The Private Clinic Limited - Birmingham

Quality Report

88 Hagley Road,
Edgbaston,
Birmingham, B16 8LU
Tel: 0121 4292233
Website: www.theprivateclinic.co.uk

Date of inspection visit: 29 September 2016
Date of publication: 05/06/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Summary of findings

Letter from the Chief Inspector of Hospitals

The Private Clinic Limited – Birmingham is operated by The Private Clinic of Harley Street Limited. Facilities include three operating theatres, one treatment room, two consultation rooms, one nurse room and a recovery area.

The service provides cosmetic surgery for adults aged 18 and older. The main service provided by this clinic was hair transplant, endovenous laser ablation (EVLA) (removal of varicose veins) with sclerotherapy, EVLA and vaser liposuction.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 29 September 2016.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

We do not currently have a legal duty to rate cosmetic surgery, or the regulated activities they provide but we highlight good practice and issues that service providers need to improve.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

We found the following issues that the service provider needs to improve:

- Record keeping, including the use of recognised early warning scores systems to assess deteriorating patients' needed to improve. Clinical staff were not signing in the specific sections of patient records relevant to their position, for example nurse or doctor.
- Staff should document multidisciplinary team briefs before surgery and complete the to demonstrate this had been done and would enable the provider to do ongoing audit.
- Medicine management needed to improve to ensure it meets legal guidelines, for example two signatures were not always present in the controlled drugs book.
- Clinical staff needed to input into medicines audits to ensure errors were analysed and staff learnt lessons from mistakes.

However, we also found: the following areas of good practice:

- Staff were very dedicated and passionate to provide a responsive service to their patients. Patients felt well cared for and were given ample time to make decisions and not put under any pressure to have surgery.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve.

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery		Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005. We found the following issues that the service provider needs to improve: • Record keeping, including the use of recognised early warning scores systems to assess deteriorating patients' needed to improve. Clinical staff were not signing in the specific sections of patient records relevant to their position, for example nurse or doctor. • Staff should document multidisciplinary team briefs before surgery and complete the to demonstrate this had been done and would enable the provider to do on-going audit. • Medicine management needed to improve to ensure it meets legal guidelines, for example two signatures were not always present in the controlled drugs book. • Clinical staff needed to input into medicines audits to ensure errors were analysed and staff learnt lessons from mistakes. However, we also found: the following areas of good practice: • Staff were very dedicated and passionate to provide a responsive service to their patients. Patients felt well cared for and were given ample time to make decisions and not put under any pressure to have surgery. Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve.

Summary of findings

Contents

Summary of this inspection

Page

Background to The Private Clinic Limited - Birmingham 5
Our inspection team 5
Why we carried out this inspection 5
How we carried out this inspection 5
Information about The Private Clinic Limited - Birmingham 5
What people who use the service say 6
The five questions we ask about services and what we found 7

Detailed findings from this inspection

Outstanding practice 20
Areas for improvement 20
Action we have told the provider to take 21

Summary of this inspection

Background to The Private Clinic Limited - Birmingham

We inspected The Private Clinic Limited – Birmingham on 29 September 2016.

The service opened in 2009. It is a private clinic based in Edgbaston, Birmingham. The clinic primarily serves the communities of the West Midlands. It also accepts patient referrals from outside this area.

The clinic had a registered manager in post since 2010. The clinic was inspected in January 2014 where it needed to make improvements to the management of medicines. We found a breach of regulation in relation to medicines management during this 2014 inspection.

The clinic also offers cosmetic procedures such as dermal fillers and laser hair removal. These are not regulated activities so we did not inspect these services.

Our inspection team

The inspection team comprised of a CQC lead inspector, one other CQC inspector and a specialist advisor with expertise in theatre management. Tim Cooper, Head of Hospital Inspection, oversaw the inspection team.

Why we carried out this inspection

We inspected this service using our comprehensive inspection methodology, in line with our public commitment to inspect all health and social care services. We carried out the announced part of the inspection on 29 September 2016.

How we carried out this inspection

During the inspection, we visited the clinic including the theatres, consultation rooms, reception area and kitchen. We spoke with seven staff including; health care assistants, reception staff, medical staff, operating department practitioners and senior managers. We spoke with four patients and one relative. We also received 13, 'Tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed nine sets of patient records.

There were no special reviews or investigations of the clinic on-going by the CQC at any time during the 12 months before this inspection. The service has been inspected once and the most recent inspection took place in January 2014 which found that the service was meeting most standards of quality and safety it was inspected against, except management of medicines.

Information about The Private Clinic Limited - Birmingham

The clinic is registered to provide the following regulated activities:

- diagnostic and screening procedures
- surgical procedures

Summary of this inspection

- treatment of disease, disorder, or injury

Activity (April 2015 to March 2016)

- In the reporting period April 2015 to March 2016 there were 305 day case episodes of care recorded at the clinic. None of the patients were NHS funded.

  There were eight doctors who worked at the clinic under practising privileges (contract with clinic). Five of these doctors were on the General Medical Council (GMC) specialist register holding practising privileges for cosmetic surgery. One operating department practitioner, one health care assistant and one receptionist also worked at the clinic, as well as having its own bank staff from The Private Clinic of Harley Street Ltd group.

Track record on safety

- No never events
- Clinical incidents: zero no harm, ten low harm, no moderate harm, no severe harm, no deaths
- No serious injuries
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA),
- No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (C difficile)
- No incidents of hospital acquired E-Coli
- Six complaints

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Grounds maintenance
- Laser protection service
- Laundry
- Maintenance of medical equipment

What people who use the service say

Start here...

Summary of this inspection

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 the following issues that the service provider needs to improve:

- We found staff did not maintain accurate records following administration of controlled medicines. Audits of medicines did not highlight errors to ensure on-going learning by staff and mitigate the risks to patients.
- Records staff maintained were not always an accurate, complete and contemporaneous record in respect of each service user.
- WHO checklists use needed to improve including being audited regularly to ensure accurate completion and safe surgical practice and completed prior to surgery to ensure all staff are aware of risks to patients.
- The staff were not used nationally recognised early warning risk assessments to assess deteriorating patients.
- We found that safeguarding policies were not detailed; they did not include guidance on female genital mutilation and contain relevant information to the service to ensure staff knew local procedures.

However, we found the following areas of good practice:

- There were no never events or serious patient safety incidents between April 2015 and September 2016. Learning from incidents was shared with staff.
- Patients received care in visibly clean and well maintained premises. Suitable equipment was available to support patients.
- All staff had completed their mandatory training. The staffing levels and skill mix were sufficient to meet patients' needs.

Are services effective?

We found the following areas of good practice:

- Patients received care according to national guidelines such as National Institute for Health and Clinical Excellence (NICE), Royal Colleges' guidelines.
- Patient outcomes and performance data was collated and this was used to review individual consultant performance. Records showed most patients experienced positive outcomes following their procedure.

Summary of this inspection

- Care and treatment was provided by suitably trained, competent staff that worked well as part of a multidisciplinary team. All staff had completed their appraisals. There were no consultants with any outstanding queries relating to their practising privileges.
- Staff sought consent from patients prior to delivering care and treatment and understood what actions to take if a patient lacked the capacity to make their own decisions.

However, we also found the following issues that the service provider needs to improve:

- The services did not participate in national audit programmes as a way to compare and benchmark patient outcomes, performance reported outcomes measures (PROMs). (There were plans to commence this.)

Are services caring?

We found the following areas of good practice:

- Patients spoke positively about the care and treatment they received. They told us they were treated with dignity and compassion and their privacy was respected.
- Patient feedback surveys showed that patients were positive about the care and treatment they had received.
- Patients were kept fully involved in their care and the staff supported them with their emotional needs.
- The patient coordinator acted as the main contact and supported patients throughout the treatment process.

However, we also found the following issues that the service provider needs to improve:

- The provider should ensure that all staff are aware of their responsibilities when chaperoning patients to ensure a consistent approach to safeguard patients.

Are services responsive?

We found the following areas of good practice:

- Services were planned and delivered to meet the needs of patients. There was daily planning by staff so patients could be admitted and discharged in a timely manner.
- The initial patient consultations allowed staff to plan the care and treatment in advance so patients did not experience delays in their treatment.

Summary of this inspection

- The pre-operative assessment process identified patients with dementia, learning difficulties or other medical conditions and this allowed the staff to determine if they were suitable for surgery at the clinic.
- Patients were offered follow up appointments to ensure they received the right level of care after surgery.
- Complaints about the services were resolved in a timely manner and information about complaints was shared with staff to aid learning.

Are services well-led?

We found the following areas of good practice:

- The hospital's vision and values was embedded within the clinic and staff had a clear understanding of what these involved.
- There was a clear governance structure in place with committees such as medicines management, clinical outcome and patient safety and infection prevention and control feeding into the provider's quality and governance committee and medical advisory committee (MAC).
- There was effective teamwork and clearly visible leadership within the service. Staff were positive about the culture within service and the level of support they received from the management team. There was routine public and staff engagement.

However, we also found the following issues that the service provider needs to improve:

- The provider must ensure the clinic has a documented risk register which is regularly reviewed and actioned to mitigate identified risks to staff and patients.

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are surgery services safe?

Incidents

- There were no never events reported by the service between April 2015 and September 2016. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them.Each never event type has the potential to cause serious patient harm or death neither need have happened for an incident to be a never event.
- The provider reported no serious injuries or deaths from April 2015 to September 2016.
- Staff were aware of the process for reporting any identified risks to patients, staff and visitors.All incidents, accidents and near misses were locked on an electronic system.
- Seven staff told us learning from incidents and complaints was discussed in their team meetings. Minutes of these meetings confirmed this.Staff gave an example of an incident where a patient had an allergic reaction to a product.This was fully investigated and records demonstrated that the patient had no record of any known allergies.The registered manager sent the product back to the manufacturer for further testing.
- There were 10 clinical incidents in the reporting period April 2015 to March 2016. We reviewed five incidents between February and September 2016. There were four clinical incidents investigated and one non-clinical involving the clinic being broken into. All incidents were categorised as minor and there were no themes identified.
- Staff with the appropriate level of seniority such as the clinic manager or a consultant reviewed and investigated incidents.
- The duty of candour regulation is in place to ensure that providers are open and transparent with people who use services in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- Staff were aware that they needed to be open, honest and transparent with patients when incidents caused or had the potential to cause harm. Staff discussed meeting with patients and providing verbal apologies but were not aware of the requirement to provide a written apology and written feedback of any investigation.However none of the reported incidents met the threshold for the duty of candour regulation.The governance lead told us and minutes of meetings confirmed that discussion and learning from complaints was a regular agenda item at governance meetings.
- Following the inspection the provider sent us copies of their being open policy last reviewed January 2017. We also received a duty of candour self declaration form.Staff signed to confirm they had read and would follow the requirements of the being open policy.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- There was no risk register for the clinic or theatres. This meant that management had no documentary evidence of monitoring highlighted risks to ensure the risks reduced. We discussed this with the registered manager, the clinical governance lead and the regional operations manager who acknowledged that previously they had used a risk register and would develop a new one.

- There had been no cases of healthcare acquired venous thromboembolism (VTE) in reporting period April 2015 to March 2016.

Cleanliness, infection control and hygiene

- We observed that the reception, consultation rooms and theatres were visibly clean. Patients confirmed that all areas were visibly clean when they had previously attended.
- Personal protective equipment such as gloves and aprons were available for staff to use. Patients told us and we saw staff using this equipment.
- Patients underwent MRSA screening prior to undergoing surgery.The infection control policy stated patients with suspected or confirmed contagious conditions would not be treated with clinic.
- There were no incidents of MRSA, Methicillin-resistant Staphylococcus aureus MSSA, Clostridium difficile (C.difficile) or Escherichia coli (E.coli) bacteraemia in the reporting period April 2015 to March 2016.
- We did not receive any data to suggest there had been any post-operative infections. There were no clinical incidents between June 2015 and July 2016.
- Decontamination of reusable medical devices was done in line with national guidance. (Department of Health 2014 “Decontamination and Infection Control”) and was visibly clean.
- We saw that staff followed the ‘arms bare below elbows’ practice and washed their hands before and after patient contact. There were enough hand washing sinks and hand gel to enable staff to comply with infection control practice. Theatre staff followed appropriate dress code, for example wearing non-slip shoes.
- An external contractor carried out risk assessments and water testing every two years to minimise the risk of Legionella.
- Arrangements were in place for the handling, storage and disposal of clinical waste including sharps.
- We saw that staff carried out monthly audits demonstrating effective infection control measures in the clinic. For example hand hygiene audits were conducted monthly which was 87.5% compliant in August 2016.

Environment and equipment

- Patients arrived at the clinic into a waiting room. When required for theatre staff escorted patients to the recovery room where they would change for surgery. Then they would be taken to theatre and returned to the recovery room for post-operative observation, until ready for discharge. There were three theatres, two of which contained a theatre trolley and one a couch.
- Staff maintained a daily log of resuscitation equipment safety checks which were up-to-date. We found resuscitation trollies were stocked with the appropriate equipment. We saw that equipment was fit for purpose and well maintained.
- The provider showed us a log showing that electrical equipment was tested for safety.

Medicines

- Medicines that required storage at temperatures below eight degrees centigrade were stored in fridges. We saw that staff maintained fridge temperature daily log sheets showing that medication was stored at the correct temperature.
- The resuscitation trolley was in front of the window and if hot outside there was a risk to medications being in a room over 25°C. Drug manufacturer recommendations state that certain emergency drugs should be stored below 25°C. Since our inspection the clinic has removed the resuscitation trolley from underneath the window which lessens the risk and is monitoring the room tempretures.
- The clinic policy on management of controlled drugs (CDs) stated that two staff should sign when administering CDs. However, we noticed signatures were missing within the CDs book. For example, there was no counter signature on prescriptions of fentanyl (strong painkiller) on 17 July, 10 November 2015 and 26 July 2016.
- We saw that CDs were stored appropriately in locked cupboards and disposed of appropriately by two qualified staff in line with legal guidance.
- The clinic had an arrangement with a local pharmacy provider to supply medicines used for the care and treatment of patients.

- We reviewed six medication charts and found errors on each chart. For example, patient information was not filled out at the top of two charts and the doctor's signature box ticked not signed by the doctor on five charts and no signature on one chart. We informed the manager of these errors who acknowledged that record management required improvement.
- The clinic manager conducted medicines audits on a monthly basis. The medicines audit had not picked up the missing signatures in the controlled drug book.

Records

- Patients' records were legible, up to date and stored securely in locked cabinets. However, we noted that the health care assistant was signing in the surgeon's signature part, the scrub nurse section and in the section to discharge the patient from recovery. The surgeon and the operating department practioner (ODP) were not signing in the relevant sections of the notes. We discussed this with the clinical governance lead, the clinic manager and the regional operations manager who accepted that record management required improvement.
- In one set of patient records, we noted that staff ticked the box marked allergies at the initial assessment. However, the medical assessment showed the patient did not have any allergies. We had concerns that if non-clinical staff carried out the initial assessment they may not have the qualifications or experience to understand the implications of mistakes in patient records. We discussed this with the clinic manager who acknowledged that they needed to improve on record keeping and had recently highlighted this within one of their clinical governance meetings.

Safeguarding

- The provider reported no safeguarding concerns to CQC between April 2015 and March 2016.
- All staff were trained in safeguarding children and vulnerable adults to level 2 and had a good understanding of safeguarding issues. However, the safeguarding adults policy dated January 2015 did not contain information specific to The Private Clinic Limited – Birmingham, for example the local safeguarding team telephone numbers or the contact name and number for the corporate safeguarding lead within The Private Clinic of Harley Street Limited. There was a children's safeguarding policy which referred to Westminster not local information within Birmingham. As the service did not provide services to children under the age of 18, it was unclear how this was relevant to this service. It did not refer to children accompanying adult patients receiving surgery. The policy also did not contain information and procedures for staff on female genital mutilation.
- The clinic manager was the safeguarding lead within the clinic.The corporate provider also had a named safeguarding lead consultant who we were told was trained to level 3, Staff were aware of how they could seek advice and support from the safeguarding lead when needed.
- Posters displayed in the reception area explained the correct safeguarding procedures for staff to follow.
- Clinical and non-clinical staff acted as chaperones for patients during consultations with the medical staff. There was no specific training on chaperoning available to staff and staff told us that different doctors expected different things. This may result in staff not having the knowledge to act as appropriate chaperones with the potential to put patients at risk.

Mandatory training

- Training records showed that all staff had received up to date mandatory training in basic life support, safeguarding vulnerable adults, fire safety manual handling and medicines management.

Assessing and responding to patient risk (theatres, ward care and post-operative care)

- Patients completed a self-assessment of their medical history. This was followed by a consultation with a non-clinical patient co-ordinator. They discussed expected outcomes, reasons for considering the treatment, areas of concern, patient lifestyle, medical history and information regarding treatments. Consultants then carried out a medical assessment including discussing the potential risks and benefits of procedures. This reduced the risk of any mistakes made at the initial assessment.
- Patients undergoing surgery were treated under local anaesthetic or sedation. Staff were trained in conscious sedation.General anaesthetic was not used for any

procedures carried out at the clinic.This meant that patients accepted for treatment were generally fit and healthy with a low risk of developing complications during or after surgery.

- At the pre-operative assessment, patients with specific medical conditions (such as heart disease, stroke, diabetes or cancer) were excluded from receiving treatment.
- All varicose vein patients underwent an ultrasound scan prior to treatment to determine if they were suitable to undergo this procedure.
- National Institute for Health and Care Excellence (NICE) Guidance 2010 "Venous Thromboembolism (VTE) Reducing the Risk" recommends all patients should have VTE risk assessments prior to and on the day of surgery. Staff carried out VTE screening on patients at the pre-assessment stage of their consultation. We noted staff did not repeat this on the day of surgery. Patients may develop additional VTE risks during the time between the initial assessment and their surgery date. We discussed this with the manager, clinical governance lead and regional operations manager who felt this was not necessary as all patients were scanned for deep vein thrombosis (DVT clots in veins) prior to vein removal.
- Four staff told us they used the checklist before all surgical procedures. We asked the provider to provide evidence of completion within patient records and were supplied with one completed checklist. Observational audits of staff conducting the WHO checklist were not conducted.
- There was no documentary evidence of staff using an early warning score system to assess deteriorating patients, such as the Modified Early Warning System or National Early Warning Score. The provider sent us a blank copy of their theatre pre-op checklist which the staff said they complete. This included baseline observations such as blood pressure and oxygen saturations, allergies, patient consent confirmed and current medication. However, the consultant was easily accessible to staff and remained on site until patients were discharged. This reduced the risk of not using a recognised early warning score system.
- Staff told us that a 'safety team brief' took place prior to surgery. There was no written evidence of this. This is important to ensure all staff were briefed on issues that may affect patients during surgery. For example, if patients had diabetes and required their blood sugar monitoring.
- Staff were aware of the procedures to take if a patient became acutely unwell. All staff were trained in intermediate life support and knew they should call a 999 ambulance if a patient needed emergency treatment at an accident and emergency department.
- All consultants were trained in basic life support and one consultant and their anaesthetist was trained in advanced life-support. An anaesthetist was always present when patients were sedated.
- Nursing staff within The Private Clinic group provided an out of hours on call service for patients. Nurses had access to all surgeons for advice if required 24 hours a day.
- Medical staff liaised with patients' GPs if they felt that patients required further psychological assessment before receiving procedures.

Nursing and support staffing

- There was one operating department practitioner (ODP) and one healthcare assistant. The manager informed us that they were actively recruiting for a scrub nurse. We discussed this with the senior management team who explained that they followed guidance from the Academy of Medical Royal Colleges on 'Safe Sedation Practice for Healthcare Procedures'
- There were two procedures a day and patients received one to one care during their stay.
- The use of bank and agency nurses in theatres was below the rate of other independent providers in England throughout the reporting period April 2015 to March 2016 apart from April to June 2015. Management told us nursing staff from other clinics within The Private Clinic of Harley Street Ltd Group were used if required. If these staff were not available then the clinic used agency staff. No agency staff worked in the theatres in the last three months of the reporting period April 2015 to March 2016.

Medical staffing

- A national nursing team (working for The Private Clinic of Harley Street Limited) operated an out of hours

on-call system. The on-call nurse had access to all doctors and surgeons in the event of requiring further advice. We saw documentary evidence of all calls logged and advice given.

- Senior management within the Private Clinic group of Harley Street Limited had access to consultants' NHS appraisals and their medical revalidation process to monitor medical staffing competence.
- There were eight doctors one of who was employed and the others with practising privileges at the clinic. Practising privileges is a term that is used in legislation and defined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as: 'The grant, by a person managing a hospital, to a medical practitioner of permission to practise as a medical practitioner in that hospital'.
- Five doctors were on the General Medical Council (GMC) specialist register for cosmetic surgery. No doctors were suspended or had their practising privileges removed within the reporting period of April 2015 to March 2016.

Emergency awareness and training

- The clinic operated regular fire evacuation scenarios to ensure patients and staff would be safe in the event of a fire.

Are surgery services effective?

Evidence-based care and treatment

- The medical director and senior management team discussed NICE guidelines at monthly governance meetings. The clinical governance lead transferred the relevant guidelines into policies and sent them to the clinic managers to pass on to their staff.
- The Private Clinic of Harley Street Limited group monitored how many patients received consultations, what percentage of those had surgery, how many required a follow up procedure to improve the results of the original surgery and the number of follow-up appointments they did.
- Policies and procedures were written in line with best practice around cosmetic practice, surgery and sedation. For example staff followed the guidance from the Academy of Medical Royal Colleges on 'Safe Sedation Practice for Healthcare Procedures'

Pain relief

- Staff said they asked patients what their level of pain was on a scale of one to ten during surgery. There was no written evidence of pain monitoring within the patient records.
- Patients confirmed that they were given adequate pain relief during surgery and prescriptions for pain relief following their surgery.

Nutrition and hydration

- There was no documentary evidence of nutritional risk assessments within pre-assessment records. For example, whether patients had specific dietary requirements.
- Patients received fasting arrangements with their pre-assessment information.

Patient outcomes

- Complaints, including any patient dissatisfied with the outcome of their surgery, the number and severity of incidents, cancellations (including any procedures cancelled by the clinic) and patients who did not attend (DNAs) for surgery, consultations and follow-up appointments were monitored by senior management in clinic.
- Senior management benchmarked surgeons against their own statistic from previous years and analysed trends to see if there were any issues that raised concerns.
- The service reported no unplanned transfers of patients to another hospital or unplanned readmissions within 28 days of discharge between April 2015 and March 2016.
- The service reported no unplanned returns to theatres April 2015 to March 2016.
- There had been no cancelled procedures for a non-clinical reason in the last 12 months.

Surgery

- All patients confirmed they received a phone call the day following their procedure. Staff documented a follow-up sheet and any positive or negative feedback they discussed at clinic team meetings. The manager audited patient notes on a monthly basis and sent the results to the head of clinical services. The Private Clinic Limited - Birmingham also invited patients back for follow-up several months after their surgery to ensure they were happy with the outcome.
- The Private Clinic Limited - Birmingham offered patients free follow-up appointments. For example following vaser-liposuction patients received five appointments with the MLD (manual lymphatic drainage) therapist. The operating department practitioner (ODP) then looked for signs of infection and monitored outcomes. The Private Clinic - Birmingham kept photographs and records in patient files for comparison at each follow-up appointment.
- We reviewed three consultant's outcomes for liposuction. There were no complaints between July 2015 and June 2016. One consultant had no touch ups following surgery, one had 4% and the other consultant had 6% during the same period. The service monitored sedation practice in line with The Royal College of Anaesthetists guidance on sedation. A sedation audit dated October 2016 reviewed five patient records was 100% compliant.
- The Private Clinic Limited- Birmingham was planning to submit the required data to the Private Healthcare Information Network (PHIN). The clinical governance lead and regional operating manager discussed how they were hoping to automate the system but realised that initially they may need to obtain the information manually from each patient.
- Following on from the Keogh recommendations, the Clinical Outcome and Patient Safety Committee led by the head of governance (of The Private Clinic of Harley Street Ltd) was working on identifying the best way to incorporate patient related outcome measures (PROMs) in pre-existing medical record systems.

Competent staff

- Senior management monitored the practising privileges of consultants working at The Private Clinic Limited - Birmingham. Management maintained a log of doctors' annual NHS appraisals and revalidation dates, monitored the General Medical Council GMC website and discussed practising privileges at medical advisory committee (MAC) meetings.
- All staff received their appraisal in the year April 2015 to April 2016. Seventy-five percent of staff had received their appraisal to date in the current year April 2016 to April 2017. Seven staff told us that their appraisals were a useful process where their manager agreed learning and development needs.
- Staff gained access to on-going professional development, for example the operating department practitioner (ODP) had been booked onto an anaesthetics and recovery update, surgical ambulatory course and cannulation training.
- Senior management within the Private Clinic of Harley Street group had access to consultants' NHS appraisals and their medical revalidation process to monitor medical staffing competence.
- Staff told us they had not received clinical supervision to ensure the well-being of staff to perform their roles and responsibilities.

Multidisciplinary working

- We saw there was good multidisciplinary working and clinical and non-clinical staff at all levels had a good rapport with each other.
- Within theatres we saw that staff had good communication and worked well as a team.
- Four staff told us that a multidisciplinary team brief took place prior to surgery. There was no written evidence of this. This brief enables staff to share information about each patient so that all staff are aware of relevant risks during surgery, for example whether a diabetic patient required their blood sugar monitoring.
- The medical staff spoke with patients' GPs if they had any concerns regarding patients' psychological status or needed clarification regarding their physical health before surgery.

Access to information

- Patient records were available on site for staff to access prior to surgery.

Surgery

- Staff had access to policies and procedures through their computer systems.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had a good understanding of consent procedures and how they related to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- We saw documentary evidence of consent obtained appropriately in nine patient records.
- To ensure patients made an informed choice and were aware of all the risks and implications of their procedure, the clinics insisted on a two-week cooling off period between initial consultation and their surgery. Patients confirmed this happened. This was good practice following national guidance.
- If the service were concerned about a patients mental health they would refer them back immediately to their GP for a review.

Are surgery services caring?

Compassionate care

- We spoke with four patients and one relative. Patient feedback was positive regarding the standard of care they received from staff.
- Patients said staff treated them with dignity and respect and they were involved in decisions about their treatment and care.
- We observed staff interacting with a patient post operatively with kindness and compassion.
- During medical examinations staff provided a chaperone helping to maintain patients' privacy.
- Out of the 13 CQC comment cards we received, all were positive about the service. Examples of comments included, "The Private Clinic Limited- Birmingham was amazing – the staff are genuine and friendly and the doctors are kind, respectful and listen to your concerns" and "Always helpful, all hygienic, my needs were catered for. Put at ease and a more pleasant experience than I thought."
- The service implemented an online feedback questionnaire. There were 20 replies. Ninety five percent of respondents said they felt listened to, 100% thought staff were knowledgeable about their procedure/ treatment, 100% agreed that staff explained their procedures and treatments in a way that they could fully understand, 90% felt they were treated with dignity and respect and given enough privacy and 95% said they found the facilities welcoming, comfortable and clean. This showed a high level of patient satisfaction with the service.

Understanding and involvement of patients and those close to them

- The patient co-ordinator remained the main point of contact for the patient throughout their patient journey. This helped to put patients at ease and created a comfortable atmosphere for them to feel safe and cared for.
- Patients told us they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Patients said they did not feel pressurised in any way to undertake treatment within the clinic. One patient said that they took around one year to make the decision to undertake treatment following their initial consultation and the clinic did not contact them during that time.
- Following the initial consultation staff gave patients procedure information including payment details, doctor's details and a consent form. Patients were required to read through and understand the information. Staff also gave patients a contact number so that when they felt ready they could book a consultation with the treating practitioner. Patients told us they were happy with the information provided.

Emotional support

- If staff thought a patient might benefit from counselling prior to their procedure they would contact the patient's GP.

Are surgery services responsive?

Service planning and delivery to meet the needs of local people

Surgery

- Facilities include three operating theatres, one treatment room, two consultation rooms, one nurse room and a recovery area.
- The service provides cosmetic surgery for adults aged 18 and older. The main service provided by this clinic was hair transplant, endovenous laser ablation (EVLA) (removal of varicose veins) with sclerotherapy, EVLA and vaser-liposuction.
- From April 2017 Private Healthcare Information Network (PHIN) will publish aggregated performance information from episodes of admitted private care. This will include privately funded treatment at independent and NHS hospitals. The service informed us they would be submitting data to PHIN. This will include patient feedback and experience data. This will enable the service to benchmark their results against other similar services.

Access and flow

- Patients self-referred to the clinic for private treatment. The clinic used an electronic diary system to book appointments which could be booked up to three months in advance.
- Staff planned clinic times to suit the needs of patients. On two days a week the clinic extended their opening times into the evenings to ensure patients who were not available during the day could access the clinic. Management informed us that they were implementing a Sunday clinic in the near future. This clinic would offer hair restoration procedures.
- The provider had not cancelled any procedures for non-clinical reasons in the last 12 months.
- Staff monitored waiting times in-house, mainly by the administration and front of house team. If doctors kept patients waiting, front of house staff would report this to the manager who would then address it with the doctor.
- There was an out of hour's service provision. Patients could contact the on duty nurse through the on-call telephone number provided.
- There were eight reported patients who did not arrive (DNA) in the reporting period July 2015 to June 2016.
- Management informed us that they were actively recruiting a scrub nurse to meet increasing patient demand.

Meeting people's individual needs

- Patient information was only available in English within the clinic. However, the manager explained that the clinic could translate information leaflets into different languages upon request.
- The clinic had access to an online translation company who offered translators for all languages.
- There was access for patients with disabilities at the rear of the building. Toilets were available downstairs.
- The clinic provided Manual Lymphatic Drainage (MLD) following liposuction procedures. MLD is an advanced therapy in which the practitioner uses a range of specialised and gentle massage techniques. This stimulates the lymphatic vessels (thin-walled vessels) which carry substances vital to the defence of the body and remove waste products. This showed that the clinic were responsive to the specific needs of patients undergoing liposuction procedures.
- The clinic provided curtains in consulting rooms to ensure dignity and privacy during examinations, investigations and treatments.
- We saw that staff saved a vegetarian meal for a patient following their procedure.
- A hot drinks machine was available to patients within the reception area.

Learning from complaints and concerns

- We spoke with four people who used the service and they told us that they were not aware of the complaint procedure but acknowledged that they had received a 'patient information' guide which had complaint information within it at their first contact with the service. The provider had a complaint policy and procedure in place. Staff made this available to patients in the clinic waiting room, and on the back of the terms and conditions and on the website.
- There were three complaints between April and September 2016. These all related to patients being unhappy with the results of their treatments.
- We spoke to a patient over the telephone that had made a formal complaint in writing. We checked to see if staff had applied the complaint's procedure. We saw evidence of records of the investigation, contact with

the complainant and action taken by the provider. We noted that although the complaint was not yet fully resolved to the person's satisfaction, the provider's response to the complaint had been reasonable and accommodating. This demonstrated that the provider took seriously people's complaints and concerns.

- If the patient was not satisfied with the outcome of a complaint, the patient could send the complaint to an external complaint handler (a professional services consultancy which provides resolution of disputes.)
- Staff discussed complaints in monthly team meetings. The team would discuss the complaint and where the service went wrong to ensure on-going learning and improvements to patient care.
- The service gave us an example of a trend of complaints relating to a particular surgeon's attitude. The service discussed the complaints with the surgeon and what improvements they were looking for. The service said the surgeon's approach had improved and the consultation process had been much smoother since.
- The manager informed us that they had received customer complaints regarding lack of car parking at the clinic. Management had responded by providing car parking spaces outside the clinic. This meant that the service learnt from complaints and improved services where appropriate.

Are surgery services well-led?

Leadership / culture of service related to this core service

- We saw that there was an open, positive culture within the clinic where staff communicated well creating a good working environment for staff.
- Staff told us they felt well supported by the clinic manager and were able to raise concerns within a no blame culture.
- There was no sickness for theatre ODPs and health care assistants during the reporting period (Apr 15 to Mar 16) except for in April 2015 when it was slightly above the rate of other independent acute providers.
- Senior managers had supported the clinic manager to develop from a patient co-ordinator role through to their current management position. They felt well supported by the senior management team.

Vision and strategy for this this core service

- The clinic manager and senior leadership team including the clinical governance lead and regional operations manager were very passionate about delivering high-quality person centred care. They had a vision and strategy which supported learning and innovation and promoted an open and fair culture. Staff we spoke with were committed to the values and vision of the service.

Governance, risk management and quality measurement

- There was a clear governance structure with effective communication between the clinic manager and the senior management team within The Private Clinic of Harley Street Limited group.
- Management held team meetings monthly which fed into the medical advisory committee (MAC) meetings held quarterly. Minutes of these meetings and staff confirmed that new clinical guidelines, learning from incidents and complaints, practising privileges and improvements to practice within the clinic were discussed.
- Minutes of the quarterly clinic manager's governance meeting dated July 2016 discussed inconsistency in paperwork and the importance of using standardised documentation and learning from other clinics. It was agreed to increase the number of records audited to 10 per month.
- The provider ensured that surgeons carrying out cosmetic surgery had an appropriate level of valid professional indemnity insurance.
- We saw that learning from incidents occurring at other clinics within The Private Clinic of Harley Street Limited group, was discussed at the governance meeting dated July 2016. The incident related to a waste disposal error and discussed methods to prevent the recurrence. Managers were asked to check the waste management disposal systems at their own clinics and monitor adherence to the policy.

Surgery

- There was no risk register for the clinic or specifically for theatres. The clinic manager, clinical governance lead and regional operations manager acknowledged that previously they had used a risk register within the clinic and that they would need to resume this.
- Service level agreements were monitored corporately at provider level.

Public and staff engagement

- The service implemented a patient feedback questionnaire. While the report demonstrated excellence in some areas the areas identified for improvement included: communication, listening to patients, follow-up care and pricing. MAC meeting minutes dated September 2016, showed how the provider was learning from individual patient complaints and discussed how the head of operations had been in direct contact with the patient to understand their concerns.
- The management had switched to a shorter five question survey in September 2016 to try and increase the uptake. An online feedback form had also been introduced to enable patient feedback.

Innovation, improvement and sustainability

- The Private Clinic Limited - Birmingham offered a National Institute for Health and Care Excellence (NICE) gold standard treatment EVLA, for varicose veins. They told us the traditional method of treating veins, vein stripping, was more painful and risky and had worse outcomes than EVLA.
- The Private Clinic Limited - Birmingham offered follicular unit extraction as opposed to the strip method of hair transplantation. This involved the removal of individual follicular units (hairs) from the donor area on the scalp, one by one without the need for a standard surgical incision (cutting the skin). They told us this method resulted in lower risks of infection, less pain and a shorter recovery time.
- The provider won an award to recognise that the health safety and welfare of staff was effective. It was awarded by Penninsula in December 2016.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure staff maintains accurate records following administration of controlled medicines.
- The provider must ensure medicines audits highlight errors to ensure ongoing learning by staff and mitigate the risks to patients.
- The provider must ensure staff maintains an accurate, complete and contemporaneous record in respect of each service user.
- The provider must ensure the clinic has a documented risk register which is regularly reviewed and actioned to mitigate identified risks to staff and patients.
- The provider must ensure that WHO checklists are audited regularly to ensure accurate completion and safe surgical practice.
- The provider must ensure nationally recognised early warning risk assessments to assess deteriorating patients, are completed prior to surgery to ensure all staff are aware of risks to patients.
- The provider must ensure that safeguarding policies are detailed and contain relevant information to the service to ensure staff know local procedures.

Action the provider SHOULD take to improve

- The provider should ensure that all staff are aware of their responsibilities when chaperoning patients to ensure a consistent approach to safeguard patients.
- The provider should ensure that monitoring of equipment checks and temperatures within storage rooms is documented to ensure equipment is fit for purpose and safe to use.
- The provider should ensure staff have knowledge and understanding of female genital mutilation to ensure the safety of patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **How the regulations were not being met.** There were missing second signatures in the controlled drug book.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulations were not being met.** Medicines audits did not highlight all errors to enable ongoing staff learning and mitigate risks to patients. The clinic did not have a documented risk register to review and monitor identified risks to patients and staff. The clinic did not audit WHO checklists to ensure accurate completion and safe surgical practice. Staff did not use a nationally recognised early warning system such as Modified Early Warning System or National Early Warning Score to assess deteriorating patients. Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17 (2) (c) Staff were not signing in the correct part of patient's records relevant to their role.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **How the regulations were not being met.** Safeguarding policies were not detailed and did not contain relevant local information for staff to follow.