

Signature Medical Limited

Signature Clinic - Manchester

Inspection report

93A Manchester Road
Rochdale
OL11 4JG
Tel: 01706452550

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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 to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

93A Manchester Road is operated by Signature Medical Limited. The service is based close to Rochdale town centre and the service offers cosmetic surgery for private fee-paying adults.

The service is delivered within a two-storey building on Manchester road. 93A Manchester Road is situated on the first floor of the building which can only be accessed by stairs. At the time of our inspection the service was having building renovations on the ground floor with a view to expanding its services. The clinic facilities are spread over ten rooms, which include a service user waiting area and reception and two theatres, two service user recovery rooms, a kitchen, a bathroom, a utility room and a storeroom.

We rated it as good because:

- The service had enough staff to care for service users and keep them safe. Staff had training in key skills, understood how to protect service users from abuse, and managed safety well. The service controlled infection risk well. The service kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave service users enough to drink. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of service users, supported them to make decisions about their care, and had access to good information.
- Staff treated service users 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 service users, families and carers.
- The service planned care to meet the needs of local people, took account of service users 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. They were focused on the needs of service users receiving care. Staff were clear about their roles and accountabilities. The service engaged well with service users.

However:

- There was no lift access to the service.
- There was no clinical audit activity to measure service user clinical outcomes or monitor infection rates.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	

Summary of findings

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Summary of this inspection

Background to Signature Clinic - Manchester

93A Manchester Road is a private cosmetic surgery service and primarily services the communities of the North West of England. The service is owned and operated by Signature Medical Limited which is a registered provider with CQC. The service offers appointments to private fee-paying adult service users. The service currently opens seven days a week. 93A Manchester Road has had a registered manager in post since opening in 2020 and is regulated for the following activities;

- Surgical procedures
- Treatment of disease, disorder or injury

The service operates on the first floor of a two-storey building close to Rochdale town centre. It is sometimes referred to as the Manchester Clinic. The service offers cosmetic surgery procedures including blepharoplasty, gynecomastia and Brazilian butt lift under local anaesthetic only. Staff at the service includes a registered manager, three surgeons, six operating theatre assistants, clinic manager and finance manager. The registered manager and finance manager worked in a separate headquarters building located opposite the clinic which also housed a training and conference room.

For the period from opening in July 2020 to March 2022, they carried out the following;

- 1213 cosmetic surgery clinical procedures, these all included initial consultation, pre-operative consultations and follow up reviews.

We have not previously inspected 93A Manchester Road.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 15 March 2022. The team that inspected the service comprised of two CQC Inspectors, an operating theatre specialist advisor and an inspection manager providing support off site.

During the visit we interviewed seven staff members who were based at the service including the principle surgeon, the register manager, the clinic manager, four operating theatre staff and the human resources manager based in Glasgow.

We spoke with four service users. We reviewed 13 sets of service users' medical records. You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **SHOULD** take to improve:

- The service should ensure that they include lack of lift access on their premises is detailed on their web site and on referral forms.

Summary of this inspection

- The service should ensure that the planned programme of clinical audit is actioned to measure service user clinical outcomes.
- The service should ensure a process is in place, so all staff understand the requirement for reporting fridge temperatures that go out of temperature range.
- The service should ensure that a robust process is in place for checking the expiry date of surgical instruments whilst in storage awaiting use.

Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are Surgery safe?

Good 

Mandatory training

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

The mandatory training was comprehensive and met the needs of service users and staff.

Staff received and kept up to date with their mandatory training or were able to provide evidence that it had been completed at another service and included resuscitation at basic level, infection control, safeguarding adults and children, sepsis training and moving and handling. Staff also completed training on the Mental Capacity Act which included recognising and responding to service users with mental health needs, learning disabilities, autism and dementia. The registered manager monitored mandatory training off site and alerted staff when they needed to update their training via email prompts. Staff also had access to their own training log and could see when courses were due to expire.

Safeguarding

Staff understood how to protect service users 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.

Data provided by the service showed that, as of March 2022, staff had completed 100% of the required mandatory safeguarding training. All doctors had completed level three safeguarding adults and children training, all other staff had completed level two safeguarding adults and children training. The registered manager was the designated safeguarding lead for the service, with additional safeguarding level four support available from the Signature Medical Limited safeguarding lead based in Glasgow.

The service had a comprehensive safeguarding policy and included details of how to make a safeguarding referral and who to inform if they had concerns including service users from outside the Rochdale area. Staff received training specific for their role on how to recognise and report abuse and had a good understanding of when they would need to report a safeguarding concern. The service did not have any safeguarding incidents in the previous 12 months.

Staff could give examples of how to protect service users from harassment and discrimination, including those with protected characteristics under the Equality Act. The service did not treat children.

Surgery

All staff had been subject to a formal recruitment process with references and DBS checks in place and this was done centrally by a dedicated HR team at the Glasgow headquarters of Signature Medical Limited.

Cleanliness, infection control and hygiene

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

Data provided by the service showed that, as of March 2022, staff had completed 100% of the required mandatory infection control training including sepsis training. Theatres and other clinical areas were clean and had suitable furnishings which were clean and well-maintained. Staff cleaned treatment areas and equipment and recorded this on a schedule. Staff followed infection control principles including the use of personal protective equipment (PPE) and hand hygiene. Staff completed a monthly IPC audit which included hand hygiene audits and equipment cleaning.

Staff worked effectively to prevent, identify and treat surgical site infections and provided service users with a comprehensive post-operative after care pack specific to the surgery they had undergone on how to recognise infections and actions to take. This included the contact number of the surgeon who they could call if they had any concerns including over the weekend.

The service had responded well to the COVID-19 pandemic. They had a COVID-19 compliant policy, and this was observed in practice. Service users had to have proof of a negative COVID-19 test prior to any surgical procedure taking place and this was documented on a COVID checklist in the service users medical record.

Environment and equipment

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

The service was situated on the first floor of a two-storey building. There was no lift access, but the service assured us that any service users who would struggle with stair access would be encouraged to bring a family member with them. The service assured us that they did not perform any clinical procedures that would necessitate a service user to leave post-surgery aided. Lack of lift access was not detailed on the service web site.

Staff carried out daily safety checks of specialist equipment and equipment had servicing contracts in place. The service had suitable facilities to meet the needs of service users' families.

Staff disposed of clinical waste safely and this was stored in a locked bin outside the clinic. However, during the inspection, we noticed that a new member of staff had stored clinical waste in an unlocked cupboard on the ground floor of the building. They had done this so as not to have to change out of surgical scrubs when leaving the building. The staff member had subsequently had further training on clinical waste management and a lock had been added to the cupboard. A contract for collection of clinical waste was in place. Sharps bins had been assembled correctly and were not over filled.

The service sterilised surgical instruments on site using an autoclave machine in accordance with Department of Health Technical Memorandum on decontamination of surgical instruments. There were procedures and policies in place including daily checks of the autoclave and routine maintenance and repair contracts for the autoclave machine. We

Surgery

found several of the service's sterile instruments were out of date however every instrument used for surgery was double checked prior to use and detailed on an instrument record sheet. This included the steriliser cycle and expiry date ensuring no instrument was used that could pose an infection risk to service users. Instrument record sheets were present in all medical records we reviewed.

Assessing and responding to service user risk

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

Staff identified service user risk during an initial consultation completed for each service user by a doctor. Staff discussed any risks identified with the service user and recorded this in the consultation notes. If any service user was identified as high risk, they were signposted to other services. The service had an exclusion policy for high risk service users and procedure specific risks were listed in the services patient and procedure clinical risk assessment policy. Procedure specific risks were clearly detailed in service user medical records we reviewed. Where the service offered butt lift surgery, they limited the volume of fat inserted to under 500 millilitres per side and inserted above the muscle to mitigate the risk of fat embolism occurring. In the event of a medical emergency staff contact 999 as per the providers resuscitation policy.

Staff recorded service users' vital observations at the start of each procedure and monitored them throughout and could recognise a deteriorating service user by use of a nationally recognised tool to identify deteriorating service users and could escalate them appropriately.

There was a mechanism for service users with presumed/confirmed sepsis who required immediate review. The service had 24-hour access to the surgeon should any service user consider themselves at risk of infection or sepsis. Service users were also provided with discharge information advising them to call 111 or attend A&E if they had any concerns regarding to infections. All clinical procedures were done under local anaesthetic and sedation was not used. The most common surgery performed was blepharoplasty (410 procedures) and gynecomastia (362 procedures). The provider was in the process of formulating a service level agreement (SLA) with local hospitals for service users who experienced a clinical complication that could not be managed by the staff at the Signature Clinic. Where hospitals did not currently offer an SLA, a formal agreement was in place for referrals to be made to the Plastic Surgery Unit at local NHS hospitals as per the provider's policy.

Staff discussed mental health and well-being with service users as part of their consultation and ensured that the service users' vulnerabilities and psychological needs were appropriately considered. Staff were able to verbally describe how they would obtain consent from service users to contact their GP if they believed the service user was suffering from mental health issues.

We observed the service used a modified World Health Organisation (WHO) five steps to safer surgery checklist prior to commencing and during surgery and WHO surgical safety checklists were scanned into the service user medical record.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep service users safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

Surgery

The service had enough clinical staff to keep service users safe. Staffing levels were reviewed in advance of clinics by the registered manager to ensure an adequate number of suitably trained staff were available, in line with the local safe staffing policy. No clinical activity took place unless minimum staffing levels were in effect. Since opening the service had not cancelled any clinics due to staffing levels.

The service had a full-time principle surgeon supported by an additional salaried Signature Medical Limited surgeon and supplemented by a surgeon operating under the provider's practicing privileges policy. The service did not use bank or agency staff.

We saw records and qualifications that assured the surgeons had the right skills, training and experience to provide the right care and treatment to service users undergoing surgical procedures. The service did not use bank or agency staff.

Records

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

Service user medical notes we reviewed were comprehensive and all staff could access them easily. Paper records from initial consultation, medical questionnaires' and consent forms were added onto the service user electronic record along with operation notes, intraoperative notes, discharge summary, WHO checklist, medicine record, allergy recording, instrument record and procedure specific after care sheet.

Staff stored paper records securely and IT systems were password protected. Typed discharge letters were not sent to the service users' GP unless requested by the service user.

Medicines

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

The service had a policy for the safe prescribing, administration, recording and storing of medicines and staff completed medicines records accurately and kept them up-to-date and added them to the service users' electronic record. Staff gave advice to service users and carers about their medicines on discharge from the clinic. We observed best practice checks of medicines used during clinical procedures. The provider had a contract in place with a service to supply medicines.

Staff stored and managed all medicines and prescribing documents safely and had a medicines management policy in place. Staff recorded the minimum and maximum temperature of medicines stored however a member of staff we interviewed was unsure of what to do if temperatures went out of range. The service updated its medicines management policy following our inspection to make it clear that any temperatures outside normal ranges was now reported to the registered manager for investigation.

We found that a fridge used to store medicines securely had a broken lock, but the clinic manager was able to provide evidence that this had been reported and was due for replacement. We found a box of medicine that had gone beyond the expiry date at the end of February 2022 at the back of the same fridge. This had been missed on the monthly medicine's fridge check. We did however see evidence of monthly medicines audits taking place and following the inspection, the provider had subsequently put additional measures into practice to ensure all medicines were accounted for and documented as checked. In addition, all medicine used or prescribed was double checked prior to issue and detailed on a medicines record sheet including the batch number and expiry date to provide additional safeguards. The medicines record sheet was scanned into the service users medical record. We saw these were in place in all the medical records we reviewed. The service subsequently raised an incident report regarding the out of date fridge item.

Surgery

Staff had access to MHRA medicines alerts, and the registered manager had signed up for email alerts.

Incidents

The service managed service user's safety incidents well. Staff recognised and knew how to report incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave service users honest information and suitable support.

There had been no never events or serious incidents reported by the service in the previous 12 months. The manager was aware of the requirements for reporting serious incidents to the CQC using the statutory notification route if this met the criteria. The service had a policy for identifying and reporting incidents and staff knew what incidents to report and how to report them. Staff we spoke with felt they could raise concerns and report incidents and near misses in line with the service policy.

Staff had completed duty of candour training during induction and could explain its principles and would give service users and families a full explanation if things went wrong. Managers shared learning with their staff about incidents that happened elsewhere in the service.

Are Surgery effective?

Good 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of service users subject to the Mental Health Act 1983.

Care and treatment were delivered to service users in line with Professional Standards for Cosmetic Surgery, National Institute for Health and Care Excellence (NICE) and Royal Colleges guidelines to ensure effective and safe care. Staff had not yet commenced clinical audits to ensure care was delivered in line with their policies and with national guidance, but an audit policy had been written and the service planned to undertake clinical audits in 2022.

All staff had completed training on the Mental Health Act but did not treat service users detained under the Mental Health Act.

Nutrition and hydration

Staff gave service users enough food and drink to meet their needs and improve their health.

Water and hot drinks were available to service users in the waiting room and staff offered refreshments. Service users felt well informed about the day of their procedure and what they should or should not drink beforehand.

Pain relief

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

Surgery

We observed staff regularly ask service users if they were in pain during their procedure and pain relief would be provided if safe to do so. Local anaesthetic was available and used to numb the area being treated and minimise pain for the service user. Service users received information to take home that informed them what they should do if they felt pain after their procedure.

Service user outcomes

Staff did not monitor the effectiveness of care and treatment.

At the time of inspection, the service did not monitor the effectiveness of care and treatment of service users through audit but had an audit policy and planned to undertake clinical audit in 2022. The provider had systems in place to review any clinical incident and ensure learning was discussed and shared at clinical governance meetings in a timely manner. The service did not participate in any national clinical audits.

The service made sure staff were competent for their roles. Managers appraised staff's work performance.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of service users and had been through a formal induction and we saw evidence of managers supporting staff to develop through yearly, constructive appraisals of their work.

Clinical staff were registered with their professional governing bodies. The provider had a comprehensive policy covering the arrangements for surgeons employed under practising privileges.

Multidisciplinary working

Doctors and other healthcare professionals worked together as a team to benefit service users. They supported each other to provide good care.

Staff held regular and multidisciplinary meetings to discuss service users and improve their care. Good teamwork was evident during our observation of clinical practice. Service users told us they felt supported by staff.

Seven-day services

Key services were regularly available to support timely service user care.

The service was open 7 days a week for pre-operative consultations and elective procedures. Staff made regular contact with service users in the days immediately after their procedure and service users had the ability to contact the surgeon out of hours if they had any concerns after surgery.

Health promotion

Staff gave service users practical support and advice to lead healthier lives.

The service provided service users with good post-operative information to help manage their after care and recovery. Service users told us they were happy with the information they received before and after procedures and that they found the services web site a useful source of information. The service provided general lifestyle guidance relevant to the service users' clinical condition such as smoking and dietary advice and this was documented in the service user's medical record.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported service users to make informed decisions about their care and treatment.

Surgery

Staff understood the importance of checking service users' understanding of their treatment and ensuring that service users did not have any unrealistic expectations of outcomes. All the service user records we reviewed included consent forms and we observed consent discussed with the consultant and service user during the pre-op consultation and again checked against the WHO checklist during the clinical procedure. A cooling off period between initial consultation and surgery of at least 14 days was in place.

Are Surgery caring?

Good 

Compassionate care

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

Staff were discreet and responsive when caring for service users. Staff took time to interact with service users and those close to them in a respectful and considerate way. The service users spoke positively about the quality of care they had received and how they were treated during their appointment, they did not feel rushed, they said staff were respectful of their time, and they were given enough time to ask questions at any stage. Service users stated the staff were professional and well informed of their treatment history.

Staff understood and respected the personal, cultural, social and religious needs of service users and how they may relate to care needs. Staff were able to give examples of times they had adapted care and treatment in line with cultural needs of service users.

Emotional support

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

Staff gave service users and those close to them help, emotional support and advice when they needed it.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and ensured those close to them had all the post-operative information required.

Understanding and involvement of service users and those close to them

Staff supported service users, families and carers to make decisions about their care and treatment.

Staff made sure service users and those close to them understood their care and treatment by including them in consultations on request. We observed staff talking with service users in a way they could understand. Service users and their families could give feedback on the service and their treatment and staff supported them to do this.

All service users we spoke with stated they felt involved in their referral decision and were given ample opportunities to discuss their treatment. Fees were disclosed in the treatment plan and discussions. The quotation for the cosmetic procedure was discussed prior to the surgery and terms and conditions explained.

Surgery

Are Surgery responsive?

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.

Whilst the service was based in the North West service users did not have to be local to access the service. Staff arranged appointments based on service users' needs and preferences as well as on staff availability. Service users told us they had found it easy to arrange and reschedule appointments and talk with staff when required.

Service users booked follow on appointments on the day of their initial consultations or procedures. Staff understood the importance of service users attending appointments.

The service website provided useful information about the service, procedures that were provided, payment options, and the referral process and access. The environment of the service was appropriate, and service user centred. The waiting and recovery rooms were comfortable and welcoming, and there were toilet facilities for service users and visitors. Service users were provided with appropriate information about their visit including an explanation of procedures.

Meeting people's individual needs

The service did not always take into account the individual needs of service users to enable them to access the services they needed.

All staff had completed equality and diversity training. The service worked with a variety of service users. The service provided psychological support to vulnerable service users. The service did not intentionally exclude any service users unless they met the clinical risk exclusion criteria. The service had disability access to the building but there was no lift access to the first floor. The service had access to a translation service app.

Access and flow

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

The service did not have a waiting list and service users could access the service at weekends to suit their own availability.

The service did not offer an inpatient facility and managers and staff worked to make sure service users did not stay longer than they needed to and arranged clinic lists accordingly to ensure the most likely complex cases were seen early in the day.

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.

There was a complaint management policy in place. Staff stated they would aim to resolve any service user complaints and concerns immediately. Staff were all aware of the complaints procedure and who had overall responsibility for managing the complaints process. The complaints policy also included reference to the staff's responsibilities to duty of candour. Service users had access to a 'complaints, compliments, and concerns' leaflet providing information about how to give feedback or raise concerns. The service had applied to register with the independent sector complaints

Surgery

adjudication service (ISCAS). Service users we spoke with were confident they would be supported to make a complaint if needed. The service had received five complaints since the service opened. We reviewed the complaints with the registered manager, and all had been responded to appropriately and discussed at team meetings and lessons shared with the wider Signature Clinic governance team.

Are Surgery well-led?

Good 

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for service users and staff.

There were 11 members of staff including the registered manager and principal surgeon and leaders were clearly visible. The service had a clear management structure where the registered manager had responsibility for the administrative running of the service alongside the principle surgeon. The registered manager was in the process of transferring the day to day administration of the clinic to the clinic manager who they had been mentoring. The theatre staff and surgeons were responsible for day to day running of appointments and clinical areas. Staff knew the management arrangements and their specific roles and responsibilities, and the service had a clear staff organisational chart. Staff told us the manager was visible and approachable. All the staff were positive about the management of the service. The manager and staff were passionate about the service and providing service users with a safe, quality experience.

Vision and Strategy

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

The service had an operations manual which clearly laid out the services value and strategy policy.

The operations manual included sections on the service's mission, vision and core values. It also clearly laid out the corporate structure, business and operational strategy, risk management and people framework.

The service vision and mission were 'We want to be seen as the friendliest Cosmetic Surgery Clinic Group that offers treatments in a fuss free manner that provides excellent value for money'.

Culture

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

Staff told us they felt supported by the organisation. Staff told us that the manager promoted an open culture and they felt able to speak up and raise incidents and be able to encourage service users and their families to do the same.

Staff told us that the organisation promoted equality and diversity. Staff equality and diversity training was 100% compliant. All staff told us it was a good place to work and were enthusiastic about the service they provided to service users.

Surgery

There was a strong emphasis on the well-being and safety of staff.

Governance

Leaders operated effective governance processes, throughout the service. 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 service had a governance process in place and had relevant documented policies and a process to ensure they were kept up to date. Staff told us they had clear roles and accountabilities and they had regular team meetings where they had opportunities to meet and voice their opinions, raise issues or concerns and share learning. There were regular corporate governance meetings that the registered manager attended and fed back to the services staff. Medical Advisory Committee (MAC) is incorporated into provider governance meetings.

The service monitored employment checks for employees, training information and appraisal activity. All clinicians carrying out cosmetic surgery had valid medical indemnity insurance in place. The service had not yet audited service user clinical outcomes and infection rates but had a clear plan to do so.

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 local risk register this showed evidence of the actions to mitigate or eliminate the risks. Risks were graded and reviewed in line with the corporate risk management policy which was embedded in the service operations manual.

The service had completed environmental risk assessments as well as risk assessments for COVID-19 and specific equipment used by the service such as the autoclave machine and storage and use of oxygen.

All risk assessments reviewed were in date. The service had a business continuity policy, which included specific actions to take to continue to deliver clinical services following an unplanned disruption in service. The plans included specific scenarios (such as loss of power, fire or building restriction), and actions for staff to take in managing this disruption efficiently. The service was registered to receive service user safety alerts from the Central Alerting System (CAS) and these were monitored by the registered manager and clinic manager.

Information Management

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

Data management was a mandatory training module for all staff and compliance was 100% at the time of our visit. We observed electronic computer systems were password protected. Service user information was transferred via secure electronic systems. Staff informed us about how and who would submit data, alerts or notifications and could demonstrate secure access to these systems.

Surgery

All staff demonstrated they could locate and access relevant information and service user records easily, which enabled them to carry out their day to day roles. Staff informed us they were General Data Protection Regulation (GDPR) compliant and that service user information was managed in line with data protection guidelines and legislation. The service stored data safely.

Engagement

Leaders and staff actively and openly engaged with service users.

Staff collected service user feedback after every appointment via a QR code sent direct to service user. Feedback we viewed was very positive. Managers updated staff through team meetings and emails on service user feedback. The service was in the process of launching service user and staff surveys.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

All staff were committed to continual learning and actively engaged with the appraisal and professional registration process. The service had engaged with a local training provider and skills coach to identify training needs of staff and funding courses. The provider is currently funding surgeons who work at the service to register and complete the cosmetic surgery certification scheme. The registered manager told us the service was not involved in any clinical research.