My Cosmetic Clinic Limited

Inspection report

77-79
Chapel Street
Salford
M3 5BZ
Tel:

Date of inspection visit: 17 August 2022
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at My Cosmetic Clinic on 17 August 2022 as part of our inspection programme and to provide a rating for the service.

My Cosmetic Clinic is an aesthetics clinic that provides surgical cosmetic procedures for patients such as rhinoplasty, abdominoplasty, breast uplift, breast reduction and non-surgical treatments.

This service is registered with the CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. My Cosmetic Clinic provides a range of non-surgical cosmetic interventions, such as facial laser treatments which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services.

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

Our key findings were:

- The clinic was used for pre-treatment consultations with patients. Post-treatment follow up reviews, wound management appointments and surgical procedures were undertaken at one of the private hospitals the clinic had arrangements with and not on the premises that we inspected. All treatments and consultations were carried out by the provider.
- The clinic was clean and hygienic. Infection prevention and control was well managed with appropriate cleaning processes in place.
- There were good systems in place to manage risks so that safety incidents were less likely to happen.
- There was an open and transparent approach to safety and an effective system in place to report and record incidents.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Overall summary

- There was a focus on continuous learning and improvement throughout the service.

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

- Provide information for patients on the clinic website about how to raise concerns or make a complaint.
- Develop business continuity plans.
- Review the audit process to include effective documentation of actions taken and evidence of learning following audits.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to My Cosmetic Clinic Limited

My Cosmetic Clinic is a private aesthetics clinic located in Salford. The clinic is led by the CQC registered provider Mr Deemesh Oudit. They offer surgical cosmetic procedures for men and women such as abdominoplasty, breast uplift, breast reduction and non-surgical treatments.

The provider is registered at:

77-79 Chapel Street

Salford

M3 5BZ

There website is: www.mycosmeticclinics.com

My Cosmetic Clinic is registered with the Care Quality Commission (CQC) to provide the following regulated activities:

- Treatment of disease, disorder or injury

The provider delivers regulated activities at: BMI Highfield, BMI Beaumont, Manchester Private Hospital, The Wilmslow Hospital, Spire Regency, Pall Mall Medical and Aset Hospital. These locations were not visited as part of this inspection.

The clinic is open:

Tuesday – Friday 9:30am - 3:00pm

Saturday 9:00am – 3pm

How we inspected this service

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

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

This included:

- Requesting evidence from the provider before the inspection.
- A short site visit
- Reviewing the provider's website and service feedback websites.

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

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

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

Good

Are services safe?

We rated safe as Good because:

We found that this service was providing safe services in accordance with the relevant regulations.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The policies related to the premises inspected and were available to all staff working at the location.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Mr Oudit's safeguarding children level three training was due for renewal, there were plans in place for this to be completed.
- There was an effective system to manage infection prevention and control. The policy had appropriate updates regarding COVID-19 in line with guidance. The clinic took appropriate steps to minimise the risk of legionella.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- The service did not have a business continuity plan in place in case of a power cut or other incident.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The clinic was only used for consultations. At the time of the inspection the provider (who was the surgeon and lead of the service), co-director, surgical supervisor and clinic administrator were the only members of staff required.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Good

Are services safe?

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The service stored minimal medications. We saw the arrangements for managing medicines kept patients safe; they were stored safely and checked to ensure they did not pass their expiry date.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had systems in place to maintain a safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The service had evidence of risk assessments for health and safety and fire which had been undertaken by a third party. These risk assessments had action plans associated with them, the clinic had made progress against the action plan, but this was not documented. We discussed this with the provider who told us they would document this in future.
- There was a system for receiving and acting on safety alerts.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- Since registering with the CQC the service had no serious incidents and two incidents that resulted in no harm. We reviewed the two incidents the service had had. The paperwork was well documented for them both and clearly documented the actions taken. One incident was reported as a result of a complaint received, the provider acknowledged that lessons could be learnt and documented this using their incident process.

Good

Are services safe?

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

We rated effective as Good because:

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. Patients' needs were assessed, and care was delivered in line with current legislation, standards and guidance.

- The service offered consultations to all prospective patients and did not discriminate against any client group. However, we were told that the service was on occasions selective who they were able to offer a service to based on certain criteria in the best interest of the patient, for example, if a treatment would not meet the patient's expectation. It was evident the service would reject treatment that would be unsafe or unreasonable for any patient.
- Patients had a minimum of two consultations prior to any procedure being performed which included a needs assessment. This ensured the patient had adequate time to reflect on the procedure and ask any questions to ensure they fully understood the procedure. There was also a "cooling off" period and patients were able to change their minds.
- Patients were given a verbal explanation of the procedure and were involved in the decision-making process. Patients were given written post procedure self-care instructions and contact numbers.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.

Monitoring care and treatment

There was limited quality improvement activity.

- The service registered with the CQC in December 2021 and as a result of the pandemic and other circumstances, had undertaken limited procedures. As a result, there was limited quality improvement activity.
- We saw audits of patients' records, patient satisfaction survey and reviews, medicines management and infection control. These audits lacked the next steps taken to further improve the service. We discussed this with the provider during the inspection who said they would document this with future audits.
- The provider held meetings, despite the reduced regulated activities, and discussions were had about future business plans to expand and improve the service for patients.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) were up to date with revalidation.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- The website contained information about the qualifications and experience of all healthcare professionals who carried out all the procedures.

Coordinating patient care and information sharing

Good

Are services effective?

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

- Before providing treatment, the clinical staff ensured they had adequate knowledge of the patient's health and their medical history. The provider stated a full medical history from the patient's GP was a requirement before treatment.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the provider told us about a patient they referred to a psychologist following a consultation. This patient followed the psychologist treatment plan and was then taken on for their surgery with the clinic.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The information needed to deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system. This included the pre-procedure assessment, medical history, consent and all consultations.
- The service shared relevant information with other services in a timely way if appropriate and if the patient consented.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service offered advice and support appropriate to the condition treated, including healthy lifestyle advice where relevant.
- The clinic's website featured blog posts about what to expect immediately following surgery and recovery. These posts included advice and information to empower patients to self -care following their surgery.
- Mental health was taken into consideration and documented. Referrals were made if applicable.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Staff supported patients to make decisions.
- We saw formal written consent was obtained for each procedure provided and included discussion around benefits, risks and any possible complications before any procedures were undertaken.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.
- The provider understood the principles of the Mental Capacity Act 2005 (MCA) and staff had undertaken MCA training.
- The provider stated that they would provide an interpreter for any patient who did not speak English.

Good

Are services caring?

We rated caring as Good because:

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service carried out its own survey by giving patients a feedback form to complete. The feedback forms asked questions about the quality of care received. The results were then reviewed.
- The service also sought out patient feedback through a business review website. We noted the service overall had 63 reviews with an overall rating of 4.8 stars out of five.
- Feedback from patients was positive about the way staff treated people which we saw from website reviews.
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- The provider had not treated any patients with learning disabilities or complex social needs but was knowledgeable about what to look out for in respect of safeguarding and assistance.
- Patient information about the service and the procedures available were on the website and information was also available from the service.
- Clear information was given to patients both pre and post procedures. Written, informed consent was obtained.

Privacy and Dignity

The service respected/did not respect patients' privacy and dignity.

- Patients were seen in the privacy of the consulting room to maintain privacy and dignity during consultations or treatments.
- Consultation and treatment room doors were closed during consultations, staff explained that they would leave the room whilst a patient undressed. Conversations taking place in these rooms could not be overheard.
- A chaperone was available at all appointments.
- Staff recognised the importance of people's dignity and respect.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

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

- Consultations were offered to patients who requested and paid the appropriate fee and did not discriminate against any patient group.
- Patients could send appointment requests via the website, but all appointments were booked through reception.
- The facilities and premises were appropriate for the services delivered. The building did not appear to be accessible to people with impaired mobility. The provider explained that a patient with impaired mobility would have their consultations arranged at one of the private hospital locations.

Timely access to the service

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

- The clinic opening hours were Tuesday to Friday 9:30am - 3:00pm and Saturday 9:00am – 3pm
- Patients had timely access to initial assessment, test results, diagnosis and treatment.

Listening and learning from concerns and complaints

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

- The service had a complaints policy and procedure. The policy contained appropriate timescales for dealing with a complaint.
- Information about how to make a complaint or raise concerns was available at the clinic. There wasn't clear information on how to make a complaint on the clinic website. We discussed this with the provider who said they were in the process of designing a new website and this would be included.
- Staff treated patients who made complaints compassionately.
- At the time of inspection, the service had received one complaint, however this was a joint complaint with the clinic and a private hospital. The hospital took the lead in dealing with the complaint. The clinic was asked to be involved in the investigation and provided all relevant information.

Good

Are services well-led?

We rated well-led as Good because:

We found that this service was providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future of the service.

Culture

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

- There was an open and transparent culture and we saw that staff had good relationships with each other. The culture encouraged candour, openness and honesty and there was no blame.
- The lead was clear about the patient consultation process and the standard of care expected.
- There were processes for providing staff with the development they needed. This included appraisal and career development conversations. However, at the time of inspection, staff had not been at the service long enough to have a formal appraisal.
- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service had processes in place to audit safety and improve the quality of care, however, improvements made were not always clearly documented. We discussed this during the inspection and the service said they would do this in future.

Good

Are services well-led?

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. However, there wasn't always clear evidence of action taken to improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. We saw evidence where patients had raised concerns regarding parking, the service recognised how this may impact on a patient's anxiety when attending an appointment and purchased parking spaces to support patients.
- The service proactively sought patients' feedback following the delivery of a procedure in the form of a feedback questionnaire and review websites.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The staff team worked well together and worked towards continuous improvement. Discussions about opportunities to improve the service were encouraged. We saw evidence that improvements were discussed during staff meetings.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.