TPC Group Limited

The Private Clinic Limited - Leeds

Inspection report

45 Park Square North
Leeds
LS1 2NP
Tel:

Date of inspection visit: 22nd November 2022
Date of publication: 26/12/2022

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

Our rating of this location improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- 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 all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Our rating of this service improved. 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, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. • 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 all staff were committed to improving services continually.

Summary of findings

Contents

Summary of this inspection

Background to The Private Clinic Limited - Leeds

The Private Clinic Limited – Leeds is operated by The Private Clinic of Harley Street Limited and is registered to provide care and treatment for people requiring cosmetic surgery procedures on a day case basis.

The provider is registered to provide the following regulated activities:

• Surgical procedures

• Treatment of disease, disorder or injury

• Diagnostic and screening procedures

The clinic has a manager registered with CQC.

The clinic provides cosmetic surgery for privately funded patients over the age of 18. Procedures are carried out under local anaesthetic and conscious sedation to private patients from Leeds and the surrounding areas. Patients also travel further distances to use the service. The service also provides cosmetic surgery consultations for procedures under general anaesthetic to be carried out at another of the provider's registered locations.

Facilities within the hospital include a procedure room with a one-bedded recovery room, a hair transplant procedure room, two treatment rooms, two consulting rooms and a nurse consulting room. The main cosmetic services provided are liposuction, removal of varicose veins including sclerotherapy, and hair transplantation.

We inspected the service previously in March 2022 and identified significant risk to patients and a number of breaches in multiple regulations. Following the inspection, the service was issued with a Warning Notice that outlined the regulations that the service was in breach of, and mandate the service to provide an action plan detailing how these would be addressed. Our most recent inspection whilst comprehensive in nature, also allowed the inspection team to follow up on previous enforcement activity to ensure that the service had taken the required action to address the identified breaches.

How we carried out this inspection

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Our team consisted of two inspectors and a specialist adviser with relevant experience in hospice care. The inspection team was overseen by a head of hospital inspections. During the inspection visit, the inspection team:

• visited consultation rooms, procedure rooms, and treatment rooms, and looked at the safety and quality of the environment.

• spoke with the registered manager who was the clinic lead nurse, spoke with three other members of staff including an

Summary of this inspection

administrator, the clinic manager and a consultant.

• reviewed patient care and treatment records and looked at a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a 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 embed newly developed audit mechanism and processes to maintain oversight of quality and risk within the service.
- The service should implement a robust procedure for staff to follow to meet the needs of patients with accessibility needs.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

Good

Our rating of safe significantly improved. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training. The clinic manager used the provider's electronic system to monitor staff mandatory training information. Managers could easily see which staff members had completed training and which training modules were due for renewal. Reminders were automatically sent to staff and managers when training was due, and shifts were planned to ensure all staff could be released to complete their training. All staff had completed all mandatory training modules

The mandatory training was comprehensive and met the needs of patients and staff. Staff training was a combination of e-learning modules and face to face training courses. Training modules included basic life support, moving and handling, infection prevention and control, resuscitation, fire safety and sepsis

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. The service had conducted an in person session delivered by a member of TPC senior leadership leam in relation to learning disabilities and autism. In addition, a member of staff told us they had completed training in how to recognise potentially vulnerable patients such as those experiencing body dysmorphia. They were able to describe how they could discuss this sensitively with a patient.

Safeguarding

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

Good

Surgery

Staff received training specific for their role on how to recognise and report abuse. We reviewed the providers mandatory training data, which outlined 100% compliance for all staff in relation to safeguarding training. Information about the local safeguarding board and local authority team contact numbers were available to staff in the clinic. There was a safeguarding policy which was available on a shared computer drive and also displayed within the reception area. This detailed the named safeguarding lead for the service, who had completed safeguarding level three training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff had training about female genital mutilation and PREVENT which includes information on how to identify and act when sexual exploitation or trafficking is suspected. We also saw information for patients about how to identify and report potential abuse displayed in patient toilets.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us they had access to both a designated safeguarding lead within the service and a clinician at corporate level who was trained to safeguarding level four. Staff told us they took their safeguarding responsibilities seriously and were vigilant in observing for potential issues, even though a safeguarding concern rarely presented. Staff understood their safeguarding responsibilities and could describe the process for referring a concern and give examples of when they might need to follow this. Staff told us they had not needed to report any safeguarding concerns.

Staff explained no children were allowed to visit the premises due to COVID-19 restrictions and patients were informed of this when arranging appointments that included any visits to the clinic. This arrangement was continuing during our inspection.

Cleanliness, infection control and hygiene

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

Ward areas were clean and had suitable furnishings which were clean and well-maintained. This was a risk identified during our previous inspection and the service had acted to make improvements.

Sterile services equipment, such as surgical instruments, was decontaminated by an external provider which the service had a service level agreement with. We reviewed a number of sterile packs and all were sterile and in date. The service used an external agency to clean the location every day and had a service level agreement in place. Upholstered couches and patient seating were impermeable and could be wiped clean.

The service generally performed well for cleanliness.

Staff used records to identify how well the service prevented infections. The service had an up to date infection control policy in place and had taken additional precautions to prevent the spread of COVID -19. Patients and visitors were screened on arrival using evidence of lateral flow testing together with an appropriate questionnaire regarding contacts and symptoms.

Staff followed infection control principles including the use of personal protective equipment (PPE) before, during and after cosmetic surgery procedures such as varicose vein ablation and sclerotherapy in the procedure room. Hair

transplant procedure was a clean procedure which did not require use of aseptic technique. We observed that the service had adequate levels of personal protective equipment (PPE) in stock in all clinical areas.

Public areas had posters and were clearly marked to promote Covid-19 awareness, hand hygiene and social distancing. All hand sinks had the five steps of hand washing displayed in line with best practice guidance, hand wash, towels and hand sanitising gel were readily available. We reviewed the past three months of hand hygiene audits which demonstrated high compliance.

There were sufficient hand washing facilities and hand sanitisers throughout the clinic. The flooring in clinical areas could be easily cleaned. The clinic carried out legionella checks each month. The clinic carried out infection prevention and control audits, we reviewed the results from the past three months which demonstrated high compliance with providers procedures.

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

Staff worked effectively to prevent, identify and treat surgical site infections. Patients undergoing hair transplant surgery received post-operative antibiotic therapy to prevent infection/folliculitis post-surgery. The hospital monitored issues with wound healing after surgery as well as surgical site infections.

Environment and equipment

The service had improved the design, maintenance and use of facilities, premises and equipment. These improvements now kept people safe. Staff were trained to use them. Staff now managed clinical waste well.

The clinic was a converted town house with clinical rooms over four floors. Since the last inspection, the service had undertaken a comprehensive structural survey of the premises via an external company and a risk assessment was now in place. Additional work had been undertaken to ensure the existing banister was made stable, secure and robust through the installation of support posts and brackets. This was a risk identified during our previous inspection and the service had acted to make improvements. The service had reconfigured the usage of clinic rooms and had moved the hair transplant room to the first floor of the clinic, where there was access to patient toilets. In addition, the clinic room designated for hair transplant procedures had sufficient ventilation.

Evacuation chairs had been placed on all levels of the service above ground floor, and all staff had received training in relation to how to use these. In all patient records we reviewed, we noted that patients' weights had been recorded to ensure that if evacuation chairs were to be used, staff would be able to ensure patients could use these in a safe manner.

Thermometers had been placed in all areas of the service and individual treatment rooms. These were logged daily on each room checklist, and processes were in place to escalate any out of range recordings.

Dirty utility and areas containing clinical waste had been locked, and there was clear segregation between clean and dirty areas. The dirty utility had a corresponding checklist to ensure that this area was regularly maintained and locked and there was a corresponding environmental audit to check compliance. We observed that clinical waste bins and sharps boxes in clinical areas were managed and maintained appropriately. Areas where cleaning chemicals and COSSH substances were stored were locked appropriately.

Since our last inspection, the service had taken action to ensure that freezers within the service were regularly defrosted and that a checklist had been implemented to ensure this process was maintained.

Stock and consumables were all in date and had clear recording of expiry dates. In addition, each room had a corresponding checklist to be reviewed regularly, and a designated staff member had been allocated protected time to ensure appropriate checks and audits were completed as required. Disposable curtains throughout the service had been replaced and were marked with both the date that they had been installed and the date due for replacement.

Staff carried out daily safety checks of specialist equipment. Annual portable appliance testing had been completed for all equipment. Staff told us there was a service level agreement with an external provider to give assurance surrounding fire extinguisher checks and a certified inspection of the premises. The service undertook regular fire evacuation drills with all staff members, we saw evidence of drills being recorded.

The service had enough suitable equipment to help them to safely care for patients. All staff were trained in basic life support and if a patient became unwell there was a process in place to instigate basic life support and dial 999 for emergency services. The service kept emergency drugs for anaphylaxis and a defibrillator. Since our previous inspection, the service had ensured that resuscitation trolleys had been placed on each level of the service. Emergency life support equipment and resuscitation trolleys were checked daily, and this was recorded. The service had also ensured that an anaphylaxis kit was now available within the hair transplant room.

Staff disposed of clinical waste safely. The service had an agreement in place with an external waste management agency who attended the service on a scheduled basis to collect clinical waste. We reviewed the past three months of infection prevention control waste audits, which demonstrated 100% compliance.

Assessing and responding to patient risk

Staff now 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 knew about and dealt with any specific risk issues. This was a risk identified during our previous inspection and the service had acted to make improvements. There was an eligibility criteria document to accept patients at the clinic. The Surgical Patient Acceptance Criteria listed pre-existing conditions that would not be appropriate for procedures carried out at the clinic. The provider's own Surgical Patient Selection Criteria supplied to the inspection team showed patients with conditions graded as American Society of Anaesthesiology (ASA) Grade 3 for example a cerebrovascular accident (CVA); a stroke would not be suitable for treatment at the clinic. We reviewed five sets of patient records, which demonstrated that patients had been considered thoroughly against the surgical patient acceptance criteria, and were suitable to receive treatment within the clinic

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. We saw evidence of NEWS scores recorded in all patient records we reviewed. The service had a clear escalation policy which outlined to staff steps to take should a patient deteriorate within the service. Staff we spoke with demonstrated a good understanding of this process.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. We reviewed five patient records that included a detailed and comprehensive pre-operative assessment record, within which any potential risks were captured and discussed.

The service had access to specialist mental health support if staff were concerned about a patient's mental health. Staff arranged psychosocial assessments and risk assessments for patients thought to be vulnerable or at risk of coercion, abuse, self-harm, or conditions such as body dysmorphia. Consultants could refer patients at point of consultation for a

psychological assessment for surgery if deemed necessary. Patients were advised that this was a requirement prior to receiving treatment and it would incur an additional cost. A doctor explained the process to us at the time of inspection and staff told us they had not used the service for any patients requiring hair transplants or surgical procedures up to the time of this inspection but patients would be required to have the assessment if clinicians were concerned about patients' mental health. The service made sure patients knew who to contact to discuss complications or concerns.

Staff told us patients were given a clear discharge plan following hair transplant surgery regarding the care & treatment of the scalp. This included scalp care, pain management and the importance of taking the prescribed post-operative medicines and maintenance. Staff booked follow up appointments for day two then at three, six and twelve-months following any surgery. Patients were given contact numbers for the clinic for the surgeon and registered manager for post-operative advice. Staff told us the service had an on-call system to ensure 24-hour cover was available.

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The ward manager could adjust staffing levels daily according to the needs of patients.

The number of nurses and healthcare assistants matched the planned numbers.

The service had low vacancy, turnover and sickness rates.

Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service.

Medical staffing

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

The service had enough medical staff to keep patients safe. Doctors were directly employed by the clinic or worked under practising privileges. The provider's human resources (HR) team managed all responsibilities regarding practising privileges and the employment of doctors. The service always had a consultant on call during evenings and weekends. Contact details for a nurse on call were given to patients pre- and post-operatively. If the nurse required support in dealing with a patient who requested help post-operatively, there was an on-call rota for medical staff during evenings and at weekends.

Records

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

Staff could access patient records easily and were stored securely. Records were stored in locked cabinets in the main office. This was a risk identified during our previous inspection and the service had acted to make improvements.

Good

Surgery

Patient notes were comprehensive, and all staff could access them easily. We reviewed five sets of patient records. In each, we observed a comprehensive and detailed pre-assessment record and screening documentation. Patient records were mostly signed by both consultant and patients, with a small number of missing signatures from patients that had been identified via the service's records audit. We saw evidence of completion of the World Health Organisation (WHO) five steps to safer surgery completed in full, with check lists now completed by staff at the time of sign out.
The service undertook regular audits of the quality of their records. We reviewed data for the October 2021 – September 2022 reporting period, clinical audit activity outlined compliance was 95% against a corporate target of 90%.

Medicines

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

The service had a contract with a local pharmacy for disposal of controlled drugs. Medicines were stored in lockable areas. We reviewed all areas that medicines were stored within the clinic and did not note any used or out of date medicines in situ. The service had taken action to remove controlled drugs from the clinic, as these were not required for the procedures undertaken within the clinic. Medical gasses were now stored appropriately.

Staff followed systems and processes to prescribe and administer medicines safely. Patient records now included accurate information in relation to patients' height and weight to ensure that drug calculations could be completed accurate.

Staff completed medicines records accurately and kept them up to date. We reviewed the medicines reconciliation audits for August and September which demonstrated 100% compliance.

Staff stored and managed all medicines and prescribing documents safely.

Staff learned from safety alerts and incidents to improve practice. Staff received information from safety alerts and incidents through regular corporate bulletins. These were displayed in staff areas for reference.

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.The service utilised an electronic reporting system, through which all staff were able to raise incidents. This system was also used to capture positive feedback and comments. All staff we spoke with demonstrated a good understanding of this system and articulated different scenarios that may require incident reporting.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

The service had no never events. The service had not reported any serious incidents between this inspection and the previous visit.

Good

Surgery

Managers shared learning with their staff about never events that happened elsewhere. Staff received feedback from investigation of incidents, both internal and external to the service.
A Learning from Patient Safety Events' Bulletin & Summary was made available to all staff. This outlined incidents that had taken place across all Private Clinic locations and shared key areas of learning that were applicable to all services. This was displayed in the staff room area for reference.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Staff met to discuss the feedback and look at improvements to patient care.

Are Surgery effective?

Good

Our rating of effective improved. 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. Changes to policies were cascaded to staff at clinic level. All guidelines were up to date and referenced to the latest national guidance. Managers carried out monthly audits to check staff followed guidance.

Staff said the clinic provided follow-up phone calls or appointments for patients where relevant, to monitor their progress following surgery and to provide ongoing care where required.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Patients waiting to have surgery were not left nil by mouth for long periods. All patients undergoing hair transplant procedures were offered snacks and decaffeinated hot and cold drinks They ensured patients had plenty of comfort breaks to take regular drinks and or eat snack. However, breaks during procedures for drinks and food were not always recorded within patient records.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it.

Staff prescribed, administered and recorded pain relief accurately.

Good

Surgery

Patient outcomes

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

The service participated in relevant national clinical audits. The service collected Patient Reported Outcome Measures (PROMS) data and reported outcomes for varicose vein procedures. Patients undergoing varicose vein procedures were given a questionnaire to complete before their treatment and then repeated six months later.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers and staff used the results to improve patients' outcomes. The service utilised a Patient Reported Experience (PREM's) measure to assess outcomes in relation to elective surgeries undertaken at the service. This was collected through a questionnaire provided to patients following their procedures to enable to service to understand what patients think of the process of care for example about dignity, information, trust in staff, cleanliness, timeliness. The objectives were to measure the positive effect the procedure had on patient wellbeing as well as identifying any problems or issues that may have occurred.

The service collected information from 29 patients over five surgeons' caseloads. Patient perceptions post-surgery were positive for all seven questions asked and the results showed high levels of satisfaction with surgical outcomes. In addition, the service utilised a Friends and Family test as a metric to gather feedback. October 2022 results showed 92% of patients responded positively to the question "How likely are you to recommend us to your friends and family?".

The service had a lower than expected risk of readmission for elective care than the England average.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers conducted a number of monthly audits to monitor performance and quality and adherence to policies and procedures. There was a schedule of observational audits which was required by the provider and these were carried out at the clinic by clinic staff. Managers and staff told us they used the results to improve patient outcomes and audit results were routinely discussed at team meetings and more widely at corporate leadership meetings.

Staff told us senior managers from the corporate leadership team benchmarked surgeons' performance against their own performance statistics from previous years and analysed trends. They shared a Quality Improvement Report each month which highlighted areas of non-compliance with national audits and required actions to improve practice, as well as data regarding patient experience, adverse events, incidents and complaints. Every Quarter the Doctors Dashboard was shared with clinic managers and clinical leads. This focused on performance of individual surgeons and formed part of the annual appraisal for surgeons. The clinic manager told us any issues in performance would be addressed by the chief medical officer of The Private Clinic of Harley street Ltd. There were no examples of issues reported at the service.

Managers used information from the audits to improve care and treatment.

Managers shared and made sure staff understood information from the audits.

Improvement is checked and monitored.

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.

Good

Surgery

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. The staff induction programme included the information and skills required for support staff roles. The senior leadership team monitored the performance and practising privileges of consultants working at the clinic.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had received an appraisal or one to one meeting with their line manager within the preceding 12 months. Staff explained consultants received an annual appraisal with the chief medical officer as part of their annual medical revalidation. The chief medical officer had oversight of evidence required for practising privileges and surgeon's competencies

All staff had attended clinical updates that were relevant to their role and staff told us they were encouraged to access professional development courses and to learn new skills. They were offered a wide range of clinical courses and updates as well as non-clinical development courses such as leadership skills. All staff conducting invasive procedures such as cannulation received training updates and mentorship to ensure safe practice.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us they had attended a course on recognising potential mental health issues including body dysmorphia and also session in relation to autism and learning disabilities. Staff said they felt empowered to talk with patients about any concerns and to take the relevant action to ensure patients did not pursue a procedure that was not in their best interest.

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

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

Staff told us that prior to each surgical list they held effective multidisciplinary meetings to discuss patients and improve their care. However, as no procedures were taking place during our inspection, this could not be observed. Following the inspection staff told us a surgical MDT met bi-monthly to discuss, share and review cases. This was chaired by a Senior Plastic Consultant Surgeon and Doctors nationwide participated. This provided the opportunity to review and discuss complex cases and share learning

Seven-day services

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

The clinic provided consultations and procedures up to five days a week on weekdays. At weekends staff worked a rota to answer any patient questions and nurses said they could always get a response from a doctor at any time if there was an urgent clinical query

Health promotion

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

Good

Surgery

The service had relevant information promoting healthy lifestyles. There were leaflets with guidance and support on display. Staff assessed each patient's health and staff told us advice was provided if the doctor felt a procedure would not be beneficial or if the individual could adopt a healthier lifestyle

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 14 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. Staff told us they were clear that if a patient did not have capacity to make decisions about their health, then they would not be eligible for treatment at the clinic. Staff received consent training as part of their mandatory training and updates.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Patients were provided with a two-week cooling off period prior to their procedures, and this was clearly document within patient notes. Staff clearly recorded consent in all records we reviewed.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The service undertook regular audits to ensure consent was consistently recorded in patient records and ensure compliance with the Mental Capacity Act. We reviewed audit results for the October 2021 – September 2022 period, which outlined 94% compliance against a corporate target of 90%

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. Staff outlined that the designated safeguarding lead within the service could also be contacted for any question in relation to the above legislation.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

Are Surgery caring?

Good

Our rating of caring improved. We rated it as good.

There were no procedures booked or patients in the clinic during our inspection, so it was not possible to speak with patients during our visit. However, the service provided contact details for patients who had undergone a procedure within the previous 12 months, and telephone interviews were conducted to obtain feedback regarding patients' experiences. We spoke with four patients, all of whom provided positive feedback in relation to their care and treatment.

Compassionate care

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

Good

Surgery

Patients told us that 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.

For example, patients told us that staff preserved patient privacy and dignity by ensuring discussions relating to their procedures took place in clinic rooms on a one to one basis, and that doors were kept closed. All patients we spoke with stated that they felt staff took as much time as required when interacting with them, and that they did not feel rushed during interactions. Patients said staff treated them well and with kindness. All patients we spoke with praised staff for their caring approach. Patients felt comfortable asking staff for assistance when required. Patients told us that staff treated them with compassion and care. We observed that within staff areas, letters and cards that had been written to staff thanking them for their kindness had been displayed. Staff followed policy to keep patient care and treatment confidential

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Visiting restrictions were in place due to Covid-19, and visitors were subject to risk assessment if patients required emotional support of a named relative.

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 through scheduling a dedicated pre-assessment appointment. This provided patients and those close to them the opportunity to learn about the treatment they were going to receive and ask questions. Adjustments were identified, discussed and planned in advance to ensure staff awareness on the day and a positive experience for the patient.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service obtained feedback from patients through measures such as the and family test (FFT), electronic patient experience surveys, and face-to-face patient participation groups. The most recent feedback from the friends and family test was positive.
The service monitored feedback patients gave on public domains such as Google reviews and Trust Pilot. Feedback was very positive.

Staff involved patients in decisions about their care and treatment. All patients we spoke with told us they felt fully informed about their treatment plans and arrangements for discharge. Patients gave positive feedback about the service. We observed feedback from patients was shared with staff at the morning huddle, as well as displayed in communal staff areas.

Good

Surgery

Are Surgery responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. There was a system for referring patients for psychological assessment before starting treatment, if necessary.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. However, facilities including consultation rooms, and procedure rooms were not accessible for patients with limited mobility and people who used a wheelchair. Staff told us if a patient was unable to use stairs, they would be signposted to a different location within the Private Clinic Limited group for their procedure, but a consultation could be arranged in the reception area. Staff said this was possible during COVID-19 restrictions because only one patient could access the clinic at a time, although staff were not sure how this could be accommodated if restrictions were to be lifted and other patients used the waiting room at the same time.

Patients had a consultation and examination at their first visit. A subsequent pre-operative assessment appointment was provided to patients prior to their admission, conducted face to face or by telephone as appropriate. Patients were referred to the surgeon of their choice where possible and seen by the same consultant throughout their treatment ensuring continuity.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Pre-assessment staff identified individual needs such as hearing, sight or language difficulties or disabilities. Interpretation services were available by prior arrangement, for patients where English was not their first language. Posters were displayed in clinical areas such as the consultation room highlighting that the service offered translation services via telephone

Patients were given a choice of food and drink to meet their cultural and religious preferences. Staff told us they sourced food locally and could offer a range of different choices to meet patients' individual needs. Snacks were available for patients when taking a break during a hair transplant procedure.

Access and flow

People could access the service when they needed it and received the right care.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and targets. The service was able to provide appointments, procedures and follow-ups at a time to suit the patient. The clinic used an electronic booking system where appointments and procedures could be booked in advance.

Managers and staff worked to make sure patients did not stay longer than they needed to. The administration team also ensured people did not wait too long in waiting areas to see a doctor.

Managers worked to keep the number of cancelled appointments and treatments to a minimum.

Good

Surgery

When patients had their appointments and/or treatments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Managers and staff started planning each patient's discharge as early as possible.

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. Staff understood the policy on complaints and knew how to handle them. Staff said they dealt with patient verbal complaints and concerns immediately they were raised and made apologies appropriately. Staff explained these rarely escalated to formal complaints. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Complaints were recorded on the electronic clinic system, investigated, and discussed at team meetings.

Managers investigated complaints and identified themes, however since our previous inspection, the service had not received any complaints and as a result staff had not identified any themes or trends. Managers shared feedback from complaints with the senior team and other staff and told us learning was used to improve the service. The complaints process included the option for patients to request a review by the Independent Sector Complaint Adjudication Service (ISCAS) should they not be satisfied with a response received about their complaint.

Are Surgery well-led?

Good

Our rating of well-led significantly improved. We rated it as good.

Leadership

Leaders now demonstrated that they had the skills and abilities to run the service. They understood and now 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.

Leaders could now demonstrate insight into issues the service faced and were aware of the risks, issues and challenges in the service. This was a risk identified during our previous inspection and the service had acted to make improvements. Managers were clear about their roles and their accountability for quality**.** Leadership within the clinic was provided by the registered manager who was also the corporate head of quality and risk, a lead nurse and a clinic manager. This team was supported by the corporate leadership team which consisted of a chief medical officer, a head of nursing, head of quality and risk, operational lead and several other lead roles. The clinic leadership team told us that leaders from the corporate team were easily accessible and visited the clinic regularly. Managers and staff at the clinic presented with the skills and knowledge to understand the challenges to the quality and sustainability of the services they were providing.

Good

Surgery

Staff told us they felt very well supported by their managers and felt they would be listened to if they raised any issues or concerns. There were promotion and development opportunities for staff throughout the service and these were encouraged and fully funded. We saw evidence of staff who had attended leadership courses to further develop their skills.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.

At corporate level there was a clear vision and strategy which was evident throughout organisational policies and clearly articulated at the clinic. The service displayed their vision and values clearly within patient leaflets and also through their website. The service had a clear mission statement that outlined their priorities in delivery care and treatment, these were; to provide high quality medical expertise, deliver outstanding Care and give patients honest advice

In addition, the mission statement was underpinned by the following core values; Our Priority Is You, Leading By Example and Celebrating Our Success

Culture

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

Staff told us they felt positive and proud to work for the service, and they worked well as part of a team. Staff told us they felt supported, valued and respected in their roles. There was an open and honest approach to sharing learning at clinic level and through the corporate team so that staff could learn from issues that occurred at other clinics. The service had a designated freedom to speak up guardian, who staff could approach to raise any concerns. This was also supported by a whistleblowing policy, which we observed displayed in staff areas.

Staff had access to regular meetings with their manager, team meetings, development and team days away. Staff spoke very highly of the managers and staff at the clinic and had very high praise for the efficient and safe running of the service, including the recruitment, induction and support processes.

Governance

Leaders now operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were now clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

During our inspection, we observed that senior leaders had taken action to ensure governance within the service was robust. This was a risk identified during our previous inspection and the service had acted to make improvements. Steps had been taken to address previous areas of non-compliance, and new processes were implemented to ensure that compliance could be regularly assessed and sustained. Senior leaders were able to evidence improved performance and assurance through newly implemented audit mechanisms. These had become well embedded in the daily operation of the clinic.

There was a clear governance structure with communication between the clinic leadership and the corporate leadership team. The clinic managers attended monthly meetings with the corporate senior leadership team which fed into quarterly medical advisory committee (MAC) meetings and quarterly quality, risk and governance committee meetings at corporate

level. Minutes of quality, risk and governance committee meetings were comprehensive and covered issues such as staffing, incidents, complaints, and performance. Meeting minutes and bulletins were available to all staff.

The service had a process in place to review practicing privileges for consultants on an annual basis. This was carried out by the chief medical officer for The Private Clinic of Harley street Ltd. There was also a process to check that surgeons carrying out cosmetic surgery had an appropriate level of valid professional indemnity insurance.

Management of risk, issues and performance

Leaders and teams had now implemented robust systems to manage risk and performance effectively. They had taken action to address identified risks and issues affecting the service. They had plans to cope with unexpected events.

Since our previous inspection, leaders had taken action to address issues the service faced and now demonstrated a greater awareness of the risks, issues and challenges in the service. The service now utilised robust systems to gain assurance regarding compliance with processes and procedures – and had mechanisms in place to check results. Staff told us the clinic risk register showed only open risks and explained all risks had to be closed by the corporate head of nursing once they had assessed them as safe. This was a risk identified during our previous inspection and the service had acted to make improvements. The clinic manager also provided a copy of the current risk register. There were actions and staff responsibilities documented for each risk and staff used a traffic light system to rate risk severity and impact. A copy of this was displayed in the staff room, and staff we spoke with demonstrated a strong understanding of risks currently open on the register.

Staff had regular opportunities to meet, discuss and learn from the performance of the service. The corporate quality, risk and governance committee held sub-group meetings for; infection prevention and control, medicines management, equality and diversity, quality, health and safety, education, training and workforce, and freedom to speak up, and provided monthly reports on clinic performance. The clinic manager and lead clinicians attended meetings according to their role, and cascaded relevant information to clinic staff.

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.

The service used data to benchmark against the provider's other locations. During our inspection, we observed that audit information and data collected by the service was now reflective of staff practice and the environment within the clinic. Data was updated on a continuous basis and discussed at relevant monthly meetings and data was used to measure any required improvements.

Records and data systems were used in line with data security standards and passwords were used by staff to access all data systems. Data and notifications including patient reported experience measures (PREMS) were provided to recognised external bodies as required. Staff discussed performance measures and outcomes at corporate meetings where leaders from individual clinics attended and results were used to make improvements. Information was shared with clinic staff.

Engagement

Leaders and staff actively and openly engaged with patients and staff.

Good

Surgery

Managers told us staff were encouraged to share ideas for improvement and to access relevant meetings, specialist groups and conferences if they wished. The service provided a monthly communications bulletin which included topics such as patient safety, quality and learning from incidents and complaints. Staff bulletins included local clinic information that staff had discussed and contributed to. These included examples of learning from incidents and complaints. The service encouraged patient feedback using a questionnaire and results were shared with the senior leadership team. The service also submitted data to the friends and family test. Staff told us managers followed up on any complaints and would meet with patients if appropriate to discuss their concerns and, if required, the service would provide fully or partially funded treatments.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

During our inspection, we observed that staff across the service had committed to making the required improvements to address concerns raised as part of our previous inspection. Staff demonstrated insight into the concerns previously raised and had worked to ensure processes were now in place to ensure that these concerns would remain addressed. Staff showed good engagement during this period of improvement and were proud to demonstrate the work that had been undertaken.

Leaders participated in regular learning from internal reviews and shared learning with staff to make improvements. The service was regularly benchmarked against other Private Clinic locations to measure performance, and consistently performed in the highest percentile across all locations. There was a development programme available to staff and all were encouraged to attend leadership development as well as enhancing their clinical skills and developing new ones. The clinic staff were proud of comments and reviews from patients using social media.