152 Harley Street Limited

152 Harley Street Limited

Inspection report

152, Harley Street
London
W1G 7LH
Tel: 02074673000
www.152harleystreet.com

Date of inspection visit: 22 November 2022 and 21 December 2022
Date of publication: 28/03/2023

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We have not previously rated this service. 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 provided good care and treatment and managed pain effectively. 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of people and gaps in care in the region. Staff 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the wider healthcare community to plan and manage services and all staff were committed to improving services continually.

However:

- Audits identified a need for more consistent assurance of consultant compliance with the UK General Data Protection Regulations (GDPR).
- Coordinated and shared fire safety practise with other organisations in the building were inconsistent, although local arrangements reflected good practice. It was not evident the service had resolved concerns raised during a fire safety building inspection.
- While most of the hospital was fully compliant with national requirements for the clinical environment, some areas included carpets and soft furnishings, which were non-compliant. However, the service had risk mitigation in place for this.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We rated this service as good because it was safe, effective, caring, responsive, and well led. Please see the main summary.
Outpatients	Good 	We have not previously rated this service. We rated it as good. Outpatients is a small proportion of clinic activity. The main service was cosmetic surgery. Where arrangements were the same, we have reported findings in the cosmetic surgery section. We rated this service as good because it was safe, effective, caring, responsive, and well led. Please see the main summary.
Services for children & young people	Good 	We have not previously rated this service. We rated it as good. Services for children and young people is a small proportion of clinic activity. The main service was cosmetic surgery. Where arrangements were the same, we have reported findings in the cosmetic surgery section. We rated this service as good because it was safe, effective, caring, responsive, and well led. Please see the main summary.

Summary of findings

Contents

Summary of this inspection

Background to 152 Harley Street Limited

152 Harley Street is operated by 152 Harley Street Limited. The hospital opened in 2010 and provides private services to local and international clients. The hospital occupies the 3rd and 4th floor of a shared building refurbished for clinical activities.

The hospital provides day case cosmetic, plastic, and reconstructive surgery using local anaesthetic with sedation. Outpatient services are available for adults and children over the age of 5. The range of services offered includes dermatology, cryotherapy, oral & maxillofacial surgery, and complex dental reconstruction. The clinic has 5 consulting rooms, 3 operating theatres, and 2 recovery bays.

The service also provides care and treatment under the brand name The London Scar Clinic. This is the same registered service operating under a different name for the purposes of marketing and clarity for patients. The organisation also offers unregulated aesthetic treatments and cosmetic surgery referral services under the name NEO Health. Our inspection report includes only those services that fall under the regulated activities.

The service has a registered manager in post.

Clinical services delivered by other providers take place on site. These do not form part of our inspection or ratings other than consideration of local premises safety procedures.

The main regulated service provided by this provider was cosmetic surgery. Where our findings on another core service – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service. We do not regulate or inspect aesthetic treatments.

We last inspected the service in May 2018. At that inspection we did not have a duty to rate and instead published a narrative report. At that inspection we found no significant areas of concern and noted broadly good practice and standards of care.

We rated this service as good because it was safe, effective, caring responsive, and well led.

How we carried out this inspection

We carried out an unannounced inspection of the service on 22 November 2022 and an announced follow-up inspection on 21 December 2022 using our comprehensive methodology. We inspected surgery, children and young people services, and outpatients.

The inspection team consisted of a lead inspector and a specialist advisor with support from an inspection manager.

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.

Summary of this inspection

Outstanding practice

The scar care and treatment service provided a unique, highly individualised service to patients living with injuries from self-harm and suicide attempts. It was a consultant-led, multidisciplinary service that sought to develop treatment through innovation. For example, the team recently implemented a new pre-treatment process developed over several years that helped clinicians ensure care was evidence-based and individualised.

The senior management team were leading a governance and leadership transformation programme which demonstrably focused on extending the safety and outcomes of care through innovation. The service provided unregulated care and the team were facilitating sector-wide discussions to prepare for future improvements in this area to address its inherent risks, which impacted on regulated care as patients unhappy with outcomes often sought corrective surgery

The team recognised the emotional and psychological impact of cosmetic surgery and had set up a psychiatrist-led forum for patients impacted by failed treatments elsewhere. The forum aimed to reduce the physical damage that could be caused by attempted corrective surgery and instead promote psychological well being.

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should continue to work with consultants to achieve and maintain consistent standards in relation to the UK General Data Protection Regulations (GDPR).
- The service should improve documentation in relation to fire safety audit actions.
- The service should consider how to further mitigation infection prevention and control risks presented by carpeted areas and soft furnishings.
- The service should ensure consistency in the completion of outpatients records continues to improve.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Services for children & young people	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

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

Is the service safe?

Good

We have not previously rated safe. We rated it as good.

Mandatory training

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

Substantive staff received and kept up to date with their mandatory training. This included up to 12 modules based on everyone's role, such as basic life support, First Aid, and safeguarding. The training was a combination of e-learning and practical sessions and the senior team planned updates 1 year in advance. Staff who worked with laser equipment completed the laser safety core of knowledge, a national standard in practice.

At the time of our inspection, 100% of clinical staff were up to date with their training and 80% of non-clinical staff were up to date. This reflected absences and the senior team had plans in place to help staff update their training when they returned. The service required doctors working under practising privileges to maintain the same level of training as substantive staff and had processes in place to monitor this.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. This was a recent improvement to the training programme and reflected a process of continuous learning.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse.

While there had been no formal safeguarding incidents in the previous 12 months, all staff we spoke with could give examples of scenarios they would escalate or in which they would seek support.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. This was included in the mandatory training programme and staff were required to follow the provider's access to services policy, which included equality and diversity in its guidance.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with had a good understanding of the principles of safeguarding and understood the provider's policy, including how to act quickly when they thought someone might be at risk of harm.

Staff followed safe procedures for children accompanying adult patients to the service.

Most staff had undertaken chaperone training and there was always a trained member of staff available whenever the hospital was open. Staff offered patients a chaperone at the time of booking and signs in the clinic reminded patients this was available on request.

Safeguarding processes were embedded in the service and reflected the range of care and treatment provided. Safeguarding leads, 1 for adults and 1 for children and young people, were consultants working under practising privileges. Both individuals held level 4 training, had substantive safeguarding roles with the provider, and were available on demand to support staff with safeguarding concerns.

Staff who provided care under the London Scar Clinic brand undertook additional training to help them support patients who were often highly vulnerable and at risk of self-harm. Patients often had a history of safeguarding needs that were managed by specialist teams. The team at this site reviewed their medical and mental health history to ensure they could provide care safely and appropriately.

Cleanliness, infection control and hygiene

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

All areas were visibly clean and well-maintained. Staff cleaned surfaces and equipment between patients and a cleaning contractor carried out daily cleaning of the whole hospital. A specialist auditor carried out an annual infection prevention and control (IPC) audit.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed consistently good standards of hand hygiene and scrub techniques amongst staff in theatres and use of the aseptic non-touch technique (ANTT) in line with national best practice.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Staff worked effectively to prevent surgical site infections. In the previous 12 months the service reported no infections.

All staff undertook IPC training. The service carried out a hand hygiene audit in June 2022 and found 97% compliance. This reflected consistently good standards across all staff and 1 instance of an individual not following the 'bare below the elbow' national standard.

Good

Surgery

Environment and equipment

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 clinic in most areas followed national guidance, including the Department of Health and Social Care (DHSC) Health Building Note (HBN) 00/09 and 00/10 in relation to clinical environment design and infection control in the clinical environment. However, some areas, such as pre-surgical consultant rooms, contained soft furnishings that were not wipeable. Some areas of the clinic such as the lift lobby and staircases were carpeted. Both issues meant the service was not operating within best practice. Staff used a specialist steam cleaning system, which to reduce the risk of contamination or infection, and had a plan to remove the carpet in the near future.

Surgical services operated from 3 dedicated theatres. The service was compliant with DHSC Health Technical Memorandum (HTM) 01/01 in relation to the management and decontamination of surgical instruments. Surgeons used a combination of reusable equipment and single-use equipment. They maintained a log of serial numbers of each item in patient records as part of a chain of custody system. This was in line with national guidance and meant the service could trace equipment in the event of an infection or incident.

Staff disposed of single-use surgical instruments in line with manufacturer's guidance and recorded serial numbers in patient records. The service managed decontamination and reprocessing of reusable surgical instruments line with Health Technical Memorandum (HTM) 01/01 through a service level agreement with a nearby hospital sterile services unit. The service maintained a stock of extra surgical equipment in the event items were damaged or contaminated. This reflected good practice and meant there was no risk of procedure cancellation due to a lack of equipment.

Staff carried out daily safety checks of specialist equipment. The senior team used a planned and preventative maintenance programme to ensure equipment was safe. They flushed taps daily and checked water supplies for Legionella on a monthly basis, which was good practice because some water outlets were not used daily.

The service was compliant with the DHSC and the Health and Safety Executive Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 in relation to sharps waste. Staff disposed of clinical waste safely and in line with HTM 07/01 (2013) in relation to the safe management and disposal of healthcare waste.

The service was compliant with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). For example, trained staff maintained up to date information sheets on chemical products and ensured they were stored safely.

The service was equipped with dental equipment for teeth impaction and extraction and to carry out bonding for imprints as part of the maxillofacial service.

The service was in a building not originally equipped for clinical care and environmental challenges reflected this, such as adapting facilities for step-free access and ensuring waiting areas were spacious and comfortable. A facilities manager ensured the environment remained safe and fit for purpose.

Emergency contingency plans were well established. Evacuation equipment for patients with limited mobility, such as a body board, was available and fire wardens were trained to use this safely. Staff participated in regular fire evacuation simulated exercises, which the senior management team used to identify good practice and areas for increased training.

The theatre used for sedation was equipped with recovery bays and piped oxygen in line with national standards.

Good

Surgery

The front of house team, which included administrators and receptionists, carried out monthly general safety inspections that included fire safety, hazard management, and checked staff knowledge in areas such as manual handling. Between May 2022 and August 2022, the audits found 99% compliance with expected standards. There was 1 area for improvement, relating to a trip hazard, and staff fixed this quickly.

The clinic was in a shared building with other floors occupied by different organisations. An external contractor carried out a fire evacuation exercise in March 2022 to assess the actions of staff in a safe and effective evacuation. The results were critical of several aspects of the building's arrangements, but it was not possible to identify if any areas of learning related specifically to this service. The auditor carried out a fire risk assessment of this service on the same day as the evacuation exercise. This found 18 areas of non-compliance with fire safety regulations and guidance, including an urgent need to improve coordination with other occupiers in the building and a fire exit blocked with equipment. The provider had not documented action taken in response to the assessment, although during our unannounced inspection we found good standards of fire safety. This included clear escape routes, knowledgeable staff, and up to date fire signage.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The service made sure patients knew who to contact to discuss complications or concerns.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. All staff were trained in basic life support and clinical staff held varying levels of additional training depending on their role with some individuals holding immediate life support (ILS) training and others holding advanced life support (ALS) training. Staff participated in regular resuscitation simulations to maintain their skills.

The service had medical emergency equipment including airway support equipment, emergency oxygen, and an automatic external defibrillator (AED). Staff documented daily, weekly, and monthly checks of equipment. These were fully up to date.

Staff completed risk assessments for each patient before surgery, using a recognised tool, and reviewed this regularly, including after any incident. They used the World Health Organisation (WHO) surgical safety checklist to ensure safe standards of practice in theatre. During procedures staff carried out a swab check to ensure the safe use of medical consumables including tracking.

The service had access to mental health liaison and specialist mental health support if staff were concerned about a patient's mental health. Consultants liaised with a mental health professional before proceeding with procedures for patients with mental health needs. This ensured treatment was safe and in their best interests.

Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide in the London Scar Clinic.

The provider had a service level agreement with a nearby independent hospital that could provide urgent care and treatment to patients in the event of a medical emergency or deterioration of a patient's condition. Staff understood clear thresholds of care and consultants assessed patients for the most appropriate course of action, such as if a transfer to an NHS emergency department would be more appropriate.

Good

Surgery

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service employed 5 substantive nurses and 1 healthcare assistant (HCA) and was recruiting for 1 additional nurse to meet additional demand for care and treatment.

Consultants, surgeons, psychiatrists, and anaesthetists provided care and treatment under practising privileges arrangements. At the time of our inspection 15 individuals held practising privileges. This arrangement enabled clinicians in substantive posts in NHS hospitals to deliver independent care at the clinic. They worked with the team of substantive nurses and support staff to ensure care and treatment was safe.

The service was fully compliant with national safe recruitment standards, including criminal record background checks and references.

Agency and bank nurses provided support for annual leave and sickness. They were experienced in the service and undertook the same training and appraisals as substantive staff.

The service mapped turnover rates to the national average. In 2022, the service reported a turnover of 41%, which was similar to the national average of 38%. The service reported a staff sickness rate of 7% in 2022, which was similar to the national average. There was a new senior management team and governance structure in place and a new focus on staff well being and support.

The senior team used the practising privilege policy effectively to ensure patients were protected from harm. For example, they reviewed safety arrangements when the General Medical Council (GMC) alerted the team to a potential risk with a consultant working under practising privileges. The team acted appropriately to ensure fairness to the individual concerned and protect patient safety,

Records

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

Patient notes were comprehensive, and all staff could access them easily. Staff used a hybrid system of electronic and paper records. They scanned paper records digitally and attached them to electronic records, which meant clinical staff had access to all relevant information at the time of an appointment.

When patients transferred to a new team, there were no delays in staff accessing their records. Consent processes meant patients always understood when their records were shared with other services, for example as part of multidisciplinary care.

Staff included details of patient conversations, medical history, and decision-making in records, alongside risk assessments and the outcomes of tests and scans.

Records were stored securely. The electronic system was digitally protected with encryption systems and paper records were stored with restricted, controlled access.

Good

Surgery

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. They reviewed each patient's medicines and provided advice. For example, we saw a surgeon explain to a patient how and when to use their post-operative antibiotic ointment. They checked the patient understood this and gave them time to ask questions.

The service had safe processes for the management of controlled drugs (CDs) that met national requirements. For example, 2 registered nurses in substantive posts checked and documented stock and the head of clinical and therapeutic services was responsible for ordering and destruction. CDs were stored in compliance with Home Office requirements including access restricted to specific individuals.

An external pharmacist provided on-call support for staff. They carried out a monthly medicines' management audit, which demonstrated consistent practice.

Staff maintained records of daily temperature checks on fridges and ambient areas used to store medicines to ensure they were maintained within the manufacturer's recommended limits.

A consultant pharmacist carried out an annual audit of medicines management and a separate audit of CD management. The most recent medicines management audit took place in June 2022 and found full compliance with required standards of practice. The pharmacist made a recommendation for changes in how staff documented the use of unlicensed medicines to ensure they followed GMC guidance. Practice at the time was safe and compliant and the recommendation reflected an opportunity for further improvement.

The most recent CD audit took place in July 2022 and found 99% compliance with the provider's standards. The audit found standard operating procedures met the requirements of Regulation 11 of the Controlled Drugs (Supervision of Management and Use) Regulations 2013. The audit found 2 areas for improvement; 1 in relation to the correct administration process for recording the destruction of CDs and 1 in relation to the transfer of CDs to other providers. The compliance manager and head of clinical and therapeutic services addressed both issues with the team.

Incidents

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

Staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with the service's policy.

Staff reported 12 incidents in the previous 12 months. These related either to the surgical service or more generally to the whole hospital. Near misses accounted for 6 of the incidents, 3 of which were clinical. Of the remaining 6 incidents, 2 resulted in no harm and 4 resulted in minor harm. In each case staff documented the incident, their immediate actions, and coordinated work afterwards to investigate the incident and address any practice or training needs. For example, 1 clinical near miss involved a missing item of equipment from the laser. The surgeon liaised with the manufacturer to help investigate the incident. In each case a named, accountable member of staff was responsible for each incident, including presenting it to the team during meetings, until it was closed.

Good

Surgery

Appropriate staff worked with patients to address incidents. For example, the chief executive officer and consultant met with a patient who presented for treatment in an unfit state. They rearranged the patient's appointment and ensured they understood their responsibilities to prepare for a safe procedure. As a result, the team were working together to update policies on patient safety for those under the influence of drugs or alcohol.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. For example, staff apologised to patients in 2 incidents where administration errors caused inconvenience.

The compliance manager liaised with the medical director to review national patient safety alerts and identify if they applied to the service. In the previous 12 months the team acted on 2 medicine recall notices in the alert system to ensure affected batch numbers were not given to patients.

Is the service effective?

Good

We have not previously rated effective. 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. The service met cosmetic surgery standards published by the Royal College of Surgeons.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance including that issued by the Royal College of Surgeons and the National Institute for Health and Care Excellence (NICE). All care was consultant-led, and the service only worked with specialists in their field.

At daily operational meetings and monthly multidisciplinary meetings, staff routinely referred to the psychological and emotional needs of patients.

Benchmarking in the independent cosmetic surgery sector is not standardised and there are limited national measures with which to assess the level of evidence-based care. Instead, the service had developed a range of processes through which to ensure care and treatment were in line with best practice. For example, the service only extended practising privileges to consultants who were listed on the General Medical Council (GMC) specialist register and who were in substantive NHS posts. The senior team worked with similar services in the Independent Healthcare Providers Network (IHPN) to monitor best practice.

The head of people was in the process of establishing a new storage and access system for policies and procedures. This was a new system designed to ensure all staff regardless of role or type of contract could access the up to date information they needed to work effectively. The new system was electronic and provided the senior team with assurance about who had read and acknowledged new or updated policies. The system had been implemented and was undergoing final testing before it fully replaced the previous system.

Good

Surgery

Nutrition and hydration

Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

Surgeons worked with each patient on an individual basis regarding fasting in advance of surgery. They reviewed care with patients living with specific needs and liaised with dieticians if a patient presented with potential risks.

Staff offered patients drinks and snacks in recovery and provided advice on nutrition and hydration as part of post-operative care.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. They prescribed, administered and recorded pain relief accurately.

Patients commented positively on pain relief in written feedback. A recent patient noted, "I had minimal pain, and the environment was comfortable." Another patient said, "Not painful at all - like a lovely sleep."

The service had a current pain escalation policy that required consultants to take responsibility for pain management during and after treatment. Consultants prescribed pain medicine during post-operative recovery and prepared a pain management plan for each patient on discharge. This included advising the patient when to seek assistance from a pharmacist, GP, or to call the service.

Patient outcomes

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

The head of clinical and therapeutic services coordinated participation in relevant clinical audits.

Outcomes for patients were positive, consistent and met expectations, such as national standards. In the previous 12 months, the service reported a 0.2% return to theatre rate for cosmetic surgery. This reflected 5 instances where further treatment was required and a success rate of over 99%.

The consultant responsible for each patient's care followed up with them within 24 hours of treatment. The service maintained a record of this to ensure patients received consistent care regardless of their clinician.

Clinical audit and clinical effectiveness were key areas of the governance structure and meant all aspects of the service were designed to meet patients' needs.

The service had implemented a patient outcomes strategy that resulted in the development of a new dashboard to enable staff to monitor outcome measures such as treatment comparisons and revision surgeries. This was in development at the time of our inspection.

Good

Surgery

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through twice-yearly, constructive appraisals of their work. At the time of our inspection, all staff were up to date with their appraisal. Staff spoke positively about the supervision and appraisal process and said they contributed effectively to their work. Staff said while this system added structure to their skills development, they were able to speak with senior colleagues at any time and request training or a supervision session. This reflected good practice and an effective working environment. The medical director reviewed appraisals of each consultant working under practising privileges to ensure the outcome met the needs of the service.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. A new senior management team was leading a transformation programme, which had resulted in a new meeting structure and schedule. This gave staff more consistent opportunity to meet and review their work and support needs together.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

The service was working with a specialist wellness therapies organisation to provide new training for staff on providing care for patients living with attention deficit hyperactivity disorder (ADHD) and autism. All staff were due to have completed this training by early 2023, which would enable the service to deliver more consistent care to patients living with the conditions.

The healthcare assistant worked with the senior team to develop their competencies and skills in line with the growth of the business. For example, they had completed phlebotomy training to support pre- and post-operative blood tests.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other agencies to care for patients with more complex needs and included the wider team involved in delivering care and treatment as part of holistic care plans, such as with psychiatrists and community services.

A maxillofacial surgeon was also a qualified dentist and able to carry out wisdom teeth impaction and extraction as part of treatment pathways, such as reconstructive surgery.

Consultants led each patient's care and worked with colleagues across other services, including NHS services, to ensure care was coordinated and remained appropriate for their needs.

Good

Surgery

The service had established agreements with other independent providers to ensure patients could be seen for diagnostics or specialist tests, such as X-ray, cardiology tests, and mammography. Agreements included a clear care pathway that established the lead clinician in the patient's care who coordinated input and treatment from other providers.

The London Scar Clinic provided multidisciplinary care primarily for patients seeking treatment after self-harm injuries. Scar management included laser specialists, oculoplastic, dermatology, and mental health. Staff held monthly London Scar Clinic multidisciplinary meetings to discuss patients and coordinate their care. Meeting minutes indicated staff coordinated care across providers and services, including with mental health services, to ensure treatment decisions were based on the best information available.

Seven-day services

Patients could contact the service seven days a week for advice and support after their surgery.

The clinic offered services from 7am to 7pm Monday to Friday and 1 Saturday per month. Consultants provided patients with out of hours post-operative contact details.

Health promotion

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

Staff assessed each patient's health and provided support and advice to live a healthier lifestyle. For example, the team was aware of the risks of addiction to cosmetic surgery, of the potential for harm from trying to correct past failed surgeries, and the on-going mental health risks relating to a history of self-harm. They worked with patients on an individual basis and signposted them to sources of help and guidance.

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 and ensured that patients gave consent in a two-stage process with a cooling off period of at least 7 days between stages. They understood how to support patients.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They gained consent from patients for their care and treatment in line with legislation and guidance.

The service required patients to be able to consent to care and treatment before commencing care. Where a member of staff found a patient did not understand their planned care or could not provide full consent, they suspended the process and sought expert input.

Staff clearly recorded consent in the patients' records.

Staff received and kept up to date with training in the Mental Capacity Act. They understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and the Mental Capacity Act 2005 and knew who to contact for advice.

Consultants ensured each patient had a cooling off period of 7 days between initial consent and a surgical procedure taking place.

Good

Surgery

Staff audited consent records every quarter to ensure patients and consultants completed and signed documentation correctly. The audits demonstrated consistent standards of practice with 100% compliance in the previous 12 months.

Is the service caring?

Good

We have not previously rated caring. 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 and those close to them in a respectful and considerate way. During surgical procedures we saw staff reassured patients and explained what they were doing. Staff altered their level of reassurance and amount of information given to match each patient's level of comfort, such as providing more frequent information and distraction for an anxious patient.

Patients said staff treated them well and with kindness. Recent patient written feedback included, "Perfect care throughout. Absolutely no suggestions. This was a 5-star service from start to finish, I cannot praise [staff] enough." Another patient noted, "Oh my goodness me what a wonderful experience!"

Staff followed policy to keep patient care and treatment confidential. They conducted conversations with patients and with each other discreetly.

Staff understood and respected the individual needs of each patient and showed an understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Consultants recognised care and treatment in the London Scar Clinic was often a significant decision and they helped patients to understand their options and take time to make decisions.

Emotional support

Staff provided emotional support to patients to minimise their distress. They understood patients' personal needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. They recognised that each patient had individual needs and vulnerabilities and adapted their communication and level of support accordingly. For example, patients in the London Scar Clinic often had a history of self-harm and suicide ideation and staff worked with them to ensure their care and treatment was individualised and met their needs.

Staff helped patients maintain their privacy and dignity by providing discreet waiting areas or space for confidential discussions.

Good

Surgery

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Patients noted the standard of care consistently in feedback. Recent feedback included, "I had an extremely pleasant experience [and] felt supported throughout my journey. The nurse put me at ease and is a credit [to you]." Another patient noted, "Great experience with the clinic, the front of house staff were friendly and welcoming putting me at ease straight away."

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff provided post-operative care information to each patient and provided this in printed and electronic format by e-mail.

The service encouraged patients to give feedback on their experience and staff supported them to do this. They offered hard copy, electronic, and telephone means of providing feedback. Patient feedback was consistently positive, and the service held evidence of hundreds of comments that reflected high standards of care. For example, a recent comment included, "The expertise of my doctors has been unparalleled, and I greatly appreciate that all my queries have been answered." Another patient noted, "…nurses were kind, supportive and able to answer questions; surgeon inspired confidence; appointment was on time; instructions were clear and easy to follow."

Is the service responsive?

Good

We have not previously rated responsive. We rated it as good.

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. There was a system for referring patients for psychological assessment before starting treatment, if necessary.

Staff arranged in-person language translation services, including for British Sign Language, in advance of appointments where possible. Clinicians had access to on-demand telephone interpretation services if patients needed unplanned support during an appointment.

The clinic team held a daily 'stand up' meeting that viewed planned care and treatment for the day to identify patients who might require additional support, such as those living with dementia or a learning disability. The nature of the service meant it was rare for a patient to attend with a carer. However, staff were trained to provide support and to source any resources needed to help patients access the service.

Staff worked with patients with mental health needs, including those with a history of suicide attempt and self-harm, to ensure their care was personalised and met their individual needs.

All clinical areas of the building were accessible step free and clinical areas, toilets, and waiting areas were accessible by wheelchair. The service was equipped with baby changing facilities, a gender-neutral toilet, and spaces for prayers and breast feeding.

Good

Surgery

Staff ensured patients had time in recovery to relax, ask questions about their care and treatment, and have refreshments while they waited to leave the clinic.

The front of house team worked with medical secretaries to contact patients who did not attend (DNA) appointments within 15 minutes of their planned time, including for pre- and post-operative appointments. The service maintained a record of DNAs to identify potential safeguarding or safety-related needs. The service had a range of pre-appointment processes to reduce the risk of a DNA, including e-mail and text message reminders.

Access and flow

People could access the service when they needed it and received the right care. There was no waiting list.

Patients accessed the service by self-referral or referral from a health professional. They arranged appointment times directly with consultants, who liaised with the service for room availability. There was no waiting list.

The team worked to keep the number of cancelled appointments and treatments to a minimum. Each surgeon had a dedicated secretary who rearranged pre-surgical assessments and surgery. The on-site administration team rescheduled all other types of appointments. The clinic had not cancelled any appointments in the previous 12 months.

Staff had adapted clinical operating times to avoid cancellations during recent significant disruption to the public transport network. For example, surgeons and clinical teams worked late into the evening to enable patients to access care.

Consultants discharged patients to their referring clinician or GP on the completion of treatment.

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. The service included patients in the investigation of their complaint. The service had a system for referring unresolved complaints for independent review.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas and on the website.

Formal complaints were rare, and the compliance manager worked with the team to resolve them quickly and identify opportunities for learning. The service received 8 complaints in the previous 12 months. In each case a manager investigated the complaint, liaised with the member of staff or team involved, and worked with the patient to achieve a successful resolution.

There was no overarching theme amongst complaints although 2 related to communication and 2 related to patient satisfaction with the results of cosmetic procedures. Complaint records indicated clinicians took a lead role in complaint resolution where they related to clinical practice and the senior management team worked with them to identify opportunities for learning. For example, 1 complaint led to new customer service training for staff to help them establish boundaries of conversations to have with patients.

Good

Surgery

Staff understood the policy on complaints and knew how to handle them. Staff were empowered to resolve minor issues at the time they occurred and trained to avoid escalation to a formal complaint. Where they were unable to resolve a situation, they followed the provider's policy and referred to a senior member of staff. There was always a member of the senior team available to speak with patients to try and resolve concerns.

Managers investigated complaints and identified themes. A patient had made a complaint directly to a surgeon about the outcome of their treatment. The surgeon worked with the laboratory team to review their pre-surgical test results and planning and found the outcome was as expected. The surgeon met with the patient and used their discussion to ensure clinicians discussed expected post-treatment outcomes with patients during the consent process to manage their expectations.

Managers shared feedback from complaints with staff through team meetings and supervisions. They used learning to improve the service.

Is the service well-led?

Good

We have not previously rated well-led. We rated it as good.

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. They supported staff to develop their skills and take on more senior roles.

The service was in the process of a leadership transition and transformation programme. The compliance manager, who had worked in the service for 5 years, was in the process of becoming the registered manager. They had extensive knowledge of the service and its patients and were undertaking a level 5 qualification in healthcare management and compliance. A new chief executive officer (CEO) joined the provider in July 2022 and was working with the senior management team (SMT) to reform and grow the business.

The board chairman, CEO, chief medical director, executive assistant, head of clinical and therapeutic services, compliance manager, and 5 heads of department formed the SMT. This structure enabled the team to be visible and present throughout the service, with broad support for staff.

The CEO and newly formed SMT had made immediate improvements in clinical governance and quality management and all staff we spoke with demonstrated a good understanding of their role in business development and sustainability. For example, they had restructured the service with new head of department roles, which enabled a named, senior person in each team to lead their area of responsibility with a specialist team.

The head of clinical and therapeutic services was a registered nurse and provided care and support across all clinical services. They led the nursing team and supported supervisions and professional development.

Leaders were working to establish a new support package and system for staff as part of a strategy of continually ensuring the team was looked after and could achieve a good work/life balance. For example, the SMT were reviewing options to provide occupational health services to staff in the context of local shortages of this type of care.

Good

Surgery

All staff we spoke with were positive about the new leadership structure and said they felt looked after and supported.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability and growth of services and aligned to local plans within the wider private health economy.

The service had a mission to "deliver excellence as standard" and this reflected the organisation's overarching goal during a period of transformation. Alongside the mission was a 5-part vision focused on individualised care that reflected the best related treatments in the clinical field and set of values to guide and support staff to be confident, develop good relationships, and be proud.

The leadership and management transformation programme embedded the role and empowerment of staff across the business, including in governance, as part of a strategic plan. Senior staff said they aimed for a bottom-up approach to governance that involved all staff as part of a vision of inclusion and collaborative working.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff were unreservedly positive about the working culture. Unprompted, they spoke of "excellent working relationships," and a supportive, collegiate atmosphere that included opportunities for professional development and on-demand personal support. One member of staff said, "A great culture here, they [the senior management team] want to develop people."

We saw staff demonstrated a high standard of team building skills when working as part of a theatre team. The nature of the service meant not all staff knew each other or had worked together extensively and they needed to establish a working relationship to ensure a good standard of care. During our inspection this was facilitated by staff with good communication skills and a clear understanding of local policies and procedures.

Staff undertook complaint and compliment training as part of a learning culture to help them understand how their work impacted on patient experience.

The SMT were adapting a charter of behaviour for patients following an increase in instances of abusive or threatening behaviour towards staff. This process would update the provider's policy and ensure patients understood the expectations of staff in advance so they could provide a good standard of care.

The service had a whistleblowing policy, which all staff we spoke with understood. The senior team had updated the policy to reflect the relatively small nature of the team and ensure everyone had access to confidential support if they needed it.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. 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.

Good

Surgery

The governance structure consisted of a formal model of 7 key areas of working practice. Each area contributed to governance standards, such as risk management, clinical effectiveness, and education and training.

The CEO led the medical advisory committee (MAC) with input from surgeons, the head of clinical and therapeutic services, and the compliance manager.

The MAC met quarterly and was responsible for leadership and operation of practising privileges arrangements. MAC members reviewed the credentials of each doctor, surgeon, or anaesthetist carried out a background check, and ensured they were fit and proper to provider appropriate standards of care and treatment. This was a continual process that ensured patients were safe and included reviews of performance, incidents, and patient outcomes.

The SMT worked with staff to embed clinical governance and quality management throughout work processes and said they empowered staff to take the lead in areas within their remit to ensure the service operated to a high standard. Staff we spoke with said this worked well in practice and they felt they had ownership and accountability to a level commensurate with their role.

The SMT based the governance culture on NHS standards and practices, which reflected the usual systems in which consultants worked, and meant the service was assured of national standards of practice.

Management of risk, 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. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The SMT used a risk register to document, moderate, and mitigate risks to the service. At the time of our inspection there were 18 risks on the register. Risks reflected the nature of the service, such as operating from a shared building in which other organisations were present. Each risk had a named, accountable member of staff and documented review dates. A key risk and performance issue related to the consistency of care and treatment information sent to patients. For example, medical secretaries sent pre-treatment information to patients and the clinic sent post-operative information. The administration team were working with medical secretaries to improve consistency and reduce this risk. Staff had used the risk register effectively to reduce risks, such as by improving security to specific parts of the clinic.

The risk register demonstrated how staff changed practice to reduce risks, such as by implementing new storage for sensitive documentation and implementing a new evidence process to provide assurance of safe recruitment practices.

Anaesthetists provided sedation within guidelines established by the MAC. This ensured surgery took place with the optimal level of sedation and meant patients were not at risk from excessive anaesthetic.

The SMT worked with consultants and surgeons to ensure they gave at least 1 weeks' notice to cancel an appointment or procedure. This was a strategy to ensure consistent patient care and reduce the risk of complaints.

Staff maintained an accurate theatre log of procedures and each entry was signed and dated in line with national guidance.

The MAC had established a working relationship with the Joint Council for Cosmetic Practitioners (JCCP) to ensure clinicians accepted to provide care under practising privileges arrangements were fit and competent. The process enabled the senior team to confidently ensure an individual's credentials and competence when they were not in a

substantive NHS post, which was a contingency plan in the event of a shortage of clinical cover. All clinicians working under practising privileges at the time of our inspection were in substantive NHS posts and the provider used this policy as a contingency plan to mitigate any challenges with future recruitment. This mitigated the additional risk of working with clinicians who delivered care across a range of different independent providers with varying standards of governance and provided the SMT with assurance of good recruitment standards.

As part of the governance, quality, and compliance decision framework, the SMT held a series of meetings to review performance, risk, and staffing at a frequency that reflected the needs of the service. Meetings included a daily operational review, weekly risk assessment, and a monthly operational performance meeting. We reviewed a sample of 7 meeting minutes from the previous 12 months and saw appropriate staff attended consistently and the team worked well together to drive improvement, positive change, and good standards of practice.

The medical director facilitated a weekly decision group meeting with clinicians and the substantive team to help coordinate responses to incidents, complaints, feedback, and changes to national guidance.

The SMT used a central monitoring log to track incidents, complaints, infections, compliments, safety alerts, and other areas relevant to the ongoing operating of the service.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

The SMT were in the process of implementing a new information and data management system as part of a digital strategy. This included improved, more responsive systems that enabled them to track performance, governance, and other key aspects of the service. While the new systems represented a fresh start for data collection in the service, staff securely transferred historic data to the new system for continuity. For example, they implemented a new risk register and imported historic information from the previous version to ensure the SMT could track issues and mitigation.

Information governance systems reflected the nature of the service. Consultants working under practising privileges could access patient records when needed for clinical purposes off site using an encrypted system that enabled efficient, safe access.

All staff had a responsibility in information management, and this was a key area of focus within the governance structure. The SMT monitored industry standards and changes in national guidance to ensure information management practices were up to date and protected data from loss or unauthorised use.

All staff undertook information governance training.

The SMT was agile and proactive in its approach to monitoring risks across the independent health sector. For example, they recognised the financial pressures that many organisations were experiencing and worked to ensure patient safety and standards of care and service remained their top priority.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service had invested in new technology to more consistently engage with patients, including a digital tablet to capture live feedback at the time of an appointment. The senior team used a variety of online review platforms to help patients provide feedback using a system with which they were comfortable. Feedback was consistently positive. One patient recently commented, "I experienced a professional but relaxed [service]. This was important to me especially when visiting for the first time."

The service had an equality and human rights policy that reflected international best practice and extended standards beyond the protected characteristics defined in the Equality Act. For example, the policy assured staff and patients of protection from bias and discrimination based on socio-economic background, caring responsibilities, and pregnancy.

The SMT was facilitating a significant transformation programme that fundamentally included staff as part of a range of strategic changes. The programme aimed to establish patients as the centre of the organisation and embed a focus on staff investment that meant they were fully involved in the service and its future plans.

As part of the transformation process, the SMT were developing a range of new engagement opportunities. This included the introduction of an annual staff survey. The first survey will be launched in early 2023 and help to drive the values-based working culture as well as ensure staff had the support they needed. Other aspects of the programme included a new monthly update meeting for the whole team, which staff said was a positive experience, and an employee of the month scheme. Staff spoke positively about the changes. One individual told us, "Morale and wellbeing seems to be really good. Everyone has a shared goal and it's a lovely place to work; everyone has a voice."

The SMT had gone to great lengths to ensure practising privilege arrangements for consultants worked in the best interests of patients. For example, they established clear boundaries of responsibility between the clinician and the clinic. This reflected good practice and meant there were clear lines of accountability for each aspect of care.

Learning, continuous improvement and innovation

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

A psychiatrist and plastic surgeon had worked together over several years to develop an innovative pre-treatment patient questionnaire for use in the London Scar Clinic. The questionnaire enabled the multidisciplinary team to produce a well-being-informed report on the patient's mental health needs to ensure care was evidence-based and individualised.

The SMT were leading conversations across the sector and with statutory agencies to explore the future regulation of aesthetic care. This is an area of care currently outside of regulation, but which staff recognised as having an impact on demand for regulated care when patients sought treatment for corrective surgery. The team aimed to reduce the associated risk to safety by supporting plans for future developments.

The service had set up a psychiatrist-led forum for patients impacted by unsuccessful cosmetic surgery elsewhere. Staff recognised the significant psychological impact this could have on mental health and wellbeing and proactively engaged with patients who approached the service for corrective surgery. The forum enabled staff to facilitate open, structured discussions to develop coping strategies, which mitigated risk to the patient's wellbeing when corrective surgery was not a safe option and instead provided a psychiatric resolution.

Good

Surgery

Consultants were demonstrably invested in developing innovative care that improved people's lives. They had developed a new fibre optic face lift treatment that was less invasive than traditional surgical methods and had presented this to an international community of professionals through a webinar.

The SMT facilitated an academic culture based on NHS standards that aimed to excel in care and treatment without placing financial burdens on staff.

Good

Outpatients

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Good

Is the service safe?

Good

We have not previously rated safe. We rated it as good.

For mandatory training, safeguarding, cleanliness, infection control and hygiene, environment and equipment, assessing and responding to patient risk, medicines, and incidents, please see cosmetic surgery.

Staffing

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

Consultants working under practising privileges provided outpatient care. They booked consultation rooms in advance based on the type of care or treatment planned. Nurses or the healthcare assistant provided support to consultants on demand, such as for minor surgery.

Please see cosmetic surgery for more information.

Records

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

Patient notes were comprehensive, and all staff could access them easily. In 2022 staff carried out a series of audits of outpatient registration forms. Between May 2022 and November 2022, the audit found 77% compliance with expected standards. All instances of non-compliance related to missing information such as a missing signature or next of kin details. The service had an action plan to address this are for improvement and planned to re-audit standards in early 2023 to check progress.

When patients transferred to another service, there were no delays in staff accessing their records. The service had agreements in place for the safe management and sharing of patient records between outpatient consultants, other independent providers, and NHS services that meant patients received efficient care.

Please see cosmetic surgery for more information.

Good

Outpatients

Is the service effective?

Inspected but not rated

We do not currently rate effective for outpatients.

For pain relief, patient outcomes, competent staff, seven-day services, and health promotion, please see cosmetic surgery.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Consultants provided care and treatment within national guidance issued by relevant bodies such as the British Association of Dermatologists, the National Institute of Health and Care Excellence (NICE) and the World Health Organisation (WHO) for minor surgery.

Please see cosmetic surgery for more information.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Consultants arranged for care and treatment in as few sessions as possible by working across service level agreements (SLAs) to provide the most effective care they could. For example, they used SLAs with diagnostics providers and liaised with the on-site laboratory to secure scans and test results for patients as quickly as possible.

The provider facilitated a collegiate working culture in which consultants across multiple specialties maintained links and could rely on each other's' expertise for the benefit of patients. This included for psychiatric reviews and mental health support. The service had a low threshold for minor surgery treatment carried out with patients who presented with a mental health need and consultants sought appropriate advice before proceeding.

Please see cosmetic surgery for more information.

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.

Consultants documented informed consent for minor surgery and provided patients with a cooling off period in line with national standards.

Please see cosmetic surgery for more information.

Is the service caring?

Good

Outpatients

Good

We have not previously rated caring. 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.

Patients consistently commented on the positive service they received. Recent feedback included, "[Staff member] was very kind, careful to my problem and professional. Hope in the future to book another visit." Another patient noted, "Always an excellent, friendly and professional service. An enjoyable experience. Keep up the stunning work!"

Please see cosmetic surgery for more information.

Emotional support

Staff provided emotional support to patients to minimise their distress.

The service maintained records of written and verbal feedback from patients, which demonstrated consistent standards of practice. A patient recently commented, "[A] personal service delivered beautifully. [I have] no suggestions and I was treated with respect." Patients noted the environment as a key aspect of their experience. In a recent comment a patient noted the environment had a, "…calm, soothing atmosphere. [It was] warm and relaxing."

Please see cosmetic surgery for more information.

Understanding and involvement of patients and those close to them

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

Patients commented in feedback that they felt involved in their care. A recent patient noted, "The doctor and staff were friendly. I felt informed of my procedure and all my questions were answered."

Please see cosmetic surgery for more information.

Is the service responsive?

Good

We have not previously rated responsive. We rated it as good.

For meeting people's individual needs and learning from complaints and concerns, please see cosmetic surgery.

Service delivery to meet the needs of people

The service planned and provided care in a way that met the needs of people.

Good

Outpatients

Managers planned and organised services, so they met the changing needs of people. They increased the range of specialties offered in line with demand and monitored the wider independent sector to understand changes in trends.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion.

Facilities and premises were appropriate for the services being delivered.

The service had systems to help care for patients in need of additional support or specialist intervention. Consultants delivered care and treatment only when they were satisfied it was appropriate and safe. They sought input from other specialists where patients presented with complex needs.

The front of house team monitored and took action to minimise missed appointments. The reception team contacted patients who did not attend (DNA) appointments within 15 minutes of their planned time. The service maintained a record of DNAs and worked with consultants to identify any adjustments to the service that might help patients attend appointments.

Access and flow

People could access the service when they needed it and received the right care promptly. There was no waiting list.

Consultants pre-booked clinical consulting rooms in advance and delivered care and treatment for their own patients under the regulated activities of the provider. The administration team coordinated bookings to ensure space was well managed.

Staff carried out monthly reviews of waiting times from the time of the patient's arrival at the reception desk to the time they were seen by the consultant. The most recent data from May 2022 to December 2022 found an average 7-minute wait. This reflected wide variances, including from patients who were seen on time to appointment delays up to 45 minutes.

Please see cosmetic surgery for more information.

Is the service well-led?

Good

We have not previously rated well-led. We rated it as good.

For leadership, vision and strategy, culture, governance, and management of risk, issues and performance, please see cosmetic surgery.

Good

Outpatients

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Patients were required to sign a General Data Protection Regulations (GDPR) form as part of their registration process to document they understood how their information would be used. A records audit between May 2022 and November 2022 found 91% compliance with the requirement. In response staff were working with consultants to ensure they discussed GDPR processes with each patient.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

A consultant dermatologist had prepared a series of podcasts to help educate people interested in dissolving fillers about their risks. The series included guidance and advice on the damage often caused by cheap fillers.

Learning, continuous improvement and innovation

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

Staff were working with national partners to develop the service into a mole mapping centre of excellence, which would provide high standards of care in skin cancer detection.

Good

Services for children & young people

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

Is the service safe?

Good

We have not previously rated safe. We rated it as good.

For cleanliness, infection control and hygiene, records, medicines, and incidents, please see cosmetic surgery.

Mandatory training

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

An agency paediatric nurse and paediatric consultants working under practising privileges were primarily responsible for providing care and treatment for children and young people. Substantive nursing staff and the healthcare assistant undertook paediatric life support training and non-clinical staff undertook training to help them provide safe services. This enabled staff to provide support to the team in the event of an emergency.

Please see cosmetic surgery for more information.

Safeguarding

Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff in the London Scar Clinic worked with safeguarding leads in other organisations, including in primary care and other independent providers, when a child or young person attended for treatment related to past self-harm. This ensured care was appropriate and safe and included the patient's responsible adult.

The service had established a safeguarding framework for the care and treatment of children and young people. This included a restriction on consultant practice that meant only those who saw children in their own NHS practice could deliver such care and treatment. Additionally, the team coordinated waiting areas on days where children and young people patients were booked, which ensured a separate area was available.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe.

Good

Services for children & young people

The service had suitable facilities and equipment to meet the needs of children and young people's families.

Paediatric resuscitation equipment was in the main consulting room and its location and use was included in the induction process for all staff.

Staff had prepared a paediatric risk assessment of the environment to ensure it was safe for patients. This included the provision and monitoring of a separate waiting area, non-slip floors, and the storage of equipment out of reach of children.

Please see cosmetic surgery for more information.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each child and young person and removed or minimised risks.

Consultants used a paediatric adaptation of the World Health Organisation surgical safety checklist for minor surgery procedures. In all 5 examples of this we looked at, staff had completed appropriate details of procedures, including a laser safety checklist for patients undergoing dermatological treatments.

All clinical staff undertook paediatric life support training to provide support in the event of an emergency.

Please see cosmetic surgery for more information.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment.

A paediatric nurse was always present in the service during treatment for children and young people and the healthcare assistant was trained in paediatric support and care. The paediatric nurse was secured through an agency contract and the service secured their time in advance of a procedure.

A paediatric consultant and 2 psychologists qualified to work with children and young people worked under practising privileges. The provider's substantive nursing and support team were trained to provide support during consultations and minor surgery.

Please see cosmetic surgery for more information.

Is the service effective?

Good

We have not previously rated effective. We rated it as good.

For nutrition and hydration, pain relief, patient outcomes, seven-day services, and health promotion, please see cosmetic surgery.

Good

Services for children & young people

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidenced-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Consultants used paediatric care plans to ensure care and treatment reflected the patient's needs and was in line with best practice. They worked within standard operating procedures set by the provider that defined the range and level of care that could be provided to children and young people (CYP).

The service did not provide psychiatric care for patients and instead consultants made referrals to specialists before providing treatment where they had concerns about an individual's mental health needs.

Competent staff

The service made sure staff were competent for their roles. Managers 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 children and young people and their families. A paediatric registered nurse was present for all care and treatment and consultants were required to be specialists in children and young people care before they could see patients. The paediatric nurse worked for an agency and was well known to the service. They undertook training provided by the service and ensured they were up to date with changes to best practice.

Substantive nurses and the healthcare assistant undertook paediatric care training that enabled them to support the children and young people team. The head of clinical and therapeutic services and compliance manager held supervision meetings with the paediatric nurse to ensure they were up to date with training and had the support they needed.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.

Staff worked with colleagues across the health sector to ensure care plans were appropriate and met the patient's needs. For example, parents had contacted the London Scar Clinic with photographs of their child's scars and requested treatment. Staff worked to ensure the images sent were secured and protected and established the best course of action with the multidisciplinary team, including specialists at an acute hospital. Consultants arranged for a mental health assessment by a psychologist working under practising privileges, or a professional already involved in the patient's care, before commencing scar treatment. This enabled the team to assess and meet the needs of CYP patients who had experienced self-harm.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported children, young people and their families to make informed decisions about their care and treatment.

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care and made sure they consented to treatment based on all the information available. They gained consent from children, young people or their families for their care and treatment in line with legislation and guidance.

Staff clearly recorded consent in the children and young people's records and ensured each health professional involved in their care or treatment plan had appropriate input.

Good

Services for children & young people

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Two psychologists worked under practising privileges and supported colleagues with mental health assessments or queries about consent.

Is the service caring?

Good

We have not previously rated caring. We rated it as good.

Please see cosmetic surgery.

Is the service responsive?

Good

We have not previously rated responsive. We rated it as good.

For learning from complaints and concerns please see cosmetic surgery.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs people. It also worked with others in the wider system and local organisations to plan care.

The team planned and organised services to meet demand and the needs of patients. For example, they planned for children and young people by securing the paediatric nurse in advance and preparing a dedicated waiting area.

Most care took place as a single appointment, or series of appointments, planned in advance. However, the service had systems to care for children and young people in need of additional support, specialist intervention, and planning for transition to adult services, such as if a patient transitioned from childhood to adulthood whilst under the care of the London Scar Clinic.

The paediatric nurse contacted the responsible adult of patients who did not attend (DNA) appointments within 15 minutes of their appointment time. This was a safety process to identify potential risks to safety in addition to a courtesy.

Paediatric consultants working under practising privileges were in substantive practice in NHS acute hospitals and provided signposting and referrals across specialist services where this helped meet individual needs.

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.

Good

Services for children & young people

Staff made sure children and young people living with mental health problems, learning disabilities and long-term conditions received the necessary care to meet their needs. They coordinated care and support with other specialists and the team was undertaking training to help them provide care to patients living with conditions such as autism.

Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed. This was usually planned in advance and could be arranged remotely on demand.

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 children and young people were in line with national standards.

The service planned paediatric care in advance, which ensured the correct staff were available. The service did not have a waiting list and offered up to 1 day per week for paediatric patients. Consultants arranged short-notice appointments where this was in the patient's best interests and where arrangements could be made for specific paediatric support.

The clinic had not cancelled any appointments in the previous 12 months.

Staff supported children, young people and their families when they were referred between services. This included a review of their medical history and multidisciplinary decisions around referral plans.

Please see cosmetic surgery for more information.

Is the service well-led?

Good

We have not previously rated well-led. We rated it as good.

For vision and strategy, culture, governance, information management, engagement, and learning, continuous improvement and innovation, please see cosmetic surgery.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

There was a significant leadership presence in the children and young people service from the senior management team as part of a care and treatment framework focused on patient safety. The senior management team (SMT) recognised the need for care and treatment to be separate from the adult cosmetic surgery service and worked with nurses and consultants to ensure it operated safely within specific guidelines.

Please see cosmetic surgery for more information.

Good

Services for children & young people

Management of risk, issues and performance

Leaders and teams used systems to manage risk effectively. They identified and escalated issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

There was a demonstrable focus on safety in the working culture. The team planned care and treatment carefully by adapting the environment and flow of patients and securing specialist professionals in advance. The SMT worked to ensure the children and young people service was separate from the adult cosmetic surgery service in marketing and optics and with shared governance and safety systems. This helped to ensure patients and their families understood the nature of the service whilst maintaining the same standards of clinical governance and risk management consistently across the service.

Please see cosmetic surgery for more information.