showed that 100% of patients were asked for consent to treatment.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients confirmed that staff treated them well and with kindness.100% of 30 patients surveyed in January to February 2018, said they were treated with respect and kindness by staff.
- The service asked for patient feedback and patient response levels were positive in most of cases. Patients said they would recommend the service in 80% of all cases.
- We talked to two patients, one who had just been assessed and another, who attended for post operation review. The patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Patient feedback was positive regarding the standard of care they received.
- The service gave patients timely support and information. Information and brochures for patients about treatments were available at the administration desk, through staff and via a website link.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available to help patients be involved in decisions about their care.
- Patients told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff involved patients and those close to them in decisions about their care and treatment. The service manager told us that patients were actively encouraged to bring partners to assessments and post-operative reviews.
- On inspection we interviewed a partner of a patient who attended the service for assessment. We were told via the patient that staff were supportive and provided clear information on treatment processes to both the patient and partner.
- As part of the initial pre-operative consultation**,** patients could ask for a second opinion from an alternative surgeon.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Patients were seen in a private consultation room when discussing their treatment.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- Each individual patient liaised with a none clinical co-ordinator who supported patients to make choices and resolve issues before patients signed consent for surgery.
- There were processes in place to highlight mental health issues or physical issues at assessment and a referral process to support patients if further support was needed outside of the service.
- Transform Manchester took account of patients' individual needs. Transform was situated on the first floor. Patients with disabilities could access the service on the ground floor via a lift and a buzzer system.
- The service had developed its own access checklist which enabled staff to review access to buildings for individuals who may have been visually impaired or had mobility problems. It also had interpreter services if needed for either a telephone or via face to face consultation.
- Patients were informed of their right to request a chaperone and the service provided one when required.
- The patients we interviewed reported they had access to, and received information in the way that best suited them and that they could understand.

Timely access to the service

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

- Patients self-referred into Transform Manchester. People could access the service when they needed it and there was no waiting list at the time of inspection.
- Clinic nurses were available five days a week but also attended Saturday clinics if required. The service was open Monday to Friday and open Saturday for consultant assessments or if there were any concerns regarding patients.
- Opening times were flexible and the service opened during evening hours four days a week.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. We were told that the service appointment system tried to cater for when the patient could attend services. The manager told us that patients were sometimes seen on the day after a phone referral was made so that assessment could start.
- There was an out of hours service provision. Patients could contact one of the Transform hospital's on-call residential medical officers for advice if needed. Contact details were given to patient's post-surgery.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

- We were told that complaints were usually resolved internally without escalation. However, managers recognised that some complaints were unresolvable at their level and there was a formal national complaints process, which included escalation to an Independent Sector Complaints Adjudication Service.
- Patients were provided with details on how to make a complaint in the patient guide which was provided to patients and through the services website.
- The service set itself a 20-day response time. The service kept a complaints log which was clear and concise and this was reviewed nationally for comparison to other clinics.
- Complaint numbers were low. In the period January to July 2018, the service received six complaints which mainly related to treatment at the regional hospital rather than treatment at the service.
- The service responded to all six complaints in the 20-day turnaround time.
- Complaints were shared with staff to highlight what went wrong and where the clinic team could make improvements as a result of a complaint.
- All staff were aware of duty of candour. Duty of Candour is a professional responsibility to be honest to patients when care or treatment go wrong.

Good

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- We were told by staff there had been inconsistent management at the clinic in the last three years, which had led to some loss of direction and lack of supervision for the none clinical staff.
- Whilst staff felt the service had drifted they reported that in the last six months strong leadership had been introduced through a new business manager and staff morale was now positive.
- The leadership had started to provide supervision and support to staff which was evidenced to us and we saw supervision and team meeting minutes and future meetings being planned.
- Staff told us they felt supported, positive about the future and valued the present local and national leadership. All staff said they enjoyed their job and that patient care was the priority.
- The clinical nurse lead reported strong leadership and on-going support. The support was received through a regional and national link.
- Managers had developed a structured meeting programme which concentrated on business but also clinical governance and this was based on the CQCs core inspection areas which included safe, effective, caring, responsive and well led domains.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

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

- Transform nationally was still in the process of developing a vision for what it wanted to achieve but had a set of values.
- Transform nationally had developed a comprehensive business plan which focussed on maintaining patient experience, leading its workforce and leading in its field of treatment.
- The 2018-2019 business plan emphasised strong creative local leadership as being a priority with a strong emphasis on developing national support structures to enhance local practice.

Culture

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

- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff were proud of the work they did and had a belief that what they did had substantial impact on people's lives. The staff were patient centred in approach and keen to show where the Manchester service had done well in comparison to other services.
- We found a good clinical culture in the service. The clinical lead nurse had been given the lead as the registered manager of the Transform Manchester service.
- All staff, including administrators, participated in business and clinical meetings and we were told that this gave a sense of collective in the team and a sense of ownership.
- Staff told us they could 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 need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

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

- The service had a governance framework, which supported the delivery of the strategy and good quality care.

Good

Are services well-led?

- Transform nationally had developed a new governance strategy in January 2018. The strategy emphasised the development of "pillars" of governance which included risk management, clinical effectiveness, education, training use of information, staffing and management, clinical audit, patient and public involvement and openness to public scrutiny.
- The new governance strategy was introduced to supplement the present structures and procedures which were already in place.
- We found that the service had strong governance processes in place already which were evidenced including audit, review of patient outcomes, incidents, claims, complaints and infection control.
- At a local level we found that the services managers and staff participated in clinical governance meetings at corporate level, regional level and local level.
- Local processes fed into the national clinical governance committee and the services performance was reviewed and compared to Transforms other services nationally for comparison.
- The service provided clear information on pricing structures and the cost of repayment plans to patients.

Managing risks, issues and performance

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

- The service had good systems to identify risks, plans to eliminate or reduce them, and cope with both the expected and unexpected. We found that it had a local risk register which fed into regional and national processes.
- The service identified three risks in the period January 2018 to July 2018. All three were deemed as health and safety concerns but were at moderate risk level.
- Controls had been put in place actions were then actioned and risks had been reviewed by the managers in the service for safety purposes.
- The clinic had access to a compliance manager who worked closely with the clinical and business leads clinical director to review risk as well as audits, complaints and the actions taken by clinics and performance.
- Staff told us that they were made aware of actions or issues by the business manager and clinical lead in team meetings.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Transform Manchester collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service had an electronic system which reviewed performance in terms of access and treatment episodes and patient information.
- The information was reported, reviewed and compared locally by the services business manager and the clinical lead with the team.
- Access to information was password protected at key stages so that access was on a need to know basis. Photographs and information were stored securely away from clinical areas to limit access.
- The compliance manager worked closely with managers to review information as well as monitor risk.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

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

- Staff told us they were asked for opinions on service provision by managers and they were reviewed in team meetings.
- Transform nationally had a website which people could contact if they wished to do so.
- The service was involved in a patient questionnaire.

Good

Are services well-led?

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The service was committed to improving services by learning from when things went well or when they went wrong, promoting training, research and innovation.
- The service had responded to the Department of Health 'Review of the Regulations of Cosmetic Interventions'. Transform had implemented an extended aftercare programme which had been introduced and supported patients for longer with more access to clinical care.
- Patients were offered the option to opt in to having their details and their implant type recorded on the National Breast Implant Registry at pre-op consultation so they could be tracked. Poly Implant Prostheses breast implants were available on the market until 2010 and they were found to be faulty. A number of cosmetic surgery services found it difficult to track and review patient records and therefore the registry was set up.
- Transform nationally restructured its filing system to ensure better recording systems were in place to track and trace patients with potentially faulty implants and improve the management of patient files.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.