

The Private Clinic of Harley Street Limited

The Private Clinic

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

The Private Clinic is operated by The Private Clinic of Harley Street Limited. The clinic had been registered with CQC since 2016. The clinic provided cosmetic day surgery and plastic surgery related consultations for privately funded patients over the age of 18.

The two most frequent procedures undertaken at the location were hair transplant surgery and veins removal treatments carried out under local anaesthetics. Doctors at the location also consulted for other plastic surgery procedures, such as bunion removal, face, and breast surgery amongst others, that were undertaken at another hospital managed by the provider.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 15 February 2022. We told the provider we intended to inspect on the day before the inspection took place to ensure that the clinic would be open on the day of our inspection and we would be able to observe surgical procedures and speak with patients. We carried out additional interviews and reviewed documents with the provider on 23 February 2022.

The main service provided by this clinic was surgery.

This service has not previously been rated. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service planned care to meet the needs of their patients, they took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait long for treatment.
- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment, they provided patients with pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care and with access to good information. Key services were available when required.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

As the inspection covered only one core service the summary of it is provided in the initial overall summary section of this report.
We rated this service as good because it was safe, effective, caring, responsive, and well-led.

Summary of findings

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Summary of this inspection

How we carried out this inspection

We carried out the announced inspection visit to the service on 15 February 2022 and followed up with additional interviews and documents review on 23 February 2022.

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.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a clinic **SHOULD** take is because it was not doing something required by regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it from failing to comply with legal requirements in future or to improve services.

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

- The provider should ensure they develop an overarching business continuity plans that provides a framework for responding to any disruptive incident the clinic faces.
- The provider should ensure they operate an effective system for monitoring compliance with their recruitment policy in addition to undertaking regular disclosure and barring service checks for all doctors.
- The provider should ensure all radiation work areas have suitable and up to date local rules in place that the local rules are adhered to by the radiation users and on display in the designated areas.
- The provider should review the antimicrobial guidelines to ensure it reflects the practice of patients being discharged with additional course of antibiotics post hair transplant procedure.






Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are Surgery safe?

Good 

We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training of patients and staff met service profile and patient's needs. Managers monitored mandatory training and alerted staff when they needed to update their training.

Training included manual handling, data management and information governance, health and safety, and basic life support amongst others. The frequency of the training was varied depending on the subject and job role.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. However, at the time of the inspection, not all doctors had updated recruitment checks that would allow preventing unsuitable people from working with vulnerable patients. This was rectified after the inspection.

Staff received training specific for their role on how to recognise and report abuse. There was a named safeguarding lead who had completed level 4 safeguarding training for adults and children (only adults were seen at the clinic). Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and whom to inform if they had concerns.

To ensure patients were safeguarded, the provider undertook suitable recruitment checks to confirm staff qualifications, experience, and if they were of good character. The provider had arrangements to be informed of any issues related to the staff's professional conduct. They maintained regular disclosure and barring service (DBS) checks for nurses, patients' coordinators, healthcare assistants, hair technicians, and non-clinical staff that had direct contact with patients. However, some doctors' DBS checks were undertaken at the beginning of their employment and had not been updated since. The

Surgery

provider's policy specified that DBS checks would be undertaken every three years. At the time of the inspection, six out of 15 doctors' DBS checks were older than three years. One day after the inspection, the provider told us all of those doctors applied to renew their DBS checks and then the service provided a further update confirming all doctors had a current DBS check.

Cleanliness, infection control and hygiene

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

Clinic areas were clean and had furnishings that were clean and well-maintained. Staff regularly wipe cleaned and disinfected frequently touched objects, such as armchairs in the waiting areas and door handles, to prevent cross-contamination. The clinical areas were suitably designed and easy to maintain clean.

The service performed well for cleanliness. They contracted a cleaning company that cleaned daily. They carried out infection prevention and control audits and, where shortcomings were identified, they had developed an action plan to address them.

Staff followed infection control principles including the use of personal protective equipment (PPE). They implemented recommendations from the COVID-19 infection prevention and control guidance.

Staff worked effectively to prevent, identify and treat surgical site infections. The service used an external contractor to supply sterile equipment, in most cases, they have used disposable sterile equipment and there was a minimal need for sterilisation service at the location.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.

The design of the environment followed national guidance. The provider told us that they considered principles of the suitable health building note when facilities were designed. As the procedure rooms were used for minor procedures under local anaesthetic, rather than a day surgery, they were considered to meet standards related to a generic clinical environment.

We observed evacuation routes were unobstructed and staff undertook suitable fire safety checks.

The theatre air handling systems were checked, by a qualified professional. The provider carried out regular checks that included filters and grills cleaning or exchange and generic safety checks. The provider was aware that the premises did not conform with the then HTM 03-01 guidance (Technical Memorandum 03-01 – 'Specialised ventilation in healthcare premises' (2007)). They had consulted a consultant microbiologist, and risk assessed the environment. The clinic was in a historic building, the provider felt the HTM 03-01 standard were for new builds or to be taken into consideration when major upgrades were considered. The clinic did not record any post-operative infections in the 12 months before the inspection.

Surgery

The service had enough suitable equipment to help them safely care for patients. Staff carried out visual safety checks of specialist equipment. Equipment was serviced and its safety was tested annually or when staff observed any malfunctions.

The provider used a piece of x-ray equipment in one of the rooms to support bunion surgery consultations. Staff working in the radiation designated area had access to local rules, however, these were not up to date. For example, the document still listed the registered manager who no longer worked at the clinic, as a person responsible for monitoring compliance with the rules. At the time of the inspection, the service's radiation risk assessment was out of date, it was not updated in July 2021 as required. The service contracted an external radiation protection adviser (RPA) who was supposed to carry out a review of the procedure and protocols and advise the provider on the safe and compliant use of ionising radiations. However, the RPA had not carried out their visit in 2021. After the inspection, we received a copy of the updated radiation risk assessment. The provider also told us they scheduled radiation safety training for staff working at the clinic.

The service had suitable facilities to meet the needs of patients. They could support social distancing guidance in the large waiting area.

Staff disposed of clinical waste and sharps safely.

Assessing and responding to patient risk

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

Surgical safety checks were undertaken to decrease errors and adverse events and to improve teamwork. The provider regularly audited records for completeness of the surgical safety checklist. Staff used a nationally recognised early warning identification tool to identify deteriorating patients and escalated them appropriately.

Staff could recognise signs of sepsis (septicaemia; life-threatening reaction to an infection). All clinical staff completed immediate or advanced life support training (ILS or ALS) which covered sepsis awareness and initial response to the infection. Non-clinical staff completed annual basic life support training. In case of a medical emergency, staff told us they would call the local emergency service. Staff had access to emergency medicines and equipment, such as a defibrillator or access to oxygen should a patient experience breathing difficulties.

Staff reviewed individual risks for each patient before admission, using a standardised tool, and reviewed this on the day when the procedure was undertaken. It included the risk of a VTE (venous thromboembolism is a condition in which a blood clot forms most often in the deep veins of the leg, groin or arm known as deep vein thrombosis).

If a patient worked in a hospital environment or had been hospitalised within the two years before their surgery, they would be screened for methicillin-resistant *Staphylococcus aureus* (MRSA). MRSA is a type of bacteria that is resistant to several widely used antibiotics which might cause infections that can be harder to treat than other bacterial infections.

Patients were monitored by suitably trained and experienced staff during and after the procedure. Patients were assessed before they were discharged, and staff asked them to ensure they had transport and an escort arranged to return home.

Staff shared key information to keep patients safe when handing over their care to others. Staff arranged to follow up calls after the surgery to ensure aftercare arrangements were reviewed, and the patient's questions were answered.

Surgery

The clinic's information pack included information on available out of hours support. An allocated nurse was available to answer queries when the clinic was not operational. There was a second point of contact if additional support was required or in the event of an emergency.

Nurse and medical staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, they did not use agency staff. Staff were provided with induction.

The service had enough nursing, medical, and support staff to keep patients safe.

The manager could adjust staffing levels according to the needs of patients.

The service had low vacancy rates and low turnover rates. Many of the staff had worked at the clinic for many years, which ensured continuity of care standards.

The service could access the lead consultant during evenings and weekends should an emergency occur, and medical advice was required.

Records

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

Patient notes were comprehensive, and all staff could access them easily.

When patients transferred to a new team or in between locations, there were no delays in staff accessing their records.

Records were stored securely.

Medicines

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

Although the clinic did not involve a pharmacist to review storage arrangements and management of medicines, staff followed safe systems and processes when prescribing, administering, recording and storing medicines. Required medicines were available and within their expiry date, and regular stock checks were undertaken.

There were no controlled drugs stored or used at the location.

Medicines were only managed by a clinically trained member of staff and administered as prescribed for use of individual patients. Staff handling medicines received formal training in medicines management.

Surgery

The provider reported one incident concerning medicines storage and administration when the date on the pack of medicines given to the patient was not checked. They have introduced changes to how medicines were managed in response to the incident, they had also shared learning from the incident with the whole team.

The provider told us they rarely prescribed antibiotics to be taken at home by the patient after the surgery as the surgical procedures were deemed as low risk with low infection rates, therefore not requiring the use of antibiotics.

Antibiotics were routinely prescribed post hair transplant procedures. However, the provider's antimicrobial guidelines stated that antibiotics should be used for prophylaxis; it did not reference the practice of patients being sent home with an additional course of antibiotics. The provider told us they were in the process of reviewing the guidance to reflect the practice. They planned to discuss it at the quality meeting in March 2022 and at the medical advisory committee meeting in April 2022. The provider also highlighted the discrepancy between the practice and the antimicrobial guidance as a risk and recorded it accordingly in the risk register.

Staff reviewed patients' medicines regularly and provided specific advice to patients about their medicines.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents, serious incidents, and near misses in line with the provider policy.

The service had no never events during the past twelve months before the inspection. Never events are serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented. They include things like wrong-site surgery or foreign objects left in a person's body after an operation. Staff undertook safety checks to prevent them. Safety checks included confirmation of the patient's identity, type of procedure and side on which the procedure was to be performed, among other checks.

Staff understood the duty of candour. The duty of candour is a general duty to be open and transparent with people receiving care from healthcare providers. Staff were open and transparent and aware of the requirement to provide patients with a full explanation if things went wrong.

There was evidence that changes had been made as a result of feedback, incidents, or near misses.

Managers debriefed and supported staff after any serious incident.

Surgery

Are Surgery effective?

Good 

We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high-quality care according to national guidance. The provider was in the process of upgrading its information management system which triggered a policies review. With the introduction of the new system, they aimed to make it easier for staff to access policies, procedures, and any guidance related to care and treatment delivery.

There were systems to review procedures and ensure they conformed with the national guidance. Clinical practice was reviewed through the use of clinical practice audits, outcomes of which were shared to facilitate learning and improvements

Nutrition and hydration

Patients were not required to fast before procedures. The provider did not routinely offer meals but could accommodate snacks or a sandwich should there be a delay in procedure or on patients' request. Patients had access to cold and hot beverages.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. They monitored patients' comfort during the procedure to ensure patients were comfortable and the pain control was effective.

Staff prescribed, administered and recorded the administration of the pain relief medicine accurately.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The service had limited opportunities to participate in national clinical audits. They have reported data to the Private Healthcare Information Network that collects safety information, quality with an aim to improve the availability of information to patients considering private healthcare services.

Surgery

Senior managers told us outcomes for patients were positive, consistent, and met expectations. The service had limited opportunities to benchmark itself against other providers but collected clinical data related to patients' outcomes for individual doctors. The provider used adapted patient-reported outcome measures (PROMS). These are reported through condition-specific questionnaires that measure the severity of the condition from the perspective of the patient before and after the procedure. The use of PROMS helps to measure and improve the quality of the treatment and care received.

The service had a low return to theatre rate. They told us there were no patients that were required to return to the clinic to receive support with any unforeseen complications post-procedure over the 12 months before the inspection.

The provider undertook a clinical audit of post-surgery complications. They had not recorded any surgical site infections in the 12 months before the inspection.

The provider told us they reported on outcomes of the individual consultant's work and compared their outcomes to published international standards, for example when reviewing surgical site infection rates or return to theatre rates.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work.

Doctors were appraised in accordance with General Medical Council requirements annually. Their practice was also revalidated as required. All staff at the clinic were appraised annually. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Managers made sure staff attended staff meetings, which were also used for learning and information sharing, or had access to notes when they could not attend.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

Multidisciplinary working

Doctors, nurses worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective staff meetings to discuss patients and improve their care. Doctors, nurses, and other staff worked well together to ensure information related to a patient's pathway was shared. Staff worked together to promote the delivery of good clinical outcomes.

Surgery

Generic multidisciplinary meetings did not apply to the patient group and scope of care; however, the provider initiated a regular multidisciplinary meeting to allow clinical staff to discuss interesting and complex cases where additional input would be of benefit to the patient and the team involved.

Seven-day services

Key services were available when required to support timely patient care.

There were arrangements for patients to call for support seven days a week should a patient need any urgent support related to the surgical procedure. The service told us there were no out of hours emergencies, in the 12 months before the inspection, where a patient needed hospital admission or emergency support. The clinic was able to offer flexible appointments to suit individual patients' needs.

Health promotion

Staff assessed each patient's health when admitted and provided support for any individual needs to achieve good clinical outcomes.

The doctor proactively and routinely advised patients regarding weight loss, cessation of smoking, and exercise as part of their assessment for suitability for surgery and for maintaining good outcomes post-surgery.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff made sure patients consented to treatment based on all the information available.

Staff recorded consent in the patients' records. The provider audited consent records to ensure these were accurate and fully completed; the results of the audits were positive.

There was a period of a minimum of two weeks between the initial consultation and the surgery taking place to allow patients for a potential decision change, this included a hair transplant procedure that followed best practice. This was in line with the professional standards for doctors carrying out cosmetic procedures as set out by the Royal College of Surgeons.

Access to information

Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

The provider undertook a surgical notes audit to ensure staff completed documents such as VTE risk assessment (venous thromboembolism is a condition in which a blood clot forms in a vein) or surgical safety checks. Audits suggested that documents were accurately completed.

Surgery

Patient records reviewed by us on the day of the inspection, for patients who underwent a surgical procedure at the clinic, were complete.

Are Surgery caring?

Good 

We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took the time to interact with patients in a respectful and considerate way.

Patients we spoke with said staff treated them with kindness. They felt they had been offered enough time to ask any questions they had, and staff were unable to explain the benefits and risks involved in undertaking procedures. Patients had a patient coordinator allocated, who supported them from initial contact made with the clinic until their discharge.

The feedback provided through patient feedback forms, gathered by the provider, indicated patients were satisfied with the service provided by the clinic with 96% of patients reporting a good or very good overall experience (December 2021).

In addition, to check what the overall patients' experience was through the patients' reported experience tools, the service carried out a survey that asked if patients would be happy to refer the service to their friends and family. Monthly survey results for 2021 indicated that between 92% to 98% would be happy to recommend the service.

The service monitored feedback provided by patients via the internet. They responded to it through appropriate consumer review websites where required. The feedback provided was mostly positive with patients being complimentary of the care and treatment offered, staff friendliness, and their professional conduct.

Staff followed a policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude.

Staff spoke of examples when they went the extra mile to assure patients and their relatives. For example, by arranging late evening calls, at a time that was convenient to the patient, or by providing relatives with up to date information at the time of surgery at times when relatives could not assist.

Emotional support

Staff provided emotional support to patients to minimise their distress. They understood patients' personal, cultural and religious needs.

Surgery

Staff offered patients and those close to them help, emotional support and advice when they needed it. Although there was no routine access to psychology or counselling support, staff told us that they would refer patients to an external support service if they thought this would support the patient with the decision-making process.

There was at least two weeks gap between the time when the decision to undertake the surgery was taken and the surgery date with an aim to allow patients to change their mind.

There was a chaperone present during all consultations, it was in most cases the patient coordinator who supported the patient through their pathway. They could answer any patient's questions and could coordinate their care between teams.

Understanding and involvement of patients and those close to them

Staff supported and involved patients to make decisions about their care and treatment.

Staff made sure patients understood their care and treatment. Staff talked with patients in a way they could understand. We observed doctors explaining procedures in simple language and patiently repeated information numerous times when they felt additional reassurance was required.

Patients could give feedback on the service and their treatment and staff supported them to do this.

Staff supported patients to make informed decisions about their care. Doctors openly voiced their concerns when they felt the surgical procedure would not benefit the patient. They explained why they felt carrying out the requested procedure would not be in the patient's best interest or why it was not possible to achieve the results patient wanted.

Are Surgery responsive?

We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of patients. It also worked with others to plan care.

Managers planned and organised services, so they met the needs of the patients.

Facilities and premises were appropriate for the services being delivered. They reflected the profile of the service and were designed to ensure a good patient experience.

The service had systems to help care for patients in need of additional support or specialist intervention.

Meeting people's individual needs

Surgery

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The provider told us that patients' treatment plans were tailored to their individual needs. There was no one-for-all approach.

The service could arrange for translation and interpretation services on demand. They would adjust service delivery to meet individual needs. For example, when a patient with mobility difficulties attended the clinic, staff arranged for the ground floor consultation room to be used. The clinic was in a listed building, which was not fully accessible to people with mobility difficulties and the provider was restricted in how they could make it fully accessible. There was no fully accessible toilet for patients who had mobility difficulties. Staff told us that patients were informed of the limitations at the time when the initial appointment was booked.

The service could provide a British sign language interpreter should there be a need.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times were in line with patients' expectations and were communicated at the point of initial contact.

Staff monitored access and made sure patients could access services when needed and received treatment within agreed timeframes.

Staff worked well to keep the number of cancelled appointments to a minimum. Patients were contacted before their appointment to prevent nonattendance.

When patients had their appointments cancelled, although it was a rare occurrence, staff made sure they were rearranged as soon as possible.

Managers and staff worked to make sure that they started discharge planning as early as possible.

There were systems to monitor patients after the procedure, at regular agreed intervals, to support prompt recovery, wound healing and to avoid any potential post-surgical complications. For example, for patients who had the hair transplant procedure, within the 12 months post procedure, three follow up appointments were booked to monitor outcomes.

Learning from complaints and concerns

It was easy for people to give feedback and raise care concerns received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

The service provided information about how to raise a concern.

Staff understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints and patients received feedback after the investigation into their complaints. Managers responded to complaints in a friendly manner looking to resolve them at the early stage.

Surgery

Managers shared feedback from complaints with staff and learning was used to improve the service.

The service had a two-stage internal complaint review procedure. They participated in the independent complaint adjudication service that could review the complaint, in the third stage, if the provider's final complaint response was not satisfactory to the person complaining.

Are Surgery well-led?

Good 

We rated it as good.

Leadership

Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

At the time of the inspection, the clinic was led by the registered manager. As the registered manager was on long term leave at the time of the inspection, the provider's head of nursing supported the team and was responsible for the day to day management of the clinic. They were supported by the clinical manager and the practice manager responsible for operations. Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

Vision and strategy

The service did not formalise its strategy or vision. The plans leaders spoke about were focused on patients care and potential service development driven by patients' feedback and their needs. The service had a mission statement that defined its business and objectives. The service aimed to uphold values centred around delivering outstanding patient care and excellent customer service; these were clearly described in the clinic's mission statement. The clinic and its staff aimed to provide "honest advice" to realistically manage patients' expectations. The clinic stressed the importance of making sure safety, expertise, and patient satisfaction were at the core of the service delivery.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients and staff could raise concerns without fear.

Staff told us that they enjoyed working at the clinic and felt they could make a difference in patients' lives by focusing on patient-centred care. They said they felt the senior leadership team recognised their work and supported them with career progression.

We observed effective and professional communication between staff which supported the delivery of safe care. The provider issued a 'learning from patient safety events bulletin' to all staff to promote a safe culture.

Governance

Surgery

Leaders operated effective governance processes throughout the service. There were processes for ensuring safe care and high standards were upheld. Decisions were agreed upon formally during various governance meetings attended by the managers of the clinic and the clinical staff as required. The provider had systems for developing policies and procedures to ensure they reflected the published guidelines and sector-specific standards. The medical advisory committee met regularly, among other things they reviewed key performance indicators, new treatments and procedures, or newly issued national guidance and its implementation at the clinic.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Managing risks, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. We did not identify major risks the provider was not aware of nor did we identify risks that were not listed on the provider's risk register already.

The service did not have an overarching business continuity plans to ensure they could respond to unexpected events. Instead, they used a risk management process to identify risks that could affect service delivery and mitigate actions that needed to be implemented.

At the time of the inspection, the provider's radiation safety risk assessment as well as their local rules, that supposed to support the safe use of x-ray equipment, were out of date. After the inspection, the provider told us they had reviewed these documents and arranged for the radiation protection adviser to visit the clinic to review the arrangements in place.

Staff contributed to decision-making to help avoid any potential issues compromising the quality of care.

The service undertook local audits to identify learning and used them to improve the service and quality of the care and treatment.

As mandated, the service submitted information related to patient safety to the Private Healthcare Information Network (PHIN). The provider's 'learning from patient safety events bulletin' was used to share any learning from incidents amongst staff. It was also used to update staff on changes to policies, protocols, and practice, and to highlight any quality improvement opportunities and initiatives.

The provider had a system for managing critical safety alerts. They acted upon safety alerts and reviewed the practice in line with recommendations to ensure alerts' recommendations were complied with and risks were minimised.

Managing information

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

The information systems were integrated and secure. Staff were aware of their responsibilities of data or notification submissions to external organisations as required.

Surgery

The service was registered with the Information Commissioner Office (ICO), they were aware of their reporting requirements concerning data mishandling incidents; they told us during 2021 there were no incidents that would need to be reported to ICO.

The provider had an information governance group that met every two months. They aimed to provide the executive team with the assurance that effective information governance mechanisms were in place across the organisation. They had a nominated Caldicott guardian to ensure the highest standards for handling patient identifiable information. The provider also had a senior information risk owner that took responsibility for the ownership of the organisation's Information policies.

Engagement

Leaders and staff actively and openly engaged with patients to plan and manage services. They collaborated with their sister hospital where procedures under the general anaesthetic were performed. This meant they could provide continuous care and help improve services for patients.

To ensure a good patient experience, the service engaged with other providers where required, this included the hospital where patients underwent surgical procedures under a general anaesthetic.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Improvements were driven by patients' feedback. The provider was proactive in collecting data related to clinical outcomes and were able to use it to support quality improvement.

In 2021, the provider implemented new information systems that allowed them to improve the governance processes, analyse data more effectively, and use information more efficiently to ensure improvements.

The provider asked patients to book an appointment with a psychologist or a counsellor to discuss treatment decision. This supported informed decision making and helped patients to understand full consequences of undergoing cosmetic surgery and its potential impact.