Bella Vou Ltd

Quality Report

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Date of inspection visit: 22/03/2017
Date of publication: 15/06/2017

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

Bella Vou Ltd is operated by Mr Amir Nakhdjevani. The clinic provides cosmetic surgery and outpatients services from 45-47 The Pantiles Tunbridge Wells. The clinic carries out a number of surgical procedures under local anaesthetic and has three operating theatres and outpatient and diagnostic facilities.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 22 March 2017.

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.

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 areas of excellent practice:

- The service provided a high level of training for aesthetic plastic and reconstructive surgery via the post training fellows placement. It was most unusual for a service of this size to offer such a post and reflected the high regard that this service was held in by fellow plastic and reconstructive surgical specialists.
- Staff worked especially hard to make the patient experience as pleasant and as individualised as possible. Staff recognised and responded to the holistic needs of their patients from the first referral before admission to checks on their wellbeing after they were discharged from the hospital.
- The service managed staffing effectively and services always had enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.

Services we do not rate

We regulate cosmetic surgery services but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

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

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

- The provider should review its serious incident reporting policy to include references relating to the duty of candour.
- The provider should risk assess the placement of resuscitation equipment to cover all patient areas.
- The provider should produce documented evidence when stock expiry dates are checked.
- The provider should finalise its operational policy and share with the staff.
- The provider should ensure that a debrief takes place at the end of all surgical procedures.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery		• There was a good track record on safety and staff knew how to report incidents. There were no incidents reported between October 2015 and September 2016. • The service was clean and staff adhered to infection control policies and protocols. Record keeping was comprehensive and decision making about the care and treatment of a patient was clearly documented. • The service participated in benchmarking and peer review and accreditation and was obtaining good-quality outcomes as evidenced by a range of patient surveys and reviews. • Staff felt valued and supported by their manager and received the appropriate training and supervision to enable them to meet patients' individual needs. • Patients were at the centre of the service and the highest quality care was a priority for staff. • All staff we spoke with were passionate about providing a holistic and multidisciplinary approach to assessing, planning and treating patients. This was demonstrated by regular meetings and excellent communication with their patients and relatives. • Services were planned and delivered to meet individual needs and in line with the facilities available at the location where the clinic was held. • Patients found they could access an initial appointment to suit them. • There were no delays or issues with clinic running times and no cancelations of clinics between October 2015 and September 2016. • Patients could have as many consultations as they needed prior to surgery with no additional costs. • The clinic had received no complaints between October 2015 and September 2016.

Summary of findings

- The service could demonstrate a clear vision and strategy for delivering high quality care for its patients and the staff we spoke with were able to tell us about this.
- Governance arrangements were formalised and embedded within the service. Staff felt confident about risks being discussed and actioned.
- The service responded to risks and their risk register demonstrated that risks were identified, recorded and actioned appropriately.
- There was a clear open, transparent culture which had been established within the leadership team.
- There was a high level of satisfaction with staff telling us they were proud of their service and enjoyed working within their team.

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Summary of findings

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Services we looked at
Surgery;

Summary of this inspection

Background to Bella Vou Ltd

Bella Vou LTD is an independent cosmetic surgery and outpatient clinic located in Tunbridge Wells, Kent. It provides privately funded surgical cosmetic treatment for adults over the age of 18 years only and offers cosmetic procedures such as dermal face lifts, ophthalmic treatments and cosmetic dentistry under local anaesthesia. The clinic sees patients from around Tunbridge Wells and also accepts patient referrals from outside this area. The clinic is located in a quiet pedestrianised area in an easily accessible part of Tunbridge wells with local parking facilities for patients.

The clinic is regulated to carry out regulated activities relating to:

- The treatment of disease, disorder or injury.
- Diagnostic and screening procedures.

This clinic has not been inspected before.

The clinic also offers cosmetic procedures such as dermal fillers and laser hair removal, ophthalmic treatments and cosmetic dentistry. We did not inspect these services.

Our inspection team

Our inspection team was led by:

Inspection lead: Lorraine Moore, Care Quality Commission inspector

The team of three included a CQC inspector and a specialist advisor with expertise in general surgery. The inspection team was overseen by Alan Thorne, Head of Hospital Inspection.

Information about Bella Vou Ltd

The clinic was a Grade II listed building and was made up of four floors with three operating theatres in the basement, a reception area on the ground floor and outpatient areas and treatment rooms on the first floor. The second floor was used for administration and staff purposes. The clinic provided services Monday through to Friday each week. Between October 2015 and September 2016 there were 553 outpatient attendances and 218 operations carried out at this service.

The clinic has two consultants, a dentist and an aesthetic surgery fellow all working under practicing privileges. There is one registered nurse, a patient services director, two patient coordinators and two receptionists. There is a business manager who also attends the clinic as well as operating department practitioner (ODP). The accountable officer for controlled drugs (CDs) was the registered manager.

As part of our inspection we visited the service. We spoke with six members of staff and six patients. During our inspection, we reviewed six sets of patient records and saw patient survey reviews and internet reviews.

There were no special reviews or investigations of the service by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, at which time the service was meeting all standards of quality and safety it was inspected against.

Track record on safety

- Between October 2015 and September 2016 there were no Never events and no clinical incidents. There were no incidences of service acquired Methicillin-resistant Staphylococcus aureus (MRSA), service acquired Methicillin-sensitive staphylococcus aureus (MSSA), service acquired Clostridium difficile (C.diff), and service acquired E-Coli.

Summary of this inspection

- 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 but neither need have happened for an incident to be a never event.
- The service had received no complaints between October 2015 and September 2016.
- In the same period there were no deaths.
- All of patients seen between October 2015 and September 2016 were risk assessed for venous thromboembolism (VTE).

Services provided at Bella Vou LTD under service level agreement:

- Laundry and cleaning service
- Maintenance of medical equipment
- Pathology and histology

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 do not currently have a legal duty to rate, cosmetic surgery service.

We found the following areas of good practice:

- There was a good track record on safety and staff knew how to report incidents. There were no incidents reported between October 2015 and September 2016.
- The service was clean and staff adhered to infection control policies and protocols. Record keeping was comprehensive and decision making about the care and treatment of a patient was clearly documented.
- All staff at the clinic were compliant with mandatory training.

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

- There serious incident reporting policy did not reflect information relating to the duty of candour.
- Resuscitation equipment was not easily accessible across all patient areas.
- Stock and expiry dates were checked weekly but this was not documented.
- The clinic's operational policy was still in a draft format and needed completing in order to share with staff.
- The clinics WHO checklist did not include a final debrief following surgery.

Are services effective?

- The service participated in benchmarking and peer review and accreditation and was obtaining good-quality outcomes as evidenced by a range of patient surveys and reviews.
- Staff felt valued and supported by their manager and received the appropriate training and supervision to enable them to meet patients' individual needs.

Are services caring?

- Patients were at the centre of the service and the highest quality care was a priority for staff.

Summary of this inspection

- All staff we spoke with were passionate about providing a holistic and multidisciplinary approach to assessing, planning and treating patients. This was demonstrated by regular meetings and excellent communication with their patients and relatives.

Are services responsive?

- Patients were at the centre of the service and the highest quality care was a priority for staff.
- All staff we spoke with were passionate about providing a holistic and multidisciplinary approach to assessing, planning and treating patients. This was demonstrated by regular meetings and excellent communication with their patients and relatives.

Are services well-led?

- The service could demonstrate a clear vision and strategy for delivering high quality care for its patients and the staff we spoke with were able to tell us about this.
- Governance arrangements were formalised and embedded within the service. Staff felt confident about risks being discussed and actioned.
- The service responded to risks and their risk register demonstrated that risks were identified, recorded and actioned appropriately.
- There was a clear open, transparent culture which had been established within the leadership team.
- There was a high level of satisfaction with staff telling us they were proud of their service and enjoyed working within their team.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	N/A	N/A	N/A	N/A	N/A	N/A

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are surgery services safe?

The main service provided by this clinic was surgery. The outpatient's service provided at the clinic included a large number of surgical consultations. We have therefore reported on the outpatient's service within the surgery core service.

Incidents

- The clinic had a serious incident reporting policy and process dated October 2016 and staff had a good understanding of how to report an incident.
- There had been no Never events, clinical or non-clinical incidents reported in the service in the period October 2015 to September 2016.
- We were told that if an incident occurred this would be shared with the team via their daily morning meeting and through quarterly staff meetings.
- Staff told us if there was an incident it would be discussed at these meetings and any learning outcomes recorded in the minutes.
- The service had an unexpected death policy and process dated January 2017 which laid out the directions on roles and responsibilities and reporting processes.
- Staff we spoke with were aware of this policy and what to do if an unexpected death occurred.
- For the period October 2015 and September 2016 there had been no expected or unexpected deaths and consequently there had not been any mortality and morbidity reviews.
- We saw documentation that showed all staff had read these policies.

Duty of Candour

- Staff were able to describe the basis and process of duty of candour, Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This Regulation requires the provider to notify the relevant person that an incident causing moderate or serious harm has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.
- There had been no requirement to implement the duty of candour at the clinic. However, the serious incident reporting policy and process had not been updated to include reference to the duty of candour. The provider was asked to update the policy to reflect the duty of candour requirements.

Cleanliness, infection control and hygiene

- The clinic had an infection control policy dated January 2017 to minimise risks to staff, patients and other visitors of acquiring a health care associated infection.
- Staff were bare below the elbow and demonstrated an appropriate hand washing technique in line with 'five moments for hand hygiene' from the World Health Organisation (WHO) guidelines on hand hygiene in health care. The clinic carried out regular hand hygiene audits which showed 100% compliance with the five key moments for hand hygiene.
- All areas that we inspected were clean. We looked at equipment and found consistent use of 'I am clean' stickers on equipment, showing when it had last been cleaned.
- We saw the clinics' daily cleaning schedule was completed and covered all areas of the service. We saw a certificate of hygiene for the deep cleaning of all theatres. Both these schedules were carried out by external cleaning companies.

Surgery

- There were no infections of Meticillin-Resistant Staphylococcus aureus (MRSA). MRSA is a type of bacterial infection; it is resistant to many antibiotics and has the capability of causing harm to patients.
- There were no infections of Meticillin-sensitive Staphylococcus aureus (MSSA) during the reporting period. MSSA is a type of bacteria in the same family as MRSA, but is more easily treated.
- There were no infections of Clostridium difficile (C.diff) during the reporting period. C. diff is a type of bacteria that can infect the bowel and cause diarrhoea.
- There were no infections of Escherichia coli (E.coli) during the reporting period. E. coli is a type of bacteria that can cause diarrhoea, urinary tract infections, respiratory illness and other illnesses.
- The clinic had a policy for the disposal of clinical and non-clinical waste dated October 2016 which described how clinical waste was carried and disposed of and colour coding of differing types of waste.
- Waste was kept outside the clinic in a locked outbuilding and the waste bins were locked and locked to a wall.
- We saw sharps bins were wall mounted, in date and not overfull. This demonstrated compliance with health and safety sharps regulations 2013, 5(1) d. This requires staff to place secure containers and instructions for safe disposal of medical sharps close to the work area. We saw the labels on sharps bins had been fully completed which ensured traceability of each container.
- There were sufficient numbers of hand washing sinks available, that were consistent with Health Building Note (HBN) 00-09: Infection control in the built environment. Information was displayed demonstrating the 'five moments for hand hygiene' near handwashing sinks. Sanitising hand gel was readily available throughout the clinic
- We saw personal protective equipment was available for all staff and staff used it in an appropriate manner.
- Waste in the clinic rooms was separated and in different coloured bags to identify the different categories of waste. This was in accordance with the Department of Health (DH) Technical Memorandum (HTM) 07-01, control of substance hazardous to health and Health and Safety at Work regulations.
- We saw water was tested as required by the water safety management regime HTM 04-01. The required full annual check and appropriate monthly tests were completed.

Environment and equipment

- Bella Vou LTD was housed in a Grade II listed building and as such did not have access for patients living with a disability. We were told that when patients first contact the clinic they are informed there was no disabled access due to the Grade II listing. As an alternative patients were offered an appointment with the consultant at a local private hospital nearby.
- We saw adult resuscitation equipment was available in the basement next to the operating theatres. However, there was no equipment on the first floor where patients would be seen in the consulting rooms. Minor procedures were undertaken in the consulting rooms and as such resuscitation equipment may be needed if there was an emergency.
- In theatres we saw electrical equipment had been safety tested, stickers showed when the equipment was next due for testing. We checked all electrical items and we found stickers on all equipment, which had undergone testing in the last 12 months. We checked consumable (disposable equipment) items and all were within date.
- Staff could access the equipment they needed and said they had sufficient equipment to care for patients
- We saw there were an adequate number of portable oxygen cylinders for the transfer of patients or for use in an emergency. We checked all cylinders, which were in date and labelled and were stored in a locked external garage.
- The operating theatres did not have laminar flow but used a system whereby air was changed 26 times per minute.
- The service had a diagnostic imaging machine (dental x-ray orthopantomogram (OPG)) in order to obtain dental imaging. This had not been used since registration.

Surgery

- The recliners, chairs and examination trolleys used in the clinic were made of wipe clean material. They were visibly clean and in good condition.
- Storage rooms were well organised and clean.All items were placed on shelves with no items on the floor ensuring effective decontamination of the areas.
- All instruments and drapes used during surgery were disposable. Staff told us stock and expiry dates were checked weekly although we saw no documented evidence that this took place.

Medicines Management

- The clinic had a medicines management policy dated January 2017 to ensure systems were in place for the safe management and secure handling and storage of medicines.
- We saw medicines were stored safely and securely in line with the Medicines Act 1968 and the Misuse of Drugs Act 1971 for the safe storage of medicines.
- During our inspection all medicines we looked at were in date and fridge temperatures were monitored and documented.
- We saw an emergency medicines box was kept between the two operating theatres. Emergency oxygen and the defibrillator were held in the minor surgery room. All medicines and equipment were checked weekly.
- The clinic had an adverse reaction policy dated January 2017 and all staff we spoke with knew where emergency medicines and equipment were held.
- We saw patient allergies were clearly documented in the patient pathway. When the patient had their first consultation any allergies were inputted onto the electronic system so each time the patient attended the clinic this flashed up on the system.
- The clinic used its own headed note paper to write out private prescriptions at the time of consultation which the patient could then take to any pharmacy. The clinic was in the process of designing its own prescription forms.

Records

- We saw the clinic used an electronic based patient management system that contained some patient information in order to mitigate the risk of a patient attending without medical records being present.
- We were told the clinic was moving over to a paperless system in order to mitigate any risk of records not being available. We saw the clinic had a system where medical records were checked in and checked out when the consultant needed to take them off site.
- Patient records were stored in a locked cupboard on the second floor in the administration offices.
- We reviewed six patient records which were complete, dated and signed. All patient records from pre-operative consultations and follow up records were maintained in one single patient record. These included clinical notes, operating theatre record, pre-operative assessments, consent, consent to contact the patients GP (where appropriate) and past medical history and allergies.
- We looked at the operating theatre register which had been completed appropriately and contained signatures of the operating surgeon and other patient details.
- We were told and we saw that patients booked for breast augmentation procedures that required implants, received an information leaflet about the breast registry and a participant consent form upon confirmation of booking. We were told that the completed consent was then delivered to the hospital where the patient was booked to have surgery who then proceed with the data harvest and submission of information.

Safeguarding

- The clinic had a safeguarding adult's policy dated January 2017 to ensure staff were aware of their roles and responsibilities for keeping vulnerable adults safe.
- There were no safeguarding concerns reported to CQC in the reporting period October 2015 to September 2016. The lead nurse was the adult and child safeguarding lead and was trained to level two safeguarding.
- All staff including medical staff had received safeguarding level one training.

- The clinic engaged the expertise of other multidisciplinary teams when required including psychologists to ensure that patients were treated holistically and understood fully the implications of any cosmetic surgery procedure. Patients we spoke with confirmed this was the case.
- The clinic had applied for an amendment to their registration to be able to provide dental services to children and young people in order to be able to fit dental appliances. As yet no child or young person had been treated at the service.

Mandatory training

- All staff received mandatory training. All staff completed training in basic life support, fire safety, infection prevention and control and information governance and safeguarding.

Assessing and responding to patient risk

- The service had a draft operational policy which detailed the process for admission and establishing the expected patient journey. This policy still required finalising , ratifying and implementing. The clinic only operated on low risk healthy patients under local anaesthesia. This was because the clinic did not have the facilities to manage patients with a higher level of risk for surgery. This higher level of risk patients were operated on by the consultant at the private hospital nearby.
- We were told that all patients were risk assessed for venous thromboembolism (VTE) as part of their pre-assessment but this was not formally documented.
- The consultants, OPD and lead nurse all had basic life support training. If higher levels of care were required staff told us they would dial 999. The building had been assessed by paramedics and a stretcher could be used if needed to transfer a patient from any of the floors to an ambulance.
- We saw emergency call bells in all consulting rooms and operating theatres which when pressed would ring and also show the location which was displayed on a computer screen.
- The clinic assessed all patients to ensure their psychological wellbeing was considered in line with the Royal College of Surgeons recommendations for cosmetic surgery. All patients were seen by the consultant prior to the procedure being carried out.
- All patients underwent a full comprehensive psychological assessment in the pre-assessment.

Nursing and support staffing

- The clinic had one registered nurse who was the practice manager and lead nurse. There was one patient services director and two patient co-ordinators along with two receptionists and a business manager.
- The clinic did not require risk assessments for staffing levels and skill mix due to the size of the service. Daily meetings at 8.00 am were carried out where workloads and staffing were discussed.
- The clinic used an agency ODP for its operating sessions. We were told the agency ODP was the same person as he had his own agency.

Medical staffing

- The clinic was consultant led and had two medical practitioners, a dentist and an aesthetic surgery fellow all with practising privileges. Medical staff were available out of hours 24 hours a day seven days a week.

Emergency awareness and training

- The clinic had a business continuity plan which meant that in an emergency staff would know what to do if an emergency arose. We spoke with staff who confirmed that this was the case.
- We spoke with one member of staff who could tell us what she would do if there was a fire such as raising the alarm, taking the visitors book outside with her and assisting with escorting patients off the premises
- The clinic had a briefing each morning prior to starting surgical procedures and the clinic had developed their own five steps to safer surgery surgical checklist based on the World Health Organisation (WHO) surgical checklist. This formed part of the process to scrutinise all elements of a patients operation and included checking the correct

patient, the correct operating site and correct operation. However, it did not include a team debrief at the end of the operation which may highlight any improvements or changes that could be made to their processes.

- The adapted WHO check list had not been audited so it was not possible to note how compliant they were with this process.
- There was a 24 hour emergency telephone line patients could call following discharge from surgery. The clinic also gave patients a discharge home pack which contained contact information along with other items such as a how to complain brochure and additional dressings.
- All patients we spoke with told us staff contacted them the day following their surgery to check their progress and see how they were.
- Patients told us they were allowed home post procedure only if they had a relative or carer to accompany them.

Are surgery services effective?

Evidence-based care and treatment

- The clinic recently started to participate in the patient health information network (PHIN) which collects data from hospitals and private services and produces safety and quality indicators such as mortality rates, readmission rates and patient feedback. There were no results at the time of the inspection from PHIN.
- The clinic audited patient outcomes by inviting all patients to attend for follow up at 12 months post procedure. Patients were seen regularly for follow up and with the instigation of quality patient related outcome measures (QPROMS), the service would be able to audit the longer term patient satisfaction. The service also analysed return rates and any adjustment data for patient requiring additional revision procedures. This was discussed at governance meetings.
- We saw policies based on NICE and Royal College guidelines. For example surgical site infection (CG74) was followed and there were no surgical site infections recorded.

Pain relief

- The clinic managed patient's pain both intra-operatively and post-operatively. Patients told us staff constantly checked their level of pain during their time at the clinic.
- No pain scoring tool was used to document patient's pain but patients told us they had been given analgesics for their pain and were given analgesics in their discharge home pack.
- However a numeric pain scoring tool was used for patients undergoing facial skin peel treatment. The score was used to determine whether a second treatment could be tolerated.

Nutrition and hydration

- The clinic ensured patient's nutrition and hydration needs were well met. Patients told us they were provided with snacks following their surgery. Hot and cold drinks were available for patients and their relatives.
- The clinic provided fruit, sweets, hot and cold drinks and chocolates in the reception area and on the first floor where the consulting rooms were found.

Patient outcomes

- The clinic was engaging with PHIN but had no comparative data to use at the time of the inspection. We saw PHIN feedback forms in the consulting rooms were reveiwed.
- The clinic used patient feedback and surveys to monitor the quality of their practice. The consultants would follow up patients regularly post operatively and at 12 months which enabled them to review the results of their surgery at different stages of the healing process.
- Patients used an internet site to post pictures and reviews of their surgery for other people to read. The feedback from patients for the clinic was extremely positive.
- The clinic carried out infection and wound healing audits and reported no surgical site infections for the period October 2015 to September 2016.
- The Medical Advisory Committee (MAC) approved the granting and removal of practising privileges. All medical staff had to upload supporting documentation annually for review. There had been no suspension of privileges by the MAC.

Surgery

Competent staff

- Staff were provided with appropriate training to meet the needs of the patients. All staff were trained in basic life support.
- All staff had their appraisals completed which meant staff were aware of their development needs.
- New staff followed a competency based programme in order to be able to act as a patient coordinator. Competencies included being able to access the booking system accurately, provide accurate pricing information and to accurately explain the process preparing for surgery.
- There was a specific induction pack for new staff which was managed by the patient services director.
- All medical staff were required to maintain current practising privileges in line with the clinic's practising privileges policy. This policy ensured consultants took responsibility for maintaining their own clinical competence and had adequate professional insurance to practice. To maintain their practising privileges, consultants were also required to show evidence of annual appraisal and General Medical Council (GMC) revalidation.
- Medical staff had practicing privileges and we saw checklists which set out information needed to complete their revalidation and fitness to practice.
- The medical staff had their appraisals carried out by senior medical staff at the local NHS hospital.
- The clinic was part of the local deanery training programme and had a post training aesthetic surgery fellow in post for six months.This meant that this post was supported by a consultant and had daily one to one support and training throughout their placement which continued for a furthrt six months. At the end of the post the fellow will be a fully accredited specialist in aesthetic plastic and reconstructive surgery.

Multidisciplinary working

- There was good multidisciplinary working between staff at the clinic. Most staff had worked together a long time and knew each other well. Staff were therefore aware of the different strengths and experience they each had and could use these during consultations and both pre and post operatively.
- The clinic had Service Level Agreements with external providers in order to undertake histopathology and microbiology, emergency lighting testing and controlled waste transfer.
- The clinic did not require out of hours pharmacy or physiotherapy for the type of patients being treated.
- The clinic did not provide a seven day service but did provide a 24 hour, seven days a week emergency contact line directly to the operating surgeons. Patients were provided with an information sheet containing these telephone numbers on discharge from the clinic. Patients we spoke with said when they had used the contact numbers they had always found the service very responsive and helpful.

Access to information

- The clinic had a computer and data policy dated January 2017 which highlighted how staff should use its IT systems and to ensure information was kept confidential.
- The clinic had a personal use by staff using social media policy dated January 2017 which would support reducing the opportunity of wrongful disclosure of confidential information. The policy laid out the processes to be used whilst emailing and using the internet.
- Staff we spoke with could demonstrate a good awareness of information management and IT systems.
- The clinic was in the process of developing its procedure codes in line with the Royal College of Surgeons standards for cosmetic surgery.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We saw all patients booked for breast augmentation procedures requiring implants received an information leaflet about the breast registry and a participant consent form upon confirmation of booking. The completed consent was then delivered to the hospital where the patient was booked to have surgery who then proceed with the data harvest and submission of information.

- We saw consent forms for operations in the six sets of notes we reviewed and we saw specific consent forms for a variety of procedures such as face lift, tattoo removal and liposuction.
- The clinic provided arrangements for a two week cooling off period prior for patients undergoing cosmetic surgery.
- Patients we spoke with said they were fully informed of the risks, expectations and outcomes of their surgery.

Are surgery services caring?

Compassionate care

- The clinic asked all patients to complete a paper patient feedback forms. Staff told us this patient feedback was used to review and influence practice within the service to ensure they knew what was important to their patients.
- Patients we spoke with told us the clinic staff were kind, caring and compassionate. Patients came out of their way to come and speak with us as they felt the staff were excellent and went the extra mile to support them through their surgery.
- We saw patients submitted their experiences onto a web site which showed they were highly satisfied with the outcomes and careprovided.
- Between December 2016 and March 2017 the clinic carried out a patient survey which resulted in over 100 patients making positive comments about their care such as 'my care was absolutely excellent', fantastic facilities – highly recommended', 'friendly and professional staff' and 'warm and caring staff'.

Understanding and involvement of patients and those close to them

- All patients we spoke with told us their surgery was explained in full, they had time to reflect and consider the surgery they were about to consent to and had a cooling off period before having surgery performed.
- Patients told us the patient coordinators were 'fabulous'. The patient coordinators would be allocated to individual patients and they would stay with their patients throughout the whole episode(s) of their care.
- The patient coordinators would talk their patients through the whole patient journey explaining each part of the process, such as booking the time of arrival, completing health questionnaires, what to expect when they have their consultation and surgery and non-clinical matters such as appointments and costs.
- Patient coordinators were seen as the one person patients could contact whatever the problem. Patients told us having one point of contact meant they felt they could discuss anything with them and didn't have to repeat themselves.
- The consultant we spoke with told us about the importance of setting patient expectations prior to surgery so that patient's would understand what the final outcome would be. All patients we spoke with affirmed this was the case.
- We saw patient information forms in the consulting rooms we visited.

Emotional support

- Patients told us the patient coordinators were respectful, and considerate. They spent time supporting them through the processes and made them feel important and special.
- Staff told us patients were consulted within consulting or treatment rooms and offered the opportunity to discuss matters in private with the practice manager if required.
- Patients told us the aftercare was extraordinary, expectations were clear about what to expect and they could come to as many follow up appointments as necessary and this was included in the cost of the surgery.
- We were told of the overwhelming support one patient was given when their surgery by a previous consultant at another clinic had gone wrong. The patient told us how staff had supported them through a very difficult period and felt this was over and above what could be expected in other clinics. They felt they were in 'safe hands' and staff gave them 'real hope for the future'.
- The clinic had a chaperone policy dated January 2017 with clear procedures for when chaperones were needed. Privacy and dignity was maintained at all times. There were chaperone arrangements available for

patients who felt they required a chaperone for any consultations. We saw posters in the clinic to remind patients there was a chaperone serviced if they required one.

Are surgery services responsive?

Service planning and delivery to meet the needs of local people

- The clinic carried out procedures under local anaesthesia and patients were able to return home on the day of their procedure. There were no facilities for patients to stay overnight.

Access and flow

- Patients would be allocated a patient coordinator so they would see the same person each time they attended the clinic.
- Patents told us they accessed an initial consultation appointment to suit them and as the clinic opened for longer hours this was helpful.
- The clinic was open Monday through to Friday and planned some theatre lists on a Saturday if necessary.
- Patient waiting times were audited via its patient feedback questionnaire. The service had responded to patient feedback by changing the time allocation of both consultations and treatments to avoid unnecessary delays.
- We were told that patients who have experienced any unfeasible waiting time were permitted to eat courtesy of the service at the local restaurant. One patient told us this was the case.
- We were told there were no delays or issues with the clinic running late or any cancelled clinics between October 20915 and September 2016.
- Surgery was planned in advance with low risk patients, where unplanned surgical interventions were not anticipated. Between October 2015 and September 2016 there were no unplanned readmissions.
- Patients told us they were mainly seen on time or within few minutes of their appointment. However we were told that patients were always informed of any delays.

Meeting people's individual needs

- Services were planned to take into account the needs of different people to enable them to access care and treatment. Patients told us about their individual needs being met with some examples of staff supporting them for months before they had their procedure performed as well as after their surgery.
- Patients told us they could have as many consultations as they needed before having their surgery. These consultations were part of their package and there were no additional costs for extra consultations or more follow up appointments where needed.
- Staff were proactive in understanding the needs of different groups of people and to deliver care in a way that met these needs. For example the registered manager traveled abroad to plan patients care with the patients and families at a time that suited them in readiness for their surgery.
- One patient told us they were not happy with the outcome of their surgery so the procedure was performed again. This time the patient was happy with the results and there were no additional costs for this procedure.
- The clinic dealt with some patient's complex needs and one patient told us how their surgery had been postponed due to their psychological condition. Their surgery was performed at a later date which gave the patient time to reflect and prepare for their surgery with a more positive approach.
- Staff told us about managing patients who had recently lost loved ones. They told us that they were contacted by patients in this situation who wanted surgery. Staff assessed the patient at their first consultation and encouraged them to wait until they were psychologically and emotionally ready before making a decision to have the procedure.
- The clinic could access a translation service if needed but often the patient would have a relative with them that could speak their language.
- Patients were given information packs before and after surgery which patients told us were every informative.

Surgery

- Due to the building being grade II listed and having four floors there were no adjustments made for disabled people to access and use the service. However these patients were directed to their service which was provided at a local private hospital nearby.

Learning from complaints and concerns

- The clinic had a complaints policy and process document dated January 2016 setting out the responsibilities and processes for managing complaints.
- The clinic had received no complaints in the reporting period October 2015 to September 2016 and as such we were not able to
- We were told that if there was a complaint the individual responsible for overseeing the complaint at the clinic was the clinic co-ordinator who would manage the complaint process. At stage one the registered manager and practice nurse would be involved in the day to day administration of complaints as the clinic team.
- There were systems set up to discuss all informal and formal complaints via the daily team briefing to ensure all senior management staff were aware of the progress and status of the complaint.
- The quarterly clinical governance committee would review the handling of complaints and compliments and identify any common themes within them in order to continuously review clinical practice.
- We saw complaint leaflets used as a guide for patients and nurtures an open door policy for all patients and their relatives to raise any concerns they may have.
- The service was affiliated with the Independent Sector Complaints Adjudication Service (ISCAS) and attended the annual ISCAS training days. Patients would be directed to this service within six months of their original complaint. The clinic had not been required to use this route.
- Two patients told us if they had a complaint they would go directly to the consultant.

Are surgery services well-led?

Leadership / culture of service

- The service encouraged a culture of openness and actively asked staff for feedback to ensure an open and fair culture. The service held daily action meetings to identify any issues on a daily basis as well as the monthly infection control meetings and quarterly governance meetings.
- The service actively supported all staff learning and development and staff were supported in attending training and development courses.
- Staff told us it felt like a family and senior staff were visible and approachable.
- The clinic ensured they complied with the Competitions and Marketing Authority (CMA) order about the prohibition of inducing a referring clinician to refer private patients to, or treat private patients at, the facilities.
- Staff told us they felt valued and were proud of the clinic as a place to work and spoke highly of the culture. Changes within the clinic were driven by the staff. Staff were actively encouraged to raise concerns

Vision and strategy for this this core service

- The vision for the service was to continue delivering high quality person centred care with a view to opening an inpatient facility in the near future. This would mean that patients could be cared for by their designated staff in a designated facility. The services primary vision was to ensure the ongoing care and continued improvement to ensure the best outcomes for its patients.
- Staff we spoke with were aware of this vision and plans for future improvements.

Governance, risk management and quality measurement

- The clinic ensured effective governance of risks and performance by conducting governance meetings every two months. Lines of accountability were clear and staff were also aware of these.
- We saw these meetings involved all staff, involving a review of complaints, infection control issues, patient or staff concerns and patient feedback.
- There was a system to record and manage risks and the clinic's lead for risk was the lead nurse. The two main

risks on the register related to the lack of space and sourcing ODP staff. Both these risks had been reviewed and there were plans to find alternative accommodation in the future.

- These were seven areas of risk management which included; infection prevention and control, building maintenance, medicines management, clinical governance, staffing, operational and reputational risk and security and information technology.
- Each of this area had a designated senior member of staff allocated to them. The business manager was responsible for operational and reputational risk management, building maintenance and security and information technology. The patient services director was the lead for medicines management and the lead nurse was responsible for infection prevention and control, clinical governance and staffing.
- The responsible manger was the overall lead for clinical governance which meant there was a dedicated person who staffcould use with regards to governance.

Public and staff engagement

- The clinic collected feedback from patients by giving them a feedback questionnaire to complete on their discharge from the clinic.
- We spoke with one patient who was involved in attending the clinic with other patients having similar procedures so they could share their experience.

Outstanding practice and areas for improvement

Outstanding practice

- The service provided a high level of training for aesthetic plastic and reconstructive surgery via the post training fellows post. These posts are usually based in large teaching hospitals and it is most unusual for a service of this size to offer such a post. This reflects the high regard that this service is held by fellow plastic and reconstructive surgical specialists.
- We found there was a real commitment and passion to work as a multidisciplinary team delivering a patient centred and high quality service. The level of information given to parents was often in depth and at times complex, staff managed to communicate with the patients in a way they could understand
- There was a high level of satisfaction with staff telling us they were proud of the service and enjoyed working within the team.
- Patients were able to contact staff 24 hours a day seven days a week and to attend as many appointments as they felt were appropriate both before and after their procedures.
- Patients reported high levels of satisfaction with both care and outcomes saying that staff went the 'extra mile' to ensure they were well cared for .

Areas for improvement

Action the provider SHOULD take to improve

- The provider should review its serious incident reporting policy to include references relating to the duty of candour
- The provider should risk assess the placement of resuscitation equipment to cover all patient areas.
- The provider should produce documented evidence when stock expiry dates are checked.
- The provider should finalise its operational policy and share with the staff.
- The provider should ensure that a debrief takes place at the end of all surgical procedures.