

Priors Medical (Essex) Limited

# DrMediSpa & Yourhairdoc

## Inspection report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

We have not previously inspected the 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. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.
- Staff provided good care and treatment and gave patients 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.
- 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 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 to plan and manage services and all staff were committed to improving services continually.

However:

- The service had purchased a new ventilation system; however, this was yet to be commissioned.
- The premises had adequate facilities for the minor cosmetic surgeries and consultations provided. However, we observed the floor in the stock room was damaged and not easily cleansable.

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

#### Surgery

Good



We have not previously inspected the service. We rated it as good. See the overall summary above for details.

# Summary of findings

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# Summary of this inspection

## Background to DrMediSpa & Yourhairdoc

DrMediSpa & Yourhairdoc is operated by Priors Medical (Essex) Limited. It is a small independent cosmetic clinic providing a range of cosmetic services. The clinic has a surgical room and seven treatment rooms. The service offers minor surgical procedures which are carried out under local anaesthetic. Procedures carried out include hair transplants and thread lifts (a treatment which lifts and tightens sagging skin tissue).

There are two methods of hair transplantation: follicular unit transplant and follicular unit extraction and the service provided both. In follicular unit extraction, individual follicles are extracted and then implanted into small excisions in the patient's scalp. In a follicular unit transplant a thin strip of skin with hair is removed from the back of the head and hair follicles are extracted from that strip. All procedures were undertaken using local anaesthesia.

The service provided other treatments which were not within the scope of CQC regulation.

The service has a registered manager who was responsible for the day to day running of the clinic, including business administration, staff management and the management of complaints and incidents.

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 30 August 2022. The team that inspected the service comprised a CQC inspector and a specialist advisor.

During the inspection visit, the inspection team:

- Spoke with a surgeon, a manager, and three aesthetic therapists
- Spoke with three patients
- Looked at a range of policies, procedures, audit reports 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>.

## Outstanding practice

We found the following outstanding practice:

- The clinic developed a protocol to provide care and treatment for darker skin types. The surgeons developed this protocol because darker skin types were predisposed to post inflammatory hyperpigmentation.

## Areas for improvement

Action the 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.

# Summary of this inspection

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

- The provider should ensure the ventilation system is used during hair transplant surgery.
- The provider should ensure the floor of the stock room is replaced.






# 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

# Surgery

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

## Are Surgery safe?

Good 

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

### Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. Staff understood their responsibility to complete mandatory training. We reviewed the staff training matrix and found staff had completed their mandatory training (89%).

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training requirements included courses covering basic life support, infection control, sepsis awareness, duty of candour, the Mental Capacity Act, health and safety, manual handling and equality and diversity.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. The service used an online management system which alerted managers when staff were due to complete training. Surgeons completed mandatory training using the service's e-learning system. Records provided by the service showed surgeons were up-to-date with mandatory training.

### 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. Safeguarding children and adults formed part of the mandatory training programme for staff. Staff told us they had received safeguarding training. Records showed most staff had completed safeguarding children and vulnerable adults training at level three (83%). The safeguarding lead received safeguarding children and adults training to level three. The safeguarding lead supported staff in escalating their concerns and with the referral processes to the relevant local authorities.

# Surgery

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. One of the surgeons was the clinic's safeguarding lead. An up-to-date safeguarding children and adults policy, with flow charts for the escalation of concerns was available.

The organisation had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check, occupational health clearance, references, qualifications and professional registration checks.

The clinic had an up-to-date chaperone policy and provided chaperones where necessary. The administrative staff and aesthetic therapists were trained as chaperones which could be requested, by the patient or their clinician, at short notice. Records showed chaperone training was 100%.

There were no safeguarding incidents in the previous 12 months.

## Cleanliness, infection control and hygiene

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

The service performed well for cleanliness. Surgical instruments used at the clinic were single patient use only. The service did not use reusable instruments. This eliminated the risk of cross patient contamination from re-used equipment. All other equipment, such as the couches, were cleaned after patient contact. Items seen were visibly clean and dust-free and we saw a daily cleaning check list.

Staff followed infection control principles including the use of personal protective equipment (PPE). The clinic provided staff with personal protective equipment (PPE) such as gloves, aprons and face visors. We observed all staff wore PPE where necessary.

Hand-washing and sanitising facilities were available for staff and visitors.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed daily cleaning checklists and we reviewed a sample of checklists which were up-to-date.

The floors in the treatment and consultation room were covered and easily cleansable in line with published guidance. The floor was visibly clean.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed daily cleaning checklists for the consultation and treatment rooms. There were regular hand hygiene and environment audits which showed the service consistently performed to a high standard (100%).

Sharps disposal bins were stored correctly and labelled.

Invasive procedures, such as hair transplants, require an enhanced clinical air ventilation system to reduce the risk of surgical site infection by providing 15 air changes per hour, in line with published guidance. The service had purchased a new ventilation system; however, this was yet to be commissioned. Following our inspection, the service confirmed the air ventilation system had been installed.

# Surgery

We observed the floor in the stock room was damaged and not easily cleansable. Following our inspection, the service sent us confirmation the floor would be replaced.

Patients we spoke with said the environment was clean.

## 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 service had suitable facilities to meet the needs of patients' families. The premises had adequate facilities for the minor cosmetic surgeries and consultations provided. There were adequate waiting and consultation rooms to provide space and privacy. The consultation rooms had wheeled stainless steel trolleys which could be easily decontaminated. The examination couches could be raised and reclined for patients' comfort.

The clinic had undertaken a Legionella, fire and health and safety risk assessments. Risk assessments were undertaken for equipment such as the laser and oxygen cylinder. Records showed the action plans had been completed to mitigate the risks identified. Water outlets and sinks were flushed to reduce the risk of Legionella build-up in line with published guidance.

All staff completed training in fire safety and practiced evacuating the building in the event of an emergency. Staff demonstrated how they had access to evacuation routes and emergency equipment. All fire safety equipment was regularly tested.

Staff carried out daily safety checks of specialist equipment. Resuscitation equipment was on a purpose-built trolley which was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use. This included the automatic external defibrillator (AED). Staff were trained to use the AED as a part of basic life support training.

Records showed equipment was maintained in line with manufacturers guidance and safety tests were carried out on the electrical equipment

Staff disposed of clinical waste safely. Waste disposal was provided through a service level agreement with separate colour coded arrangements for general waste, clinical waste and sharps. A risk assessment had been completed to ensure staff followed the correct procedure for the disposal of clinical waste.

## 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**

Staff completed risk assessments for each patient on commencement of their treatment. All patients treated at the clinic had undergone a pre-operative consultation. Pre-operative consultations for cosmetic surgery were carried out in line with published guidance. Staff explained the risk assessment for each patient to determine their suitability for the procedure which included a medical history, general health, medications and details of any other planned procedures.

Psychologically vulnerable patients were identified and referred for appropriate psychological assessment. Pre-operative assessments took place at least two weeks prior to the planned date of surgery.

# Surgery

Staff used a patient safety checklist prior to, during and after surgical procedures were completed. We reviewed records that showed World Health Organisation (WHO) surgical safety checklists were completed correctly. The clinic only carried out minor cosmetic procedures that could be performed under local anaesthesia. Staff gave patients detailed advice after each procedure. The surgeon reviewed each patient prior to discharge. All patients had follow-up appointments to check their progress and identify any problems.

Staff responded promptly to any sudden deterioration in a patient's health. There was a deteriorating patient policy which explained what action should be taken if a patient deteriorated and required transfer, staff were able to describe what they would do in an emergency. This involved dialling 999 and requesting an ambulance transfer. Most staff were trained in basic life support (93%). Staff participated in simulated emergency scenarios at least annually to ensure they maintained skills in responding to patient collapse or cardiac arrest. All staff clinical staff had completed sepsis training.

All surgical patients seen at the clinic had consultant-led care. There was access to a surgeon at all times when the patient was at the clinic and the surgeon remained in the clinic until all patients had been discharged. At the initial consultation and on discharge, patients were given the consultant surgeon's personal mobile number and the clinic telephone number for any questions or concerns they had.

## Staffing

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

The service had enough surgeons and support staff to keep patients safe. The clinic had five surgeons, four aesthetic therapists and six administrative staff. The clinic was staffed with a minimum of one aesthetic therapist and a surgeon when surgical procedures were performed.

The surgeons who worked at the service were registered with the General Medical Council.

The manager could adjust staffing levels daily according to the needs of patients. Rotas were done in advance with short notice changes as required in accordance with staff. There was a daily team meeting to review the procedure lists for the next day and determine if any additional resources would be required.

The service had low turnover rates and there no vacancies at the time of inspection.

Managers limited their use of bank and agency staff. The provider had two other clinics within its network. The manager said staff from these clinics were used to provide cover where necessary.

Managers made sure all staff had a full induction and understood the service. Records showed all staff completed an induction, read the service's policies and procedures and staff handbook.

## 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.**

Records were stored securely. Patient's data, including medical records, were documented via the clinics secure patient electronic record system. All patient care records were electronic. All the records needed to deliver safe care and treatment were available to staff.

# Surgery

Records we checked showed appropriate pre-operative assessment information was recorded, including a full explanation of the procedure, likely outcome, the patient's medical and social history, and fees.

Staff told us that patients were given discharge information, which included details of the procedure, postoperative advice, relevant contact numbers and follow-up appointments. We reviewed 20 patient records and found that they were all complete, clear and up-to-date.

The service completed regular audits of patient care records which included the accuracy of the consultation records and appropriate aftercare instructions. The audit completed in September 2022 showed 100% compliance for these measures.

## Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Patients completed a medical history form which covered current medications, known allergies and past medical history. The surgeon reviewed the medical history form, with each patient, at the consultation visit.

Medicines were locked securely in a cupboard that was only accessible to the surgeon and registered manager. Medicines were stored and prescribed appropriately in line with the provider's policy. All medicines used were recorded in the medicines logbook which was regularly audited by the manager. Records showed the correct details were recorded in the medicines logbook and that it was signed. We checked the local anaesthetic and they were all in date.

There were no controlled medicines kept or administered in the clinic.

## 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.**

Staff knew what incidents to report and how to report them. Staff could give examples of incidents they would report and how they would do this. There were no reported incidents in the previous 12 months.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff we spoke with were confident in reporting incidents and near misses. Accident and incident reporting were a part of mandatory training and all staff had completed training (100%). Incident reporting was included in staff induction.

Managers shared learning with their staff about never events that happened elsewhere. The service had not reported a never event and the managers maintained a policy for sharing information and learning in the event this happened.

Staff understood the duty of candour. Staff could give examples of when they would use the duty of candour. Surgeons and support staff were aware of their responsibilities in being open and transparent with patients. All staff completed training on the duty of candour.

## Are Surgery effective?

# Surgery

Good 

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

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff adhered to guidelines such as, the World Health Organisation (WHO) Surgical Safety Checklist, the Royal College of Surgeons and the British College of Aesthetic Medicine. Policies were regularly reviewed and updated. Staff showed us the clinics policies which were indexed and easily accessible to all staff.

Surgeons were members of the International Society of Hair Restoration Surgery and the British College of Aesthetic Medicine. They attended conferences and study days to keep up-to-date with changes professional practice.

The surgeon assessed each patient's suitability for the procedure. The expected treatment outcome was identified and discussed before and after treatment. This was in line with published guidance.

## Nutrition and hydration

**Staff gave patients enough drink to meet their needs.**

The clinic only carried out day procedures and did not have patients staying overnight. Hair transplant procedures could last for prolonged periods of time, so patients were given a break during treatment for food and drink. There was a water fountain available.

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

The service provided pre- and post-operative advice regarding the management of a healthy diet.

## Pain relief

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

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

Staff administered the prescribed pain relief and recorded it accurately. Pain was regularly assessed both during and following the procedure, until the patient was discharged from the clinic. Patients were provided with additional local anaesthetic if required. Staff gave patients advice on pain management following the procedure.

## Patient outcomes

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

# Surgery

Outcomes for patients were positive, consistent and met expectations, such as national standards. From August 2021 to July 2022 the clinic reported there were no complications following the procedures and no surgical site infections.

The clinic monitored patient outcomes at follow up appointment at two weeks, three months and six appointments. Photographs were taken and recorded in the patient's care records.

The clinic monitored outcomes for the thread lift procedure and mole removal using monopolar radiofrequency. In the thread lift audit the clinic monitored the use of cannulas, hypodermic needles, patients pain scores and bruising to determine what was more comfortable for patients. Surgeons said they were committed to improving patient outcomes and they took into account patient satisfaction with treatment outcomes.

## 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. The registered manager ensured the team maintained competency standards. The surgeons had completed training to be competent and were experienced to perform the treatments and procedures the clinic provided. The manager kept a register which contained evidence of current GMC registration and appraisals for each surgeon.

Managers gave all new staff a full induction tailored to their role before they started work. An aesthetic therapist who had recently completed the induction spoke positively about the experience and said managers and clinical staff were supportive. New members of staff who had not completed a year in the service had undergone competency training and had a probationary period review. Aesthetic therapists completed three months of observation and training working closely with the clinic surgeons.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal completion rates were 100%. Staff said they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Surgeons with practising privileges had arrangements for external appraisal within their NHS work. Assurances were provided through the governance process.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

## Multidisciplinary working

**Doctors, aesthetic therapists and administrative staff worked together as a team to benefit patients. They supported each other to provide good care.**

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff said they had good working relationships with surgeons. This ensured that staff could share necessary information about the patients and provide holistic care.

The service implemented a daily operational safety huddle which was multidisciplinary. It provided a forum for staff to communicate relevant issues and escalate any concerns for immediate action. We heard positive feedback from staff of all grades about the excellent teamwork. We observed staff working effectively together.

# Surgery

All surgical treatment was led by a surgeon and the aesthetic therapist assisted the surgeon when required.

Staff said they would contact the patient's GP if they had any concerns about a patient's mental health.

## Seven-day services

**Key services were available to support timely patient care.**

The clinic opened Monday to Friday from 9am – 6pm and Saturday 8:30am – 5:30pm. Surgical procedure lists were arranged to meet patient need and surgeon availability.

## Health promotion

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

The clinic had relevant information promoting healthy lifestyles. Surgeons had individual conversations with patients about diet and health promotion after procedures. Patients were also directed to specific information on health promotion on professional websites. Records showed the surgeons wrote articles with advice on how to boost the immune system, the importance of sleep and the effects of stress and hormones on hair loss.

## 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. They knew how to support patients who lacked capacity to make their own decisions.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff said they had not had any patients at the clinic who lacked capacity. If they had any concerns about a patient's capacity to consent, they would not perform cosmetic surgery without involvement from the patient's GP and a psychologist.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff discussed the planned procedure, alternative treatment options, intended benefits, potential risks and complications with each patient. Patients had time to ask questions and reflect on the proposed treatment. Patients had an initial consultation followed by a two-week cooling-off period to decide if they wished to continue with the procedure. This was in line with published guidance.

Staff made sure patients consented to treatment based on all the information available. Staff said patients received written information about surgical procedures. Patients we spoke with confirmed they had been asked for their consent for the procedure they had attended for.

Staff clearly recorded consent in the patients' records. Patients completed a consent form which signed on the electronic records. The service audited the consent process as a part of the record keeping audit. Records showed the service performed consistently to a high standard (100%) in the audits completed in April 2022 and September 2022.

Staff received and kept up-to-date with training in the Mental Capacity Act and knew how to access the policy on the Mental Capacity Act.

## Are Surgery caring?

# Surgery

Good 

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

## Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We spoke with three patients who provided positive feedback on the service. Patients said, “excellent service”, staff were so attentive to my queries”, “care and attention was amazing” and “I would not go anywhere else”. Patients told us staff were polite and considerate.

The results of the patient satisfaction survey completed in August 2022 showed the clinic was consistently rated high for compassionate care (100%).

Patients said staff treated them well, with kindness and were very helpful and reassuring. Staff answered patient enquiries and interacted with patients in a friendly and sensitive manner. We saw staff treating patients with respect and dignity. We witnessed staff knocking on doors before entering a room and patients knew the name of the staff members who were attending to them.

Patients said staff were polite and considerate and listened to what they had to say (100%). All consultations and treatment were carried out in individual rooms. Doors were closed when patients had treatment and staff knocked before entering, ensuring privacy.

## Emotional support

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

Staff understood the impact that patients care, treatment and condition had on the patient's wellbeing. There was a strong focus on 'patient centred care' with a holistic assessment of patient needs. Staff we spoke with stressed the importance of treating patients as individuals with different needs. They took time to reassure patients who were anxious about their procedure. Patients told us staff were always available to help.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave examples of how they would reassure nervous patients and answer any questions. Patients said staff helped them to feel calm and relaxed.

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. Staff told us that the surgeons referred patients for a psychological assessment if they had any concerns about their emotional wellbeing.

## Understanding and involvement of patients and those close to them

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

# Surgery

Staff made sure patients and those close to them understood their care and treatment. The service provided patients with information guides of various procedures including hair transplants. Staff asked patients about their procedure to ensure they understood. We spoke with three patients and they told us they felt involved in their care and had received the information they needed to understand their treatment. The patient satisfaction survey showed patients were involved in decisions about their care and treatment (100%).

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We observed staff were proactive in engaging with patients about their experiences and frequently asked how they were doing. Staff encouraged each patient to complete a feedback form following their appointment.

Staff supported patients to make informed decisions about their care. Staff discussed the cost of the procedure during treatment planning prior to patients having the procedure. Staff explained other relevant terms and conditions in a way patients could understand. All consultations and postoperative checks were carried out by the same surgeon who completed the procedure. This ensured patients received continuity of care.

## Are Surgery responsive?

Good 

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

## Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the people who use the service. The services provided reflected the needs of the population served. A range of minor cosmetic treatments and procedures were available at the clinic. The clinic was flexible and allowed patients to make informed choices to ensure continuity of care. The clinic was open six days a week and provided minor surgical procedures by appointment only, at a time to meet the needs of the patient group. Appointments were generally arranged on the telephone or by email.

Patients could access services and appointments in a way and at a time that suited them. The clinic did not operate a waiting list. Staff said that all patients were seen promptly. Patients we spoke with confirmed being able to access the clinic in a timely manner. The environment was appropriate, and services patient-centred.

Managers monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and patients contacted to rebook appointments. Staff told us appointments were rarely missed because patients were sent an email and text reminder 48 hours prior to the appointment. Staff reviewed any missed appointments to ensure there were no serious clinical implications. The outcome of each contact was recorded.

## 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 comfortable seating area for patients and visitors. The clinic was not wheelchair accessible and did not have wheelchair accessible facilities. The manager said patients would be provided with details of an alternative facility who is able to offer this service.

# Surgery

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. Where an interpreter or signer was required the manager ensured these services were available. Information was available in large print where necessary.

Patient's individual needs and preferences were central to the delivery of a tailored service. Staff facilitated longer appointments for patients with specific needs. The clinic had a chaperone policy.

Staff told us the clinic developed a protocol to provide care and treatment for darker skin types. The protocol was required because darker skin types were predisposed to post inflammatory hyperpigmentation.

The service had an up-to-date discrimination prevention policy that was compliant with the Equality Act (2010) and ensured staff delivered care without prejudice to protected characteristics. Most staff undertook equality and diversity training (90%) and there was a clear care and treatment ethos based on individualised care. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

## Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Patients had timely access to consultations, treatment and after care. There was no waiting list for surgical procedures. Staff were proactive in offering earlier appointments where cancellations or new clinician availability enabled this.

Technology was used to support timely access to care and treatment and facilitate patient choice. The clinic was flexible in allowing patients to book virtual consultations where possible.

Managers and staff worked to make sure patients did not stay longer than they needed to. Appointment times were set in advance, with time between them for cleaning. This meant appointment times were well managed.

Staff supported patients when they were discharged and during their after care. Staff provided patients with information and advice relevant to their procedure post-surgery and encouraged them to contact the clinic if they had questions or concerns. Patients could call the surgeon on their mobile number or clinic telephone number if they had any concerns.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received.**

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the clinic. The registered manager was the complaints lead. The complaint policy stated complaints would be acknowledged within two days and fully investigated and responded to within 20 days. The policy described the process for independent external adjudication to settle any unresolved issues.

Staff knew how to acknowledge complaints. Staff understood the complaints policy and most staff completed training in complaints handling (80%). Staff were trained to resolve minor concerns as part of an approach to meeting individual expectations and avoid minor issues escalating into a formal complaint. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers.

# Surgery

The service received four complaints in the previous 12 months. Records showed the complaints were reported and investigated in line with the service's complaints procedure.

## Are Surgery well-led?

Good 

We have not previously inspected the service. 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.**

The clinic had a chief medical officer who was the nominated individual and a registered manager. The registered manager was the clinical governance lead and also the clinic manager. The registered manager was responsible for the day to day running of the service. Staff at all levels understood their roles and what they were accountable for and to whom.

We found all managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service. For example, the recruitment and retention of staff, adequate staffing levels to match the increase in activity and the impact of COVID - 19.

Managers demonstrated leadership and professionalism. Staff we spoke with were positive about the management team. Staff said managers were accessible, visible and approachable.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.**

The service had a clear vision and strategy. The strategy included vision: to adopt a forward-thinking approach regarding patient care and for the future development in the clinic, accountability: to take responsibility for action and be mindful of other members of the team and innovation: staying up-to-date with new industry trends to maintain patient safety and care.

Staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

There was a strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. All staff worked collaboratively to improve patients' experience throughout the entire service.

The clinic had a statement of purpose which outlined to patients the standards of care and support services the clinic would provide.

# Surgery

## 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. The service had an open culture where patients, their families and staff could raise concerns without fear.**

Managers supported an open and honest culture by leading by example and promoting the service's values. We heard this was promoted by having an open-door policy, interacting with staff daily and doing walk around the service every day. Staff said managers encouraged them to work well as a team and they understood good teamwork made the clinic successful. Staff said they were committed to providing the best possible care for their patients.

Staff we spoke with were proud of the work that they carried out. They enjoyed working at the clinic; they were enthusiastic about the care and services they provided for patients. They described the clinic as a good place to work.

Whistleblowing was a part of mandatory training and most staff completed it (80%). All staff we spoke with said they felt that their concerns were addressed, and they could easily talk with their managers. Staff reported that there was a no-blame culture when things went wrong.

Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the COVID-19 pandemic to ensure continuity of care for patients. For example, implementing virtual consultations and starting clinics earlier to prevent further delays following the COVID-19 pandemic.

We observed staff worked collaboratively and shared responsibility in the delivery of care. Staff we were welcoming, friendly and helpful.

Patients told us they were very happy with the clinic's services and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

## Governance

**Leaders operated effective governance processes, throughout the service. 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.**

There was an effective clinical governance structure which included regular clinical governance meetings and staff meetings. Records showed that staff discussed patient pathways, the outcome of audits and any required improvements, such as record keeping and medicines management at the clinical governance meetings. Staff also discussed training on new materials within the field.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. There were regular audits and peer reviews that highlighted areas of improvement to benefit patients.

There was a system for maintaining policies and procedures ensuring they were up to date, version controlled and met national guidance. Staff said any changes or updates to policies was shared by email and discussed with staff individually. Managers told us learning was cascaded to staff. All staff members had a work email account and the summary from meetings and any updates were regularly sent to staff.

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## 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.**

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.

The service had a risk management strategy, setting out a system for continuous risk management. The clinic completed risk assessments for oxygen, clinical waste, the use of laser, fire, health and safety and Legionella and the action plans were completed.

There was a risk register which identified and mitigated risks such as a health care associated infection, COVID-19, medical emergency, stress management and sharps injury.

The surgical procedures were only performed by a surgeon and they had oversight of all procedures undertaken.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service and valid public and employer liability insurance.

## 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 clinic collected, analysed, managed and used information well to support its activities. Data regarding patient outcomes was routinely collected and monitored. The clinic used an application to manage their clinical audits and to share the results.

Staff had access to an e-learning platform where they completed mandatory training. Managers used the online system to monitor compliance with mandatory training.

Clinical records were electronic, and staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

The clinic had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data. Records and data management systems were in line with data security standards. The clinic provided information governance training to all staff.

Staff ensured all marketing was honest and responsible and in line with published guidance. Financial incentives that might influence the patient's decision, such as time-limited discounts or two-for-one discounts were not offered.

## Engagement

**Leaders and staff actively and openly engaged with patients and staff to plan and manage services.**

The clinic carried out patient satisfaction surveys and reviewed them annually. The results of the patient satisfaction survey completed in August 2022 showed the clinic was consistently rated high for compassionate care (100%).

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We observed patients were provided with the right information and support to help them make an informed decision about the procedures including how the procedure was performed, costs, and the risks and benefits associated with the procedure.

Staff said the service did not complete staff surveys and they had other ways of engaging with staff. Staff said they felt involved in the running of the service and were able to give feedback and suggestions. Managers were visible and easy to communicate with.

Staff received information and relevant updates through staff meetings and email.

## **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.**

There were open and transparent reviews of incidents and complaints and any learning was shared with staff to improve patients' experience.

The lead surgeon actively participated in research in areas such as treatment for acne scarring in darker skin types and the development of new laser protocols to assist weight loss.

The lead surgeon regularly published research findings into new products and equipment.

One of the aesthetic therapists was undertaking a teaching qualification so they could teach and mentor other therapists.

Staff contributions were recognised at an annual awards ceremony.