Be Cosmetic Clinics

Quality Report

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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

Ratings

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

Overall summary

Be Cosmetic Clinics is operated by Surgimed Clinic Limited. Facilities include a hair transplant room, a recovery room and a consultation room. The service has no overnight beds.

The service provides cosmetic surgery with it's main focus on hair transplant procedures.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 21 February 2019.

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.

Services we rate

Summary of findings

The location had not been previously inspected. We rated it as **Good** because:

- Suitably trained and competent staff delivered care and treatment and effective multidisciplinary team working was taking place.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Policies and procedures were in place. The service provided policies relating to medicines management, infection control and the maintenance of the environment and equipment.
- There were processes in place to protect vulnerable patients. Staff were aware of their responsibilities.
- Patients gave positive written feedback about the care and treatment that they had received

However:

- The service needs to fully embed the clinical action plan and to utilise the information generated to inform best practice and service delivery.
- The service needs to have a formal mechanism for staff feedback.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Surgery was the main activity of the service. We rated this service as good because it was safe, effective, responsive and well-led, however we did not rate caring.

Summary of findings

Contents

Good

Be Cosmetic Clinics

Services we looked at
Surgery;

Summary of this inspection

Background to Be Cosmetic Clinics

Be Cosmetic Clinics is operated by Surgimed Clinic Limited. Be Cosmetic is a private clinic which opened in Sheffield in 2012. The service primarily serves the communities of the North of England. It also accepts patient referrals from outside of the area.

The registered manager has been in post since 2012, when the service was registered with the Care Quality Commission.

The service is a satellite location separate from the main provider location which is based in London.

Our inspection team

The team included a Care Quality Commission (CQC) lead inspector and a second CQC inspector. The inspection was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about Be Cosmetic Clinics

The service is registered to provide the following activities.

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

During the inspection we visited the treatment room, the recovery room and the consultation room. We spoke with three staff members including the lead surgeon and Registered Manager. We reviewed two sets of patient notes during this inspection

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service has not been previously inspected.

Activity (August 2017 to July 2018)

- In the reporting period August 2017 to July 2018, there were 41 day case episodes of care recorded at Be Cosmetic Sheffield. All cases were self funded.

Be Cosmetic Sheffield is open and staffed on a ad-hoc basis to meet the demands of the service. The staff were based at the London location and worked at this location when required. There is one surgeon working at Be Cosmetic Sheffield who is also the Registered Manager and the Nominated Individual.

Track record on safety:

- No Never events had been reported in this service
- No Clinical incidents, no harm, no low harm, no moderate harm, no severe harm, no death
- 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.diff),
- No incidences of hospital acquired E-Coli,
- No complaints.

Services accredited by a national body:

- Membership of British Association of Cosmetic Doctors,
- The British Association of Hair Restoration Surgery,

Summary of this inspection

Services provided under service level agreement:

- Clinical and or non-clinical waste removal
- Maintenance of electrical equipment
- Building maintenance

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?

Good

The location had not been previously inspected. We rated it as **Good** because:

- There had been no reported serious incidents between August 2017 and July 2018.
- There were no reported cases of MRSA, MSSA, Clostridium Difficile (C. Difficile) or E. coli between August 2017 and July 2018.
- Staff followed the service's infection prevention and control policies. Patients were cared for in visibly clean environments
- The service had a suitably trained safeguarding lead. All staff were aware of their responsibilities.
- Appropriate risk assessments were undertaken and arrangements were in place for the care of the deteriorating patient. World Health organisation (WHO) checklists were completed appropriately.
- There was testing of all electrical equipment.

Are services effective?

Good

The location had not been previously inspected. We rated it as Good because:

- Suitably trained and competent staff who worked well as part of a multi-disciplinary team provided care and treatment.
- The provider followed the Royal College of Surgeons (RCS) Professional standards for Cosmetic Surgery regarding consent.
- The service ensured that cosmetic pre-operative assessment included appropriate and relevant psychiatric history and discussion with people about body image in line with RCS professional guidance.
- The service had a comprehensive annual audit plan which was to inform best practice and aid service improvement and service delivery.

However:

- The comprehensive annual audit plan was not fully embedded within the service.

Are services caring?

The location had not been previously inspected. We have been unable to rate caring as there were no patients at the time of inspection and no opportunity to observe staff interaction.

Summary of this inspection

- Written feedback received from people who had used the service was consistently positive about the care they had received.

Are services responsive?

Good

The location had not been previously inspected. We rated it as **Good** because:

- The service made appropriate arrangements to meet people's individual needs such as interpretation.
- Complaints were dealt with appropriately and information was given to patients about how to complain.
- There were no complaints made regarding this location.
- The service planned and provided services in a way that met the needs of people.
- People could access the service when they needed it.
- The service took account of patients' individual needs.

Are services well-led?

Good

The location had not been previously inspected. We rated it as **Good** because:

- The service had a clear vision and values which was embedded within the service.
- Risks were identified and managed appropriately.
- Senior management, clinical governance and medical advisory committee (MAC) meetings took place regularly.

However,

- There was no formal mechanism for staff feedback other than team meetings, and there was no staff survey.

Good

Surgery

Safe	Good
Effective	Good
Caring	
Responsive	Good
Well-led	Good

Are surgery services safe?

Good

The location had not been previously inspected. We rated it as **Good** because:

Mandatory training

- All staff received mandatory training. Records we reviewed indicated that staff were up to date with the mandatory training requirements. Mandatory training included intermediate life support (ILS), mental capacity act (MCA) and deprivation of liberties (DOLs) safeguards, female genital mutilation (FGM), manual handling, fire safety and infection control and prevention.
- The service's clinical audit plan showed staff mandatory training compliance would be audited every six months. The records we reviewed confirmed the audit was completed between September 2018 to February 2019 and demonstrated 100% compliance. All audits were completed at the main location.

Safeguarding

- The registered manager was the service's safeguarding lead and had completed adult and children safeguarding training to level three.
- All staff received safeguarding training which included female genital mutilation (FGM). Staff could describe how to make a safeguarding referral and what constituted a safeguarding issue. None of the staff that we spoke with had made a safeguarding referral and therefore could not give any examples of referrals made.
- There was 100% completion of safeguarding training when we reviewed training records.
- The service had an up to date adult safeguarding policy.

Cleanliness, infection control and hygiene

- All areas we visited during inspection were visibly clean.
- We saw daily cleaning schedules which were fully completed on the days the service was operating.
- There were no cases of methicillin resistant staphylococcus aureus (MRSA), methicillin sensitive staphylococcus aureus (MSSA), clostridium difficile (c. difficile) or Escherichia coli (E. coli) reported between August 2017 and July 2018.
- All pre-assessment patients were screened for MRSA prior to admission and if tested positive they would not meet the admission policy for treatment.
- Staff followed infection prevention and control (IPC) and hand hygiene policies. Staff were noted to use personal protective equipment as appropriate and were also noted to all be bare below elbow (BBE).
- We saw evidence of hand hygiene audits being completed using a tool with 100% compliance being demonstrated.

Environment and equipment

- All equipment and instruments were medicines and healthcare products regulatory agency (MHRA) compliant.

- The equipment used were a combination of single use and reusable instruments. There was a decontamination policy in place for all reusable equipment and instruments. Decontamination was completed through an external company
- All electrical equipment had received appropriate safety checks within the last 12 months.
- The building was owned by the service and all risk assessments were carried out when required.
- The service fire risk assessment was in date, and had been carried out by an independent company.
- There was safety signage throughout the building and a clearly displayed evacuation plan.
- Fire safety was part of the induction package given to new staff.
- There was a fully equipped resuscitation trolley in the treatment room. This included medications for anaphylaxis, an automated external defibrillator (AED), airways and oxygen. We reviewed the daily equipment checklists for all resuscitation equipment which had been completed on the days the service was operating and found them all completed and all equipment was in date.
- There was lockable storage for 'control of substances hazardous to health (COSHH) with appropriate signage.

Assessing and responding to patient risk

- Pre-operative assessments took place at least two weeks prior to the planned date of surgery which utilised a written patient admission criteria. At this point a full patient history was taken, appropriate investigations and risk assessments were completed. We saw evidence of patients being declined procedures due to elevated risk factors. For example, due to pre-existing medical conditions such as high blood pressure. A patient would then be referred to their own GP and would only be considered for treatment once treated and with evidence provided by the GP.
- Pre-operative assessments were conducted either through teleconferencing systems or by a face to face consultation. This was determined by surgeon availability and patient preference.
- Any patients identified during the pre assessment process as potentially psychologically vulnerable were referred to their GP for further assessment and would only be considered for surgery with evidence from their GP which declared them fit for surgery.
- An early warning system (NEWS2) was used in the assessment of patients and we saw completed examples of this within the records that we reviewed. There was a deteriorating patient policy and staff were aware of their responsibilities if a patient were to deteriorate. There were no reported or documented examples of this occurring at this location.
- The service utilised the World Health Organisation (WHO) five steps to safer surgery checklist within all patient notes which included sign it, time out, sign out, equipment counts and team debriefing. We noted that this was included within the annual audit plan to monitor compliance.
- The surgeon was trained in advanced life support (ALS) and they remained on site when a patient was present.
- The provider was a day case only service. They had no inpatients nor any provision for overnight stays. They did not carry out venous thromboembolism assessments (VTE) or falls assessments

Nursing and support staffing

- The service employed registered nurses, hair technicians and clerical support staff. All staff employed at the main location had the opportunity to work at this location.
- We saw evidence which confirmed all nurses were registered appropriately with their professional body; the nursing and midwifery council (NMC).
- The staffing model for this location was one surgeon, one nurse and three hair technicians. The clinical staff were supported by one receptionist.
- We were told that appointments at the location would only be offered if there were staff available and that appointments would be cancelled if necessary. There were no examples reported of this occurring within the last 12 months.

Medical staffing

Good

Surgery

- Telephone contact with the surgeon was available for 24 hours following treatment. Contact more than 24 hours post treatment was through the service's general advice line.
- Out of hours cover was provided initially for 24 hours post procedure via telephone consultation and if necessary the surgeon would arrange to see the patient or direct them to the most appropriate care.
- On discharge the patient was given contact details for any concerns or emergencies following their procedure.

Records

- We reviewed two sets of patient notes and found them to be complete. All relevant documentation had been completed and signed. This included the pre-operative and post- operative discharge assessments.
- All records including patient records were stored securely whilst on site. When the location was not being used the records were stored securely and transported to the service's main location in London.
- Records compliance was audited twice a year as per the clinical audit plan and this had been completed within the last 12 months which demonstrated that records had been completed fully and correctly. All audits were conducted at the service's main location in London.

Medicines

- The service had a medicines management policy and used a medicines register. The policy stated the medicines register should be audited six times a year as per the clinical audit plan. We saw evidence that this had taken place and that no omissions were evident and all entries had been completed appropriately.
- We reviewed the medicines register and found that all entries were complete, legible, signed and dated. All medication required for a specific procedure would be signed out by the doctor. If any medication wasn't used then it would be signed back in.
- There were no controlled drugs stored on site.
- All medicines stored at the location were stored securely in lockable cupboards.
- All medicines checked were in date.
- Allergy status was recorded fully in both records that we reviewed.

Incidents

- Never events are serious incidents that are entirely preventable as guidance or safety recommendations providing strong systemic protective barriers are available at national level, and should have been implemented by all healthcare providers. No never events were reported between August 2017 and July 2018.
- Incidents were recorded by staff as needed and sent to the registered manager who reviewed and investigated as necessary. Staff were able to describe reporting previous incidents but these had all occurred at a different location. There were no clinical incidents reported between August 2017 and July 2018.
- The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person. Staff were aware of the duty of candour and a policy was available for all staff. However, due to low incident numbers we did not see any examples of duty of candour being applied.

Are surgery services effective?

Good

The location had not been previously inspected. We rated it as **Good** because:

Evidence-based care and treatment

- The provider told us that there were currently no NICE guidelines with regard to hair transplant, however the service complied with guidelines set by the British Association of Hair Restoration Surgery and the Royal college of Surgeons Professional Standards for Cosmetic Surgery.
- The service had recently reviewed and updated all policies and procedures. It had also introduced a clinical audit plan which detailed the frequency of audits to ensure compliance and clinical relevance.

Good

Surgery

Nutrition and hydration

- All procedures completed by the service are performed under local anaesthetic and there was no need for patients to fast prior to treatment.
- Due to the nature of the service there were no periods in which food would need to be provided. Staff told us they would provide water if requested.

Pain relief

- We saw pain scores being recorded within patient notes. Pain relief was given as required both during procedure and post procedure.
- We saw patient record entries which detailed that medication was administered during and after procedures for pain management.

Patient outcomes

- The service carried out 41 procedures from August 2017 to July 2018 with no complications reported.
- There were no unplanned returns to theatre post operatively during this period.
- There were no episodes of patients requiring transfer to alternative care following treatment during this period.
- The provider had recently commenced the undertaking of local audits but at the time of inspection these were yet to be fully embedded and no results were available for review. All audits were undertaken or planned to be undertaken at the service's main location.
- The provider monitored surgical site infections but we were told that there were no occurrences reported.

Competent staff

- We saw there was a comprehensive induction programme for staff which included all necessary mandatory training. Staff whom we spoke with reported that it provided them with all information and training required on commencement of employment. We saw evidence of completed induction training within the last 12 months.
- All staff employed by the service worked at both the London and Sheffield locations.
- We saw evidence of annual appraisals being completed and recorded within staff files.
- Staff appraisals were included in the clinical audit plan and we saw evidence of the audit being completed. All appraisals were completed at the service's main location.
- We saw evidence of ongoing professional development through displayed certificates in the reception area.

Multidisciplinary working

- The Registered Manager told us that they worked in well in the multi-disciplinary team to ensure seamless care for the patient.
- Other staff we spoke with spoke highly of the team working across the disciplines.

Seven-day services

- There was no seven day working due to the nature of the service.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff understood the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). All staff had undertaken MCA and DOLs training. If the service had concerns regarding a patient's ability to consent they would be referred back to their own GP.
- We saw consent forms completed appropriately in the patient records that we reviewed
- Consent for surgery was first discussed and recorded at the pre-assessment stage. We saw evidence of compliance with best practice which includes at least a two week 'cooling off' period between consent and the procedure.
- Auditing of consent featured within the clinical audit plan and was audited twice a year. We saw evidence of this being completed within the last 12 months and there were no examples of missed consent.

Are surgery services caring?

The location had not been previously inspected. We were unable to rate due to no patients at the time of inspection and no opportunity to observe staff interaction.

Compassionate care

Good

Surgery

- The service did not carry out a Friends and Family Test. We were told that patients were encouraged to give feedback and feedback forms were provided to them on discharge.
- We saw examples of positive feedback. Patient satisfaction was included within the clinical audit plan and would be audited every 12 months, however, this was yet to be completed.
- Due to the timing of the inspection visit we were unable to speak with any patients.
- Due to the size of the location only one patient was booked at a time and the treatment area was away from the reception area in a different part of the building.

Emotional support

- Chaperones were available if required

Understanding and involvement of patients and those close to them

- We were told that patients were given sufficient time to ask questions or to go over information if required.
- Patients were given information in ways that they could understand.

Are surgery services responsive?

Good

The location had not been previously inspected. We rated it as **Good** because:

Service delivery to meet the needs of local people

- The clinic provided elective surgery by appointment only. The provider would carry out a procedure at a time and date suited to the patient. The location would open when there was a demand for the service.
- All procedures were carried out on patients in the age range of 18 and 75.

Meeting people's individual needs

- The provider told us they ensured that chaperones were always available when requested.
- Due to the lay out and age of the building there was no facility for disabled access. If a person with physical disabilities required treatment then they would be assisted in finding a suitable alternative.
- The manager told us that only those people who could give informed consent were offered treatment.
- The service planned to complete an audit called 'respecting and involving people who use our service' four times per year, but at the time of inspection it had yet to be carried out.
- Interpretation services were available and staff knew how to access them.

Access and flow

- Initial consultations were via video conferences facilities or by face to face consultation depending on patient choice. The patient was given all pre-operative information on the day of the procedure and their expectations regarding the results of treatment were discussed.
- After the procedure was completed the patient would rest in the recovery room prior to discharge. There was an open door policy for patients to contact the clinic when needed. All patients received a follow up phone call post procedure.
- There were no reported cancellations in the period August 2017 to July 2018.

Learning from complaints and concerns

- The provider was part of the Cosmetic Redress Scheme (CRS), a cosmetic redress scheme for the cosmetic, aesthetic and beauty industry. This is provided through membership of the British Association of Body Sculpting.
- There were no complaints recorded between August 2017 and July 2018 regarding this location.
- Complaints regarding the London location had been received and these were discussed as points of learning at staff meetings.
- Information on how to make a complaint was given to patients at the pre-assessment stage and on completion of treatment.

Good

Surgery

Are surgery services well-led?

Good

The location had not been previously inspected. We rated it as **Good** because:

Leadership

- The service was led by the registered manager who was also the CQC nominated individual. They were responsible for the governance of the service and they were also the nominated safeguarding lead.
- Staff told us that the senior management were visible and approachable. They spoke positively regarding the senior management team and felt able to raise any concerns.

Vision and strategy

- The service had a clear written vision and values statements which has the patient at the centre of what they do. However, it was unclear how this related to this location.

Culture

- Staff told us that management were visible and approachable. They spoke positively regarding the management team and they felt able to raise any concerns.
- Staff told us that the service promoted an open, no blame culture and that all staff are encouraged to raise concerns, complaints or ideas for the service .

Governance

- There was an active clinical audit plan which supported the service to monitor its performance and highlight areas for improvement. The audit plan had recently been commenced and was yet to complete a full 12 month cycle.
- Governance meetings were held and minutes were available to review. These meetings were held at the London location and attended by the senior management team.
- In meeting minutes we saw discussions had been held around issues which included incidents, complaints, audits and concerns. We reviewed meeting minutes and there were fixed agenda points to cover incidents, complaints, audits and concerns but none had been reported relevant to this location.
- There was no formal mechanism for staff feedback other than team meetings and there was no staff survey.

Managing risks, issues and performance

- An ongoing risk register was maintained which highlighted areas of concern, strategies to manage risk and proposed resolution dates. The risk register was reviewed through governance meetings which were held on a monthly basis. The current risks recorded concerned the London location and there were no specific risks for this location.
- The service monitored it's performance through patient feedback activity and through the completion of the clinical audit plan.
- As the location was only utilised infrequently the service had contracted an external company to clean the location twice per week. Prior to the location being opened the same company provided a deep clean service.

Managing information

- All initial patient contact was recorded on a computerised system. All notes from the day of treatment were recorded on paper patient notes which were tailored to each specific treatment. Once treatment was completed these notes were scanned onto the patient record and the hard copy stored securely.

Engagement

- Patients were encouraged to share feedback with staff either at time of treatment or following discharge. This was through written or verbal feedback, patient's were given information on how to feedback and they also received follow up telephone calls on completion of treatment.
- There was no formal mechanism for staff feedback other than team meetings, and there was no staff survey.

Learning, continuous improvement and innovation

Good

Surgery

- The service plans to fully embed the clinical audit plan as this has been a recent introduction to the service within the last 12 months.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should fully embed the clinical audit plan (Regulation 17).
- The provider should have a formal mechanism for staff feedback (Regulation 17).