Eterno 360

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

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Eterno 360 between 29 July and 1 August 2022. The inspection was carried out to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This was the first inspection of the service since it registered with the Care Quality Commission (CQC).

Eterno 360 specialises in medical aesthetic treatments and anti-ageing medicine while also offering rejuvenation treatments for clients. The service provides a mixture of independent doctor-led surgical procedures for the body, face and breast which include prominent ear correction, eyelid surgery, breast augmentation, breast reduction, nipple correction, abdominoplasty, thigh lifts and upper arm lifts, as well as other regulated and non-regulated aesthetic treatments.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Eterno 360 provides a range of non-surgical cosmetic interventions, for example microneedling, dermal fillers, chemical peels and fat freezing which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Eterno 360 is registered with the CQC to provide the following regulated activities: Treatment of disease, disorder and injury, Surgical procedures, and Diagnostic and screening procedures.

The clinical lead is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Due to the current pandemic, we were unable to obtain comments from patients via our normal process where we ask the provider to place comment cards in the service location. However, we were shown examples of patient feedback which the provider monitors on an ongoing basis. We did not speak to patients on the day of the site visit.

Our key findings were:

- The service used significant incidents as an opportunity to learn and improve when things went wrong.

Overall summary

- Clinical records were clearly written and followed best practice guidance.
- The service had effective systems to monitor, detect, reduce and prevent the risk of infection.
- All staff had access to the information they needed to provide treatment to patients.
- Quality improvement activity was used to measure performance and drive improvement.
- The service asked patients for consent to communicate with their regular GP about their treatment.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service promoted the delivery of high-quality, person-centred care.
- The practice listened to concerns and feedback and responded to make improvements to the quality of care and access for patients.
- Management were clear about the risks and challenges facing the service and there was a strategy of how to address these.
- The service had a clear vision and values.
- Leaders were approachable, compassionate and inclusive.

We saw the following area of outstanding practice:

- Innovation was used to ensure improvement in clinical care and patient safety was achieved. For example, the service had designed and developed their own clinical system and it was bespoke to their needs. This allowed them to respond quickly when opportunities to improve the clinical system were identified. We found examples where this had happened, and it had improved the quality of care and safety of patients. For example, the service had audited the system and found patient records which did not contain clinical notes. The system was updated to ensure these records were reviewed and rectified by the relevant clinician and it was further updated to continually identify if this happened again and the clinician was prevented from using the system until it was completed. This ensured all staff had access to the information they needed to provide safe care and treatment.

The areas where the provider **should** make improvements are:

- Review all policies and governance procedures to ensure they are in line with best practice guidance, and operative effectively and consistently to mitigate risks.
- Continue to develop and embed the revised approach to the monitoring of staff immunisations in line with current guidance.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a specialist GP advisor.

Background to Eterno 360

Eterno 360 was first registered with CQC in 2019 and is registered to treat patients aged between 13 and 18 years of age, young adults and older people. The service provides several regulated activities which include doctor-led and nurse-led consultations for a range of aesthetic surgical procedures for the face, body and breasts. The only regulated activity provided to patients under the age of 18 is treatment to correct prominent ears. Activities outside the scope of registration include fat freezing, micro needling, dermal fillers and chemical peels.

The address of Eterno 360 and, that of the provider, Eterno Plastic Surgery Ltd, is The Bridge House, 138 High Street, Eton, Windsor, Berkshire, SL4 6AR. Consultations and minor surgical procedures are carried out on site, however, all other surgical procedures are carried out at local private hospitals which the service has arrangements with. We did not inspect these locations during the inspection.

The clinic is in the centre of Eton and can be accessed by public transport, on foot or by car. The clinic does not have parking on site, however, there is paid parking available nearby.

The opening times are:

Monday: 10am to 5pm

Tuesday: 10am to 5pm

Wednesday: 10am to 8pm

Thursday: 10am to 5pm

Friday: 10am to 5pm

Saturday: 9am to 12pm

Sunday: Closed

The building is leased from a private owner and responsibility for maintenance of the premises is shared between the service and owner according to the terms of the lease. The premises comprise three floors and the only access is from street-level with one step to enter the building. The ground floor includes a reception area and back office, the first floor includes the doctor's consultation room and a single unisex toilet. The second floor includes a treatment room and the minor surgical procedures room. All floors of the building are accesses by stairs and the toilet is not suitable for wheelchairs. However, the service has arrangements at three private hospitals to provide consultations for any patients with mobility issues to ensure they have equal access to treatment.

The staff team is comprised of the clinical lead, a nurse, and an aesthetician. The team are supported by a clinic manager who is the managing director, an assistant manager and a front of house receptionist.

How we inspected this service

Throughout the COVID-19 pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

The inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Speaking with staff in person, on the telephone and using video conferencing facilities.
- Requesting documentary evidence from the provider.
- A site visit.

Due to the current pandemic, we were unable to obtain comments from patients via our normal process where we ask the provider to place comment cards in the service location. However, we were shown examples of patient feedback which the provider monitors on an ongoing basis. We did not speak to patients on the day of the site visit.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Good

Are services safe?

We rated safe as Good because:

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. Safety policies were regularly reviewed and updated as appropriate and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service had systems and policies to safeguard children and vulnerable adults from abuse.
- All staff received up-to-date safeguarding training appropriate to their role.
- Staff who acted as chaperones were trained for the role. The services' policy was that non-clinical staff did not automatically receive a Disclosure and Barring Service (DBS) check. We discussed this with the service and found only one member of staff did not have a DBS, however, this decision had been risk assessed and identified the risk was very low. During the inspection the service reviewed their policy and applied for a DBS check, and decided that member of staff would not carry out chaperone duties until the DBS check was completed
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service had not needed to make any safeguarding referrals during the last 12 months, however, we found that staff knew how to identify and act upon concerns and how to make a referral if needed.
- There was an effective system to manage infection prevention and control. The provider carried out audits of staff hand washing, safe use of sharps bins and, rates of infection resulting from minor operations carried out at the clinic. These audits were part of a continual programme of audit.
- An external company carried out a legionella risk assessment on 20 May 2022 and no risks were identified within the premises.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs.
- There were effective induction processes for staff tailored to their role which included mandatory training required by the service and further, role specific training was allocated where necessary.
- Outside of clinic opening hours patients could access medical advice directly from the service via a dedicated telephone number. When the doctor was unavailable, for example during periods of annual leave, there were alternative arrangements to continue this arrangement and ensure patients had access to care and support outside clinic hours. In an emergency, patients were told to call 999 or got to the Accident and Emergency department.
- We reviewed the recruitment records of three members of staff during the inspection and found the service did not have complete records of immunisation in line with UK Health and Security Agency guidance. Two of these staff

records were partially complete and for the other there were no records of immunisation. We identified this to the service and they immediately reviewed and amended their policy. The service showed evidence of complete records for two members of the staff immediately after the site visit and confirmed complete records for all other staff shortly after that.

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for clinical staff.
- There were suitable medicines and equipment to deal with medical emergencies and these were stored appropriately and checked regularly. Some items recommended in national guidance were not kept, however, we saw this decision was evidence-based because the service had reviewed the Aesthetic Complications Experts Group (ACE Group) guidance when deciding which items to stock. This was based on the services provided and the medical emergencies most likely to occur in this clinical setting.
- The providers policy was that administration staff did not complete basic life support (BLS) training as part of their mandatory training. This decision was because there would always be a first aider or a BLS trained member of staff on site. However, the service reviewed this policy during our inspection and chose to include BLS on the mandatory training list for administration staff as well. Two of the three members of administration staff immediately completed the training and the other was on holiday, but completed it immediately upon their return.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Information and care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable both to deliver safe care and treatment. The service explained they had recently changed the way they asked for information from patients' NHS GP. Previously the service had asked the GP to share any information they believed relevant to the treatment, now the service informed the GP they believed the patient was suitable for treatment and asked the GP to inform them if they had any concerns. The service reported this had been received positively and resulted in much more engagement by GPs.
- Clinicians made appropriate referrals. For example, we found an example where a patient wanted cosmetic surgery, but the consultation identified they also had unmet psychological needs. The service referred them for a psychological assessment which determined their needs could not be met by the service, so they declined to treat the patient and advised them to go to another service which was more appropriate to help them.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they cease trading. The services' decision was that in the event of ceasing trading they would send patients clinical records to their NHS GP to ensure they had all the information needed to provide safe care and treatment.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks to patients. The service kept prescription stationery securely and monitored its use via audit.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence) neither did they prescribe schedule 4 or 5 controlled drugs.
- Processes were in place for ordering, replenishing and monitoring medicines and staff kept accurate records of medicines.

Good

Are services safe?

- Medicines requiring refrigeration were stored in a refrigerator which was monitored to ensure it maintained the correct temperature range for safe storage.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and to support the management of health and safety within the premises.
- When risks were identified the service responded to mitigate or remove them. For example, a fire risk assessment dated 22 June 2022 identified that three fire extinguishers needed replacing and this work was completed to maintain the safety of people using the premises.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so, and the service viewed them as an opportunity for learning and to make improvements. There had been no serious incidents in the 12 months prior to our inspection.
- There were good systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. At the time of the inspection we found a very recent example where a pre-operative assessment had identified a medical complication which meant the patient could not have their surgery until it was resolved. We saw a treatment plan had been created, a significant event recorded, the clinical system had automatically created an agenda item at the next staff meeting. The clinical system was bespoke and was developed by the service and this feature had been designed into the system to ensure all staff were aware of significant events. Although the meeting had not taken place at the time of inspection, we found that staff were already aware of the event, learning had been identified, and additional questioning about medical history would be asked in future consultations to help prevent a similar situation recurring.
- The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

The service monitored and acted on medicines safety alerts by subscribing the clinic to the central alerting system which distributed medicine safety alerts. The provider explained their process for reviewing, responding and disseminating alerts and their clinical system allowed the responsible person to request acknowledgement that alerts had been received and read by staff.

Good

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines and the British Association of Aesthetic Plastic Surgeons (BAAPS).
- Clinicians employed by the service had high levels of skills, knowledge and experience to deliver the care and treatment offered by the service. There was a strong emphasis on continuing professional development (CPD). For example, the aesthetic nurse was a brand ambassador for a product manufacturer and regularly attended masterclasses organised by them and led by experienced clinicians to improve their knowledge and technique.
- Our GP specialist advisor reviewed nine individual care records and found all were clearly written, showed evidence of treatment planning and, that patients were told about risks and complications of any treatments. Finally, all records demonstrated communication with the patients' NHS GP.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. We saw examples of patients being referred for psychological assessment prior to treatment to ensure there were no unidentified or unmet care needs the service needed to be aware of.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service ensured patients fully understood their treatment and were given pre-and post-treatment advice and support. The service offered unlimited consultations to ensure financial cost had no impact on patients' understanding of the treatment.
- Before and after treatment staff from the clinic would contact the patient to check on their wellbeing, answer any questions and address any anxiety about treatment or recovery. For example, the service knew that day four after surgery was an important milestone for patients and contacted them to remind them there was access to help, support and aftercare if needed. This was in addition to the two follow up appointments in the first 10 days, then and at months one and three.
- The service recognised that while they could advise patients what treatment might feel like, staff did not have direct experience of this. We were shown an example of a video called 'what does a tummy tuck feel like' which was created in response to this and included patients with direct experience of the treatment giving their experience and this was shared with prospective patients and on social media platforms.
- Staff assessed and managed patients' pain appropriately.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service had a comprehensive audit programme and used information about care and treatment to make improvements. In the 12 months prior to the inspection some of the completed audits included infection control, capacity, and prescriptions. The provider shared an ongoing schedule of audits, including an audit programme which demonstrated further cycles of audits were planned alongside new areas to audit.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, we reviewed a two-cycle audit which involved infection rates resulting from minor operations undertaken at the service. Cycle one involved minor operations between August and

December 2020. The infection rate resulting from these procedures was 4.5% which was compared against published infection rates in similar settings and the outcome at the service was below these rates which were 8.6% and 5.5%. The audit was repeated between July and December 2021 and the infection rate had been reduced to 0%. This was achieved by limiting the number of surgical sites per procedure and staging procedures as necessary.

- The service provided reports on outcomes to BAAPS and the International Association of Plastic Surgeons (ISAPS). The purpose was to monitor and compare outcomes and treatments with similar settings to help identify areas for improvement or where the service may be an outlier.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- All staff had regular meetings about performance and development with their manager and annual appraisals.
- Performance was monitored and were it did not meet the standards expected by the service, we saw action was taken to address it by supporting the individual, identifying further learning or showing them how to improve.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients who used the service received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Nine clinical records were sampled, and all patients had given consent to share information with their NHS GP, and in all examples where it was appropriate, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to alternative sources of treatment when further information was needed to ensure safe care and treatment.
- The provider had risk assessed the treatments they offered. For example, the doctor had previously undertaken head and neck cosmetic plastic surgery, however, due to deliberately specialising in other areas of the body, they had decided not to undertake surgery on those areas anymore and told us they would refer patients onwards.
- There were clear and effective arrangements for referring patients to other services or declining them for treatment. For example, we were given an example of a patient who wanted a treatment, but the service did not believe it was the most appropriate treatment for the patient at that time. This was explained to the patient clearly and they were advised to consider alternative treatment options which were not provided by the service. After a period, the patient returned, their situation had changed, and they were suitable for the original treatment which the service undertook.
- Patient information was shared appropriately within the service and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Good

Are services effective?

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Patients were provided with information about procedures, including the benefits, risks and likely success of treatments provided.
- The service explained the outcomes of their treatments were only part of the patients' journey and that they often saw equally comparable, if not more favourable outcomes resulting from long-term lifestyle changes made by the patient. Staff spoke passionately about how rewarding it was to empower, motivate and support patients to achieve these outcomes.
- We saw examples where the service had asked patients who smoked whether they would be prepared to stop for six weeks prior to an operation to help improve the outcome.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service wanted to ensure patients understood the risks, benefits and realistic outcomes before patients gave consent to treatment. To achieve this the consent process spanned across at least two consultations. At the first consultation, which had to be at least two weeks prior to surgery, the correct intervention was planned, the risks were discussed, and this was followed up in writing. This correspondence provided links to inhouse videos providing more detail. The second consultation completed the process where the doctor asked for the patients perceived understanding of the treatment between one and 10 to identify and gaps in understanding and these were addressed.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information in relation to their care and treatment. For example, the service had monitored which items patients frequently forgot to take with them to hospital and had created a goody bag which included a gown, eye mask and throat sweets and other items, to try and make the hospital stay more comfortable for the patient.
- The service sent patients flowers on day four after surgery to remind the patient advice, care and support was available from the service. This was because research indicated day four was an important milestone in a patients' recovery and the service wanted to respond to this potential need.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- The clinic had an induction loop installed to help patients with hearing needs to access the service.
- The service told us their principle was no new information on the day of surgery for the patient. This was because they wanted patients to have all the information they needed before surgery as it gave them confidence the patient understood the treatment and that it was the right one for them. This was supported by the unlimited number of consultations patients could have for any procedure.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Consultations and treatments took place behind closed doors and conversations could not be overheard.
- There was a 'knock before entering' policy to respect patients' dignity.
- Patient were collected from the waiting area by staff and first names were used as introductions. Patients were then escorted to consultation rooms.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- Patients could be seen face to face, and remotely via telephone or video consultation, depending on their preference.
- The facilities and premises were appropriate for the services delivered however; the building was not accessible for patients with mobility difficulties. In response, the service had access to consultation rooms at three local hospitals so that all patients could access care and treatment on an equal basis.
- The service understood the needs of their patients and improved services in response to those needs. For example, the standard opening hours of the service were between 10am and 5pm, however, the service told us they could adapt this to meet patients' needs, either due to surgical plans or so patients could access treatment and if needed. In such circumstances the service could offer care to patients between 8am and 7pm.
- We found an example of a patient who wanted their postoperative wound to be reviewed by the doctor. Typically, this would have been done by the nurse. The patient also wanted their appointment at a time and location convenient for them. Despite this being difficult to achieve the service adapted the appointment schedule to do their best to meet that patients' needs.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately. The service operated a cancellation list which meant patients could have a remote consultation with the doctor if another patient cancelled their appointment.
- Referrals and transfers to other services were undertaken in a timely way. For example, all referrals and clinical correspondence was completed immediately after the appointment to ensure there was no delay to treatment for patients.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- Staff treated patients who made complaints compassionately by offering them a private area to listen to their concerns and where possible by trying to resolve the issue at the time. Where further investigation was needed the process was explained to patients.
- The service had received no complaints in the 12 months prior to the inspection.
- We reviewed the complaint policy and procedures in place and examples of complaints over the last two years and were assured that when things went wrong, the service analysed individual concerns and complaints for themes and trends, and used them to learn and make improvements to improve the quality of care.

Good

Are services responsive to people's needs?

- Although there had been no complaints in the previous 12 months, we reviewed minutes of meetings which included a standing agenda item to discuss and review complaints if any had been received. This was to ensure all staff members were aware of any learning and changes that resulted from the discussion and investigation.

Good

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges facing them which included financial costs and keeping up to date with changes in health-related technology and care. In response, we saw the service had committed significant time and money to training to maintain high levels of care for patients.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we spoke with told us how comfortable they felt to share ideas and give feedback to management and how much they enjoyed learning from their experience.
- Staff had received specialist training in cosmetic plastic surgery and aesthetics and, the British Aesthetic Association of Plastic Surgeons (BAAPS) had selected the clinic as one of six to have a fellow surgeon complete training under the clinical lead.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The service had a small staff team; however, the management spoke passionately about how valuable the whole team was and choices they had made to ensure the team were retained during the COVID-19 pandemic.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The service strategy was to deliver exceptional outcomes through innovation, high quality outcomes and a sustainable business model that is adaptable to an ever-changing climate and had supporting business plans to achieve this.
- The service developed its vision, values and strategy jointly with staff and external partners (where appropriate).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. Staff we spoke with were proud to work for the service, had made deliberate decisions to join the team and were pleased they had.
- The culture at the service was built on the following principles, passion, ethics, versatility, innovation, resilience and teamwork. We saw clear evidence of the passion, innovation and teamwork during the inspection.
- We saw evidence of how the service aimed to embed ethics in the culture through the ethos of providing honest, transparent, sustainable care that always put the patient first and centre.
- There were positive relationships between staff and teams. We saw evidence of regular team meetings within the clinic and that management were open and transparent with staff about the future vision and strategy and that staff were part of it, demonstrating managements' willingness to role model the culture through their own behaviour and values.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values through a supportive approach to help staff improve and achieve.

Good

Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There had been no serious incidents or complaints relating to regulated activities carried out by the service in the last 12 months.
- The provider wasaware of and had systems to ensure compliance with the requirements of the duty of candour and we saw this embedded in the policies, culture, and conduct of staff from the way they spoke of the important of delivering the best outcomes for their patients.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Staff told us how supportive management were when they raised ideas or made suggestions about new treatments. The spoke of examples of new equipment which had been proposed by them and how this had been researched and trialled before introducing it to the service permanently.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established policies, procedures and activities to ensure safety however, not all of these were as effective or operated as they had intended. For example, the provider had a staff vaccination policy and a system to check the status of staff, although, the policy was not inline UK Health and Security Agency guidance. However, we were assured that when risks were identified prompt action was taken to address, mitigate and resolve them.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required. No statutory notifications had been submitted in the last 12 months; however, we were assured the provider understood their responsibilities and how to do this if needed.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

Good

Are services well-led?

- There effective governance processes to ensure the service understood, monitored and addressed current and future risks including risks to patient safety. To ensure this was effective, the service had created a simplified risk assessment process to help staff identify risks, the mitigation or control mechanisms and to measure the level of risk with scoring from zero to nine. We saw evidence that this was embedded in the service and that any risk above the threshold of nine would not be tolerated.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Leaders had oversight of safety alerts, incidents, and complaints. Staff understood their duty to raise concerns and report incidents and near misses and spoke confidently of how they would do this and would have no concerns about repercussions or being blamed. There was an embedded culture of learning and improving from situations.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. All clinical staff were trained in first aid or basic life support; however, the service had decided that administration staff did not need to complete this training for their role. This decision was risk assessed against the likelihood of a situation occurring and the fact that there would always be a first aid or BLS trained member of staff in the clinic. However, during the inspection this decision was reviewed, and administration staff completed the training.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The service carried out all required checks of staff at the time of recruitment and all required ongoing monitoring such as mandatory training, professional registration and medical indemnity confirmation.
- The service used performance information, which was reported and monitored to drive improvement and, managed and staff were held to account to ensure improvements were made.
- Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service provided information about treatment in several ways which included, consultation with a clinician, videos, literature, and a buddy scheme whereby patients who had received the same treatment could be matched to new patients and new patients could contact them to ask questions.
- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. During the inspection we reviewed evidence of surveys completed by patients and colleagues who worked with the doctor at the three hospitals where surgery was performed. All feedback was highly positive about their communications skills, knowledge, professionalism, ability to develop teams, compassion and willingness to use feedback as an opportunity to learn and improve. Patient feedback was equally positive.
- Staff could describe to us the systems in place to give feedback which included in person formally at appraisals or meetings, and informally through the open-door policy. Feedback could also be given via email if needed.

Good

Are services well-led?

- The service was transparent, collaborative and open with stakeholders about performance. Information was shared with BAAPS and ISAPS to help both the service and stakeholders understand and compare their performance against one another so they could improve their services for patients.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

There were systems to support improvement and innovation work. For example, the clinical system was bespoke to the service and was continually updated and improved when issues were found. As the system was developed by the service, they benefitted from the ability to do this very quickly. The service shared an example where a review of the system had found some example patients records which had no supporting clinical notes. Two phases of improvement had been undertaken. Firstly, the system was updated to send a flag to the clinician assigned to the record to alert them to complete the record within 24 hours. This was reviewed again, and two incomplete records still existed. The system was updated to continually run a search for any incomplete records within the last 20 days and the clinicians' access was locked until they had rectified the records. This was to ensure all staff had the information they needed to provide safe care and treatment to patients.