

Forever Young Medical Aesthetics Limited

The Epsom Skin 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?	Outstanding	

Summary of findings

Overall summary

We have not rated the service before. We rated it as good because:

- 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. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Services were available seven days a week.
- 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 local people, 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 too long for treatment.
- There was culture of progress embedded in the leadership team. Leaders ran services well using reliable information systems and supported staff to develop their skills. Managers were constantly reviewing and making changes and improvements to the clinic. Staff understood the service's vision and values and felt respected, supported and valued. There was a culture of patient focused practice among all staff. Staff were clear about their roles and accountabilities. The service engaged well with patients and all staff were committed to improving services continually.

However:

- There was no appointed safeguarding lead.
- The service did not collect quality patient reported outcome measures (QPROMS) for patients undergoing blepharoplasty (surgery to remove excess skin or fat from the eyelids).
- The clinic had access to a telephone interpreting service. However, the service used staff and family members to interpret as needed so staff could not be sure correct information was given to the patient.
- Pre-assessment documents did not prompt staff to evaluate patients' psychological state.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We have not previously rated the service. We rated it as good.



Summary of findings

Contents

Summary of this inspection

Background to The Epsom Skin Clinic

Page

5

Information about The Epsom Skin Clinic

5

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to The Epsom Skin Clinic

The Epsom Skin Clinic is operated by Forever Young Medical Aesthetics Limited. It is a private clinic in Epsom, Surrey. The service opened in 2004 and primarily serves the communities of Surrey. It also accepts patient referrals from outside this area.

The service has had a registered manager in post since 2004 and is registered to provide the following regulated activities:

- Surgical procedures

The service was last inspected in 2014 under a different methodology and had some compliance actions following this inspection. The provider submitted an action plan which we monitored.

The service sees patients on a day case basis and has no overnight beds. It is a small independent cosmetic clinic which has seven clinic rooms, 30 employees including cleaning staff, seven nurse and aesthetic therapists, five front of house staff, a clinic manager, two nurses and a doctor.

In the past 12 months the service has carried out 219 procedures. Of these, 69 were multiple procedures, 72 single procedures and 78 plastic surgery procedures.

The service provides cosmetic surgery to patients over the age of 18. The clinic also provides some treatments not regulated by the Care Quality Commission (CQC) for children and cosmetic procedures such as dermal fillers and laser hair removal and injection of botulinum toxin. We did not inspect these services.

We carried out a short notice announced inspection on 13 May 2020 using our comprehensive inspection methodology

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.

How we carried out this inspection

During the inspection, we visited all areas within The Epsom Skin Clinic. We spoke with eight staff including nurse and aesthetic therapists, reception staff, medical staff and managers. Due to limitations caused by COVID-19 we were unable to speak with patients on site. However, we reviewed several feedback responses and observed patient interactions throughout the day.

During our inspection we reviewed five sets of patient records. We also reviewed information on policies, guidance, performance and feedback provided to us before and during the 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.

Summary of this inspection

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>.

Outstanding practice

We found the following outstanding practice:

- Leaders demonstrated a forward-thinking approach to the governance patient safety through the use of technology. The managers actively sought new ways to ensure they complied with the expected standards and regulations.
- Significant event meetings were attended by all staff including surgeons. Surgeons with practicing privileges signed an agreement to attend at least six significant event meetings annually.

Areas for improvement

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

- The service should designate a safeguarding lead.
- The service should consider collecting quality patient reported outcome measures (QPROMS) for patients undergoing blepharoplasty.
- The service should consider adding prompts for staff to evaluate patients' psychological state during pre-assessment.

Our findings






Overview of ratings

Our ratings for this location are:

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

Good 

Surgery

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

Are Surgery safe?

Good 

We have not previously rated the service. We rated it as good.

Mandatory training

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

All clinic staff received and kept up-to-date with their mandatory training. Staff completed 17 modules including health and safety, manual handling, basic life support and infection prevention and control. Staff felt training was comprehensive and met the needs of patients and staff.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia but there had not been any patients recently with these needs.

Managers monitored mandatory training and alerted staff when they needed to update their training. A dashboard showed when individuals training was due. Five electronic staff files we reviewed contained completion certificates for mandatory training.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. However, there was no appointed safeguarding lead.

All staff received training on how to recognise and report abuse. All staff within the clinic were trained to level two in safeguarding for adults and children.

Medical staff had received training through the local NHS trust that they worked from and we saw one consultant was trained to level three in both adults and children's safeguarding.

Surgery

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The safeguarding policy had details of the local authority. Managers were able to describe a recent incident and how staff responded appropriately.

There was no nominated safeguarding lead. This meant staff may not know who to escalate safeguarding concerns to, and who could provide advice. Staff told us they would report any concerns to the clinic manager.

The clinic provided treatments for a small number of children for procedures such as hair removal and facial treatments outside CQC regulated activities. We did see a policy for the care of children and that no child would be seen without a parent or guardian present.

Medical staff submitted information of their Disclosure and Barring Service (DBS) checks. We reviewed five staff files in relation to practicing privileges and saw this stored electronically. We saw staff members employed by the clinic had also undertaken relevant DBS checks.

Cleanliness, infection control and hygiene

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

All areas within the clinic were clean and had suitable furnishings. The clinic had completed a comprehensive risk assessment which considered the additional impact of the COVID-19 pandemic. This was reviewed and updated in line with new government advice and guidance. Risk assessments focused on reducing the spread of the virus in relation to patients, staff, contractors and delivery drivers.

Staff followed infection control principles during our visit. All staff members undertook a two-hour online course about the correct use of PPE. Staff signed to show they had read and understood the COVID-19 risk assessment and then had a face to face meeting with the clinic manager to check their understanding.

Extra cleaning was introduced to protect against COVID-19. For example, staff cleaned the treatment rooms and equipment between patients. We saw staff cleaned the bed, trolley, chairs, stools and any touch points. Staff had access to personal protective equipment such as gloves, masks and disposable aprons which were available throughout the clinic. We saw staff using this equipment appropriately when caring for patients. Managers told us there was no restriction on the amount of PPE staff could access.

The service used surgical instruments that were single use only. Stock checks showed these to be in date. This eliminated the risk of cross infection.

Cleaning products were stored in a locked cupboard. We saw a good supply of cleaning equipment and saw staff cleaning with the correct equipment and cloths.

There had been two surgical site infections (for procedures we regulate) in the past six months. Managers had oversight of infection rates via the adverse event log where infections were recorded. Reception staff or the practitioner completed an online form to submit these electronically. The clinical lead and clinic manager then reviewed and followed up as needed.

Environment and equipment

Surgery

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

The design of the environment followed national guidance. We saw posters positioned throughout the clinic promoting the rules on social distancing. There were two metre markings taped out at every juncture of the patient journey through the building. A one metre “No Go” area had also been marked around reception as well as a full plexiglass sneeze screen protector. The service employed a maintenance person for four hours every week to ensure the property was well maintained.

New air conditioners had been installed throughout the clinic to aid ventilation. An air exchange unit had been bought for the surgical room. This changed the air 10-12 times an hour which was better than the national guidance.

Staff carried out daily safety checks of specialist equipment. Resuscitation equipment was checked daily and records checked by the clinic manager for completion. Records of when equipment was last serviced and a date for review were accessible electronically and we saw signage in the clinic to show where emergency equipment was stored.

The service had enough suitable equipment to help them to safely care for patients. Stock was kept in the treatment rooms and a separate storage cupboard. All stock checked was in date and there was evidence of stock rotation.

Staff disposed of clinical waste safely. General and clinical waste was stored in a locked compound outside the back of the building. Bins were secure and the area was clean and tidy.

Sharps were managed safely with sharp bins being dated and not overfilled. Notices reminded staff about correct sharps disposal. There was a service level agreement for the collection and safe disposal of sharp bins and clinical waste.

The service had a policy for the collection, labelling and handling of specimens. There was a service level agreement with an external provider to process all specimens. Staff were able to describe the process of recording and transporting specimens. There was a clear electronic audit trail detailing the specimen process, the outcome and how the patient was contacted with results and any other actions taken.

All treatment rooms had warning notices displayed to show that lasers were used in that area.

Fire safety risk assessments were provided by an external provider with alarms and emergency lighting being checked every six months and extinguishers checked yearly. We saw this had been completed in the last six months. Changes had been made from these assessments, for example new illuminated signage and an automated fire door.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

Staff completed risk assessments for each patient prior to arrival. Clinical staff completed a new assessment on arrival and if patients moved between treatments. This was recorded electronically and was easy for staff to see. For example, if a patient was undergoing several treatments each practitioner completed a specific risk assessment and consent process for each treatment, this ensured staff knew about and dealt with any specific risk issues through a series of prompts.

Surgery

Patients were unable to book treatments over the phone or online, they were only allowed to book consultations, this ensured the correct risk assessments and treatment programme were used. On the day of the procedure, patients were taken through to the treatment room. Patient identity and site of surgery were checked by the surgeon with a theatre nurse present. The clinic used a modified checklist in line with the minor surgery carried out.

Patients were day cases and had a very low risk of developing a blood clot, patients were asked if they had any blood clotting disorders and whether they were on any blood thinning medicines. All procedures were carried out under local anaesthetic and no patients stayed at the clinic overnight.

Patients were given information explaining how appointments were managed to minimise risks during the COVID-19 pandemic. This was delivered through social media channels, website infographics and on appointment confirmation and reminders.

Detailed advice was emailed to patients (or provided in paper format if preferred) after procedures. All surgical patients had at least one follow up appointment with the surgeon who undertook the procedure to check progress and identify any problems. The surgeon we spoke with told us he ensured patients were contacted for follow up.

Nurse and support staffing

The service had enough nursing and support 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.

The service had enough nursing and support staff to keep patients safe. Managers had recently identified a rise in the number of patients wanting minor operations. In response they had employed a theatre nurse to assist the surgeons and ensure the clinical room was equipped and well maintained. This showed management had responded to the increased demand with safety in mind.

The service employed seven nurse and aesthetic therapists who worked independently delivering cosmetic and other treatments. Support staff included five administrators and the clinic manager.

There were no vacancies at the clinic at the time of inspection and the service did not use bank or agency staff.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service employed a surgeon who was also the medical director. Eight other surgeons, consultants and specialists worked at the clinic under practising privileges. All medical staff were registered on the relevant GMC specialist registers.

All procedures were surgeon-led and carried out under local anaesthetic, with no use of sedation. The service always had a consultant on call during evenings and weekends. Surgeons gave patients their phone number, so they were contactable post operatively.

Records

Surgery

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 staff could access them easily. An electronic application was used to record all patient interactions. It was easy to use and prevented staff from moving between processes until relevant notes had been completed. For example, if the correct consent form had not been completed then staff were unable to access the rest of the record. This ensured all the correct data was inputted into the system to keep people safe.

All records were stored securely in line with the Data Protection Act (DPA) 2018 and General Data Protection Regulation policy. The electronic records were only accessible through a password protected system to authorised staff.

There was a comprehensive system that meant patient records were accurate and well maintained. Electronic notes we looked at showed appropriate pre-operative consultation and assessment including clear evidence of encouraging the patient to 'cool off' before agreeing to the surgery. There were clear operation notes and evidence of comprehensive post-operative care. This was in line with RSC Professional Standards for Cosmetic Surgery 2016. The online system allowed photographs to be taken and annotated, for example, to highlight individual moles that were to be removed.

When patients transferred to a new team, there were no delays in staff accessing their records. All staff had access to the appropriate records through individual hand-held devices. The use of integrated electronic records meant that data could be extracted and analysed by the clinic manager.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Prescribed medicines were recorded on the electronic records system which also enabled tracking and tracing if there was any recall of medicines.

The patient records system also sent emails specific to the patient in relation to any medication prescribed for aftercare. The service had an in-date medicine management policy, specifying the ordering, storage and management of medicines.

Medicines were well organised and managed. The prescribing and administration of medicines was the sole responsibility of the medical staff at the clinic. The theatre nurse maintained stock levels for surgical procedures. We reviewed 15 medicines stored within the fridges and cupboards and all were in date.

Fridges were locked in the surgical treatment room for the storage of a small supply of injectable medicines. Fridge temperatures were checked daily and were kept within the correct range.

The five patient records checked showed that patient allergies were always recorded and notes reflected medicines given.

However;

We saw two oxygen cylinders that were out of date. The clinic manager was aware and had already contacted the rental company for replacements at the time of inspection.

Incidents

Surgery

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 and the wider service.

Staff knew what incidents to report and how to report them. The service had an in-date policy covering the reporting and investigation of incidents.

The service kept an adverse event log which recorded any incidents or complaints. Incidents were discussed during monthly meetings with staff. The clinic held six weekly significant event meetings. We saw incidents discussed and documented in the minutes we reviewed. These meetings also documented discussion around patient feedback and were used to look at improvements to patient care. Significant event meetings were attended by all staff including surgeons. Surgeons with practicing privileges signed an agreement to attend at least six significant event meetings annually.

Staff received feedback from investigation of incidents, both internal and external to the service. Managers shared learning with their staff through “Briefings”. Staff received these via email and they were kept by the reception desk for ease of access. Staff replied to the emails to show they had read and understood the updates. We reviewed three of these briefings which included changes in practice, policies and shared learning.

Changes had been made because of feedback. Recently the service had installed carpet on the staircase after a patient complained they were worried about slipping.

There had been no reported never events at the service. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

There was information for staff on the need to exercise duty of candour. A surgeon spoke about being open and honest with patients, apologising if something went wrong and keeping contact with the patient to ensure there was a good outcome.

Are Surgery effective?

We have not previously rated the service. 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 best practice and national guidance. Patient’s suitability for treatment was assessed in line with professional and expert guidance ‘Royal College of Surgeons Professional Standards for Cosmetic Surgery April 2016’.

Surgery

Policies were available to all staff. These were regularly updated in-line with new guidance and staff were expected to sign to say that had understood the changes. This was checked by managers and prompt emails sent to staff who had not signed.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

All the procedures carried out at the clinic were minor and did not require the patient to fast. This was in line with the national recommendations for patients having local anaesthetic.

Complimentary hot and cold drinks were previously available for patients however, because of the government guidelines in relation to COVID-19, this had been paused. We saw there were suitable facilities if this guidance changed.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

Staff managed and assessed patients for pain. The minor surgical procedures were carried out under local anaesthetic and checks were made with the patient to ensure they were comfortable. Additional local anaesthetic was given if necessary.

Patient information sheets given to the patient following the procedure advised on taking pain relief and other measures; for example, anti-inflammatory gel that could be used and any precautions that should be taken if following this advice.

Patient outcomes

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

Managers and staff carried out a programme of repeated audits to check improvement over time. These included cleaning audits, patient records, patient feedback, recommendation scores and rebooking rates.

Managers used information from the audits to improve care and treatment. Managers reviewed data in response to several outcomes. This was discussed in monthly one-to-one meetings and included information on patient feedback scores and financial information.

Managers shared and made sure staff understood information from the audits. These were discussed at one-to-one meetings monthly, provided in the briefing newsletters and at the six weekly significant event meetings.

The managers were trialing a new electronic application that was linked to the CQCs key lines of enquiries in relation to audit. This would further enhance the audit process and set reminders automatically for completion. The new app was due to be launched in June and allowed photographs to enable fast action against poor compliance from audit. For example, an audit of sharps bins revealed one bin had no label. This was photographed and sent to the responsible staff member, who then actioned this and sent a photo back showing completion. The application also monitored actions from audit and sent reminders for completion of any actions.

Surgery

As the clinic was performing minor surgery under local anaesthetic there was no requirement for the service to engage with Private Healthcare Information Network (PHIN).

From March 2020 until March 2021, there were no patient unplanned revisits to the clinic following treatment and no unplanned revision of treatment.

All patients undergoing minor surgery had a follow up appointment after six weeks when the outcome of the surgery was reviewed and discussed with the patient. Due to the minor surgery that was undertaken at the clinic there were rarely adverse outcomes

Patient satisfaction with the care they received was monitored using a questionnaire about their experience of the service. Patient records showed outcomes were recorded for some individual patients at their follow up appointment, this included before and after photographs which were all stored electronically in the patients record.

Managers were unsure of individual consultants' participation in outcome measures. The consultant we spoke with took part in quality patient reported outcome measures (QPROMS) for mini facelift.

However;

The service did not collect quality patient reported outcome measures (QPROMS) for patients undergoing blepharoplasty (surgery to remove excess skin or fat from the eyelids). The Royal College of Surgeons recommends collection of this data.

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. We reviewed five surgeons' staff files and four other staff files which had certificates and training completion records in relation to the particular procedures that staff undertook.

Managers gave all new staff a full induction tailored to their role before they started work. We spoke with five staff members who confirmed they had a good induction with a period of shadowing. The induction included information specific to the clinic, such as fire safety and emergency procedures.

Managers supported staff to develop through monthly one-to-one meetings. Managers had paused annual appraisals because of the COVID-19 pandemic, but these were due to start again within the next few months. The one-to-one meetings provided staff with more support throughout the pandemic.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they were able to undertake further training and suggest different treatment options. Staff within the clinic had "train the trainer," experience in relation to some treatments and skills.

The surgeon employed by clinic also delivered internal training to staff. More recently he delivered training on melasma, a common skin problem.

Surgery

Staff at the clinic had defined roles either as assistants to the surgeons, nurse and aesthetic therapists and completed competencies relevant to their roles. We looked at three staff records and saw completed competency documents relating to procedures carried out and equipment used. We saw the scope of practice for each staff member documented in these files. The medical director had recently handed in their notice for retirement from the clinic. The managers had already started to assign the responsibility to another medical staff member who was currently working alongside the current medical director to ensure a smooth transition. This was expected to continue until the new staff member and managers were assured that the new medical director understood their responsibilities fully.

Managers identified poor staff performance promptly and supported staff to improve. Regular reviews of staff performance scores had enabled managers to identify and support staff members who were not performing as expected.

Multidisciplinary working

Surgeons, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. The team worked together well. We saw positive working relationships between the medical, therapy and administration staff. Staff told us they enjoyed working as a team and supported each other.

All minor surgery carried out at the clinic was led by surgeons. Therapists led some cosmetic treatments and knew they could ask clinical staff for advice if needed. All staff knew who had overall responsibility for each patient's care. Staff within the clinic often sought advice from colleagues and referred patients to other staff within the clinic if they saw this was the best outcome for the patient.

Medical staff attended a Surrey-wide multidisciplinary meeting every month. This brought together doctors from across the region to share learning and patient outcomes. This is best practice and the doctor we spoke with said it was invaluable to promote safe practice and shared learning between clinics and the NHS.

Information would be shared with the patients GP if it was needed, however, this was not a common occurrence.

Seven-day services

The services opening hours and out of hours arrangements supported timely patient care.

The clinic was open Monday to Saturday 9am to 8pm and 10am to 4pm on Sundays.

The clinic undertook planned minor surgery with appointment lists depending on the surgeon's availability and patient preference. The operating doctor advised patients to contact their provided work number if they had any concerns.

Patients could ring the clinic which had a 24-hour telephone answering service. Out of hours there was a contact phone number for the on-call manager. The clinic manager told us that there were very few out of hours calls.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

Surgery

Patient records showed that patients were asked about their history of smoking at their pre-procedure assessment. We were told health promotion and advice would be given at that time. However, there was no patient information displayed about smoking cessation or moderating alcohol intake.

Managers said that part of the ethos of the clinic was to promote healthier lifestyles. They were confident that this was discussed during consultations.

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.

The service had an in-date consent policy which referenced the relevant consent and decision-making requirement of legislation and guidance including the Mental Capacity Act 2005. Staff understood the process and documentation of consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Specific consent forms were completed for each individual procedure and signed and dated for understanding. This was completed electronically within patient records.

We saw five patient records, each had consent undertaken specific to each procedure. We reviewed forms that were relevant to procedures such as blepharoplasty (surgery to remove excess skin or fat from the eyelids). All the consent forms reviewed included details of the planned surgery, intended benefits, potential risks and complications. Consent was also obtained for the taking of photographs pre- and post-surgery, with a further consent obtained for published photographs.

There was good evidence in the patient records of the two-stage consent process with a cooling off period between first consultation and treatment being carried out. This was in line with the Royal College of Surgeons Professional Standards for Cosmetic Surgery, April 2016. The surgeon we spoke with said he always allowed two weeks or more between consultation and surgery.

Are Surgery caring?

We have not previously rated the service. 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 time to interact with patients in a respectful and considerate way. Although we were restricted due to the numbers of people allowed in certain areas due to COVID-19, we were able to observe kind interactions between staff and patients.

Surgery

Patient feedback we reviewed said staff treated them well and with kindness. Several patients mentioned feeling safe in relation to measures put in place because of the pandemic.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. We saw this referenced in a patient review of the service.

Chaperones were available if requested. The clinic website referenced patient chaperones and staff we spoke with during the inspection told us this was offered to patients.

We saw staff answered patient enquiries and interacted with patients in a friendly and sensitive manner. Doors were closed when patients underwent treatment and staff knocked before entering ensuring privacy. The service had a privacy and dignity policy which indicated patients at the clinic should always expect to be treated with dignity and respect and their privacy fully respected. Staff followed policies to keep patient care and treatment confidential.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. All staff had completed a module called “understanding your role in a person-centred way.”

Staff felt they would be able to support patients who became distressed in an open environment, and help them maintain their privacy and dignity, although they could not recall this had ever happened.

Staff undertook training on breaking bad news. Consultants discussed any abnormal histology results face to face with patients, before referral to the appropriate service.

The service gave patients relevant and prompt support and information. Patients were given the contact details for the surgeon who they could contact if they had any concerns. The clinic also signposted patients to support if needed or could contact the doctor on a patient’s behalf.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Patient reviews suggested that patients felt involved in their care and had received the information they needed to understand the treatment.

We did not observe a discussion between the doctor and a patient about the cost of the procedure; however, staff told us they advised patients of the cost of their planned treatment at the consultation stage and referred them to the clinic’s website which contained a pricelist for all the procedures offered. Leaflets were available in the clinical rooms which showed pricing information. The clinic offered patients a range of finance options to pay for their treatment.

Surgery

Staff made sure patients and those close to them understood their care and treatment and supported patients to make informed decisions about their care. Staff told us that they often had to turn down patients who were not suitable for specific treatments (for example if they were taking medication that made a procedure inappropriate). They offered an alternative treatment or referred the patient to another specialist, if appropriate.

Patients gave positive feedback about the service in feedback questionnaires we reviewed.

Are Surgery responsive?

Good 

We have not previously rated the service. 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 local people and the communities served.

Managers had recently recognised an increased demand in minor surgery and had increased opening hours and employed a theatre nurse to meet demand.

Facilities and premises were appropriate for the services being delivered. Patients had a clean, spacious waiting area to sit before they were called to private consultation and treatment rooms.

There was a new reception desk at the entrance to the clinic which had been introduced because of COVID-19 precautions. The new reception check in enabled patients to implement track and trace systems and undertake a risk assessment on any symptoms associated with the COVID-19 virus. The main reception desk was situated behind this and staff alerted practitioners to the arrival of patients and notified patients of any delays.

All access information was clearly set out on the clinic's website. Patients and visitors could access the service by public transport. A public car park was located near the clinic.

Managers monitored and took action to minimise missed appointments. Patients were called and sent an email reminder before their appointment. This also allowed information about COVID-19 precautions to be shared with the patient.

Staff guided and supported patients who needed treatments from other specialties within the clinic.

Meeting people's individual needs

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

All patients had a consultation before their treatment and were informed of a follow up appointment which was arranged at a convenient time for the patient but no later than six weeks after surgery at no added cost.

Surgery

There were no leaflets available in different languages although managers told us they would use an online translating website to ensure print outs were available in different languages if needed.

There were no formal arrangements to refer patients on to mental health services. The medical director and managers told us they took patient psychological needs into account and would not continue with surgery if they had any concerns about its effect on the patient. There was no prompt within the consent or medical history forms to consider the psychological impact on patients. Managers reported never to have been asked for information on mental health services available by patients in the past.

However;

The clinic had access to a telephone interpreting service. However, staff used other staff and family members to interpret and translate as needed. This did not give assurance that correct information was given to the patient. Managers said they would remind staff about use of the interpreting service.

The service had consultation rooms on the ground floor which were wheelchair accessible, but the toilet was not accessible for wheelchair users.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed. The online booking system was easy to use and allowed patients to choose a convenient time for their consultations or follow up treatments. The system also allowed patients to cancel and change appointments.

Patients could access care and treatment at a time that suited them. The service offered evening and weekend appointments, which gave patients flexibility and promoted patient choice. Evening appointments were available up to 8pm.

The service only cancelled or delayed appointments and treatments at the request of the patient. The service had no cancelled procedures in the last 12 months.

Managers and staff worked to make sure patients did not stay longer than they needed to. The service ran to time. Patient reviews referenced having time during the appointments and not feeling rushed.

Learning from complaints and concerns

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

Patients knew how to complain or raise concerns. The clinic's website had information on how patients could complain. The website also referred patients to the local government ombudsman, or the Care Quality Commission if the clinic failed to provide satisfactory resolution. The service displayed information about how to raise a concern in patient areas.

Surgery

Staff understood the policy on complaints and knew how to handle them. Staff told us that complaints were initially responded to within two days by telephone or email depending on patient preference. Following this, complaints were formally responded to and resolved within 20 days.

The service had an in-date complaint policy and process document stating the roles, responsibilities and processes for managing complaints. The clinic manager was responsible for dealing with all complaints.

Managers analysed data from complaints including a score on how likely the patient was to recommend the service to friends and family. Feedback was scored from one to ten with ten being the highest score. If a patient gave the clinic a score of seven or below, they were contacted to ensure the clinic could learn from any feedback and improve the service.

Managers told us most complaints were about treatment outcomes not meeting patient expectations.

Are Surgery well-led?

Outstanding



We have not previously rated the service. We rated it as outstanding.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The clinic manager had responsibilities for overall management of the clinic and was supported by an assistant. There was a management structure with clear lines of responsibility and accountability. All therapy and reception staff identified the clinic manager as the person they reported to.

Staff reported that the clinic manager, registered manager and medical director were all approachable and that the clinic manager was visible and had an open-door policy. Meeting minutes showed all leaders attended team meetings which meant staff could raise and discuss issues with them.

The clinic manager and registered manager worked well together and understood the importance of running a safe service. They spoke regularly throughout the week to ensure messages were passed on and keep the clinic running smoothly.

Managers were constantly reviewing and making changes and improvements to the clinic.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The clinic focused on being a family run business with local medical staff delivering to local people. This underpinned their business model and formed part of what they saw as their unique selling points

Surgery

On the clinic's website it stated: "The team work closely together to create a relaxed atmosphere where clinical excellence is paramount".

Managers and staff told us they were focused on providing the best care for patients and that they would not compromise treatments based on profits; for example, by using an inferior piece of equipment when investing in a more expensive solution would be better for patient outcomes.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients and staff could raise concerns.

All the staff we spoke with during inspection were open and friendly and spoke positively about working at the clinic. There was a culture of patient focused practice among all staff. They gave examples of feeling supported. Staff had access to further training and development which was discussed during monthly one to ones with the clinic manager.

Staff were recognised during award ceremonies held at annual meetings. For example, awards for the highest average patient feedback score. This showed staff they were valued and also rewarded them for patient satisfaction.

Managers talked about the support they had offered staff during the pandemic and were mindful of the effect this had on staff. They were committed to ensuring staff were able to seek support if needed and tried to accommodate part-time work to allow for changes in staff circumstances.

The service had policies on expected performance of staff. There was a capability process including a disciplinary process detailing how that would be conducted and the appeals process. The managers could give examples where they have had to manage staff members because of their attitude, and feedback from patients.

The service actively sought more information when patients' feedback showed dissatisfaction, enabling patients to raise concerns and discuss them in more detail. The service publicised the process for patients to raise concerns or make formal complaints and managed complaints in line with their policy.

On the clinic's website the service offered some incentives for certain treatments but not for cosmetic surgery; this was in line with the guidance from the Committee on Advertising Practice and industry standards of the Royal College of Surgeons Professional Standards for Cosmetic Surgery April 2016. They did not offer financial incentives that might influence the patient's decision, such as time-limited discounts or two-for-one offers.

Governance

Leaders operated effective governance processes. 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.

All levels of governance and management functioned effectively and interacted with each other appropriately. There was a structured approach to the running and safety of the clinic. There was a clear system of oversight and monitoring which had been developed for the service and was used to identify emerging risk.

Surgery

There were clear lines of accountability and staff knew who to report to. We saw management of clinical rooms, stock and equipment was systematic and staff knew who to go to if they encountered any problems.

Regular clinic meetings were held every six weeks. These were minuted for staff members who could not attend and held virtually during the pandemic due to government restrictions. Staff contracts included a commitment to at least six of these meetings annually.

When staff identified new procedures that they wanted to undertake there was clear and robust governance in place to support them.

The service held on file copies of the surgeon's current appraisal. The service had indemnity insurance and staff working under practising privileges had adequate level of professional indemnity insurance.

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.

The clinic had a formal risk register and could show changes that had been made to the clinic based on mitigating risk. For example, the clinic had changed waste collection company as they were not collecting waste on time which was identified as a risk. Other recently identified risks included the flooring in the surgical room needing replacing as the seal around the skirting was starting to come away. A quote had been obtained and the managers were planning to close the clinic on a Sunday for completion.

Managers were able to identify risks and had implemented several changes to minimise human error. This included introducing technology that enabled process to be clear and staff to be accountable if processes were not followed.

Risks were identified by all staff members and raised at monthly one to ones or at the six weekly significant event meetings. Updates on against any ongoing risks and actions were also discussed.

The managers were in the process of implementing a new audit tool to improve the efficiency of audits. This was due to be in place within the next few weeks.

Managing information

The service collected reliable data and analysed it. The information systems were integrated and secure.

The clinic had simple to use systems that all staff could access. These included measures to ensure patient information and consent were completed. This could be audited by the clinic manager easily and was used in regular one to ones with staff and governance meetings.

Staff demonstrated how easy it was to pull data from the system and could present this in several formats to help with understanding and analysis of the clinics day to day running.

The service had an established electronic information and patient record system and were able to prove that all their systems were password protected.

Surgery

The service had a range of policies including general data protection, information security and server data recovery. There were arrangements to ensure the confidentiality of electronic patient information. Staff had access to an in date General Data Protection Regulation policy.

We found computer terminals were locked when not in use to prevent unauthorised persons from accessing confidential patient information.

Engagement

Leaders and staff engaged well with patients, staff and the public.

The clinic asked for feedback via text following each procedure. Feedback was used to evaluate the service. Feedback we reviewed was largely positive.

The clinic had a comprehensive and easy to navigate website. Information on the staff, including photographs and a short biography were available to view. There was clear pricing and bookings system and members of the public could also view up to date policies, such as the Covid-19 safeguarding policy.

We reviewed minutes from staff meetings and found they were inclusive. They followed a standard agenda and staff were able to contribute even if they were unable to attend by submitting emails before the meeting date. Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Clinic staff were part of annual general meetings (AGMs), which also acted as a celebration of all the work they had been doing. Awards to recognise the achievements of staff members were given at these events.

There were group messaging systems in place for staff to receive updates and arrange shift cover. These were divided into individual staff groups and all staff members and allowed instant messaging and updates.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

There was culture of progress embedded in the leadership team. They demonstrated a commitment to ensure the clinic had up to date technology and systems to aid the staff and ensure patient safety. For example, the registered manger had recently instructed a computer programmer to create a dashboard that would display several risk and governance measures that could be used to guide managers and staff in regular one to one meetings.

Staff had the opportunity to discuss new treatment methods and were encouraged to speak about these at the six weekly team meetings. If they were considered to be an option, staff were able to undertake specific training to develop their skills and offer the new treatments to patients.