Surgen Ltd

# Skin and Follicle Birmingham

**Inspection report**

214D Hagley Road
Birmingham
B16 9PH
Tel: 08007723501
www.skinandfollicle.com

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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

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. 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 and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and mostly 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. Key services were available Monday to Saturday from 10am till 6pm.
- Staff treated patients with compassion and kindness, took account of their individual needs, and helped them understand their choices. They provided emotional support to patients.
- 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 procedures.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. 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:

- Leaders and teams did not always identify and escalate relevant risks and issues and identify actions to reduce their impact. Flammable substances were not stored appropriately, and the risk assessments were not reflective of the storage need.
- The storage and management of medicines was not in line with national guidelines.
- Staff did not total up early warning scores when monitoring patients during procedures. This meant that there was a risk of not detecting a deteriorating patient.

Outpatient services is a small proportion of clinic activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery core service report below.

# 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:<br>• 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. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.<br>• Staff provided good care and treatment and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service. 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. Key services were available Monday to Saturday from 10am till 6pm.<br>• Staff treated patients with compassion and kindness, took account of their individual needs, and helped them understand their choices. They provided emotional support to patients.<br>• 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 procedures.<br>• Leaders ran services well using reliable information systems and supported staff to develop their skills. 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.<br>However, we also found: |

# Summary of findings

- Leaders and teams did not always identify and escalate relevant risks and issues and identify actions to reduce their impact.
- Flammable substances were not stored appropriately, and the risk assessments were not reflective of the storage need.
- The storage and management of medicines was not in line with national guidelines.
- Staff did not calculate early warning scores when monitoring patients during procedures. This meant that there was a risk of not detecting a deteriorating patient.

Outpatient services is a small proportion of clinic activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery.
We rated this service as good overall because it was safe, effective, caring and responsive, and well led.

## Outpatients

Good

The outpatients core service was not previously reported on or rated. 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. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service. 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. Key services were available Monday to Saturday from 10am till 6pm.
- Staff treated patients with compassion and kindness, took account of their individual needs, and helped them understand their choices. They provided emotional support to patients.

# Summary of findings

- 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 procedures.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. 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. Leaders and teams did not always identify and escalate relevant risks and issues and identify actions to reduce their impact.

However, we also found:

- Leaders and teams did not always identify and escalate relevant risks and issues and identify actions to reduce their impact.
- Flammable substances were not stored appropriately, and the risk assessments were not reflective of the storage need and the storage and management of medicines was not in line with national guidelines.
- Formal appraisals were not completed for non-clinical permanent staff.
- Storage of emergency medicines was not consistently in line with best practice guidance.

Outpatient services is a small proportion of clinic activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery.

# Summary of findings

## Contents

# Summary of this inspection

## Background to Skin and Follicle Birmingham

Skin and Follicle Birmingham is operated by Surgen Ltd. It provides services for privately paying patients.

The service is registered for the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

The service provides several cosmetic surgery procedures for adults over 18 years at this location. These include hair restoration, earfold surgery and blepharoplasty (eyelid surgery). These types of surgery are performed under local anaesthetic on a day case basis.

The service undertakes outpatient work including mole, skin tag and cyst removal. If required, tissue removed from patients may be sent for testing. Consultants at this service share the results with patients.

Patients can receive consultations for procedures which require general anaesthetic such as breast augmentations at the clinic. However, the procedures are performed at local private hospitals which have the equipment and additional staff to support patients undergoing a general anaesthetic.

The service has a registered manager who has been in this position since the service first registered with CQC in December 2016.

The service has four business partners, three of whom work as consultant plastic surgeons at the clinic. In addition, the service employs two non-clinical support staff; a receptionist and a clinic manager. Additional staff such as clinical staff to support procedures were available through a bank staff arrangement. One surgeon was employed under practicing privileges at the time of our inspection, with two more due to start in 2021; one at the end of April and one later in the year.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 12 April 2021.

The service has a dedicated surgical suite with a waiting area and three treatment rooms on the ground floor. The first floor has six consultation rooms, a waiting area and back office. The service has no overnight beds. There is a small car park at the front of the premises.

The service provides two core services: surgery and outpatients.

The main service provided by this clinic was cosmetic surgery. Where our findings on surgery for example, management arrangements also apply to outpatients, we do not repeat the information but cross-refer to the surgery service report.

The service also offers a range of other aesthetic procedures such as anti-wrinkle injections and laser hair removal. We did not inspect these as aesthetic procedures do not form part of CQC regulated activities.

# Summary of this inspection

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005. The main service provided by this service was cosmetic surgery.

We have inspected this service previously on one occasion. We last inspected on 11 September 2019. During this inspection we found breaches of the following Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 12: Safe Care and Treatment
- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 16: Receiving and acting on complaints
- Regulation 17: Good Governance
- Regulation 18: Staffing
- Regulation 19: Fit and proper persons employed

Following the inspection in 2019, we issued a warning notice and five requirement notices to the provider.

We conducted a desk top review in February 2021 which demonstrated that the warning notice had been complied with. We saw during our inspection that requirement notices were now compliant.

## How we carried out this inspection

We spoke to five members of staff and five patients.

During the inspection, we reviewed 10 sets of patient records. We also reviewed information about the service including policies, meeting minutes and staff records.

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 trust 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 MUST take to improve**:

We did not identify any breaches of regulations as a result of this inspection process.

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

We told the service that it should take action because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall.

# Summary of this inspection

- The service should ensure they total up the early warning scores (EWS) in line with their deteriorating adult policy. (Regulation 12: Safe Care and Treatment)
- The service should ensure all emergency medicines are kept locked away when not in use. (Regulation 12: Safe Care and Treatment)
- The service should continue to complete an annual appraisal for all permanent staff.
- The service should continue to monitor fridge temperatures are recorded in line with their policy and act upon this when out of range.
- The service should continue to demonstrate the mandatory training matrix is reflective of the staff that are in post.
- The service should continue to update risk assessments for Control of Substances Hazardous to Health (COSHH) to reflect the storage requirements of flammable substances.
- The service should consider adding a section to their medical records audit which specifically refers to the World Health Organisation (WHO) checklist being completed.
- The service should consider that they use the new clearer method of documenting and recording patient medication to reduce the risk of potential error in documentation.

# Our findings

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| Surgery | Good | Good | Good | Good | Good | Good |
| Outpatients | Good | 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 improved. We rated it as good because:

**Mandatory Training**

**The service provided mandatory training in key skills to all staff and used a training matrix to monitor training.**

Staff mostly received and kept up to date with their mandatory training. Staff usually attended a one-day course. We saw that both non-clinical staff members had attended this course in 2021. Several staff also worked for NHS trusts or other independent healthcare providers. They either completed their mandatory training with their substantive employer or training was arranged with an external training company. We saw supporting documentation showing third-party staff had completed their mandatory training. These third-party staff were used on an ad hoc basis when required for supporting within the theatre. The training dates were logged on a spreadsheet and this was monitored to ensure staff training was rebooked when required. However, whilst it was clear for permanent members of staff, staff under practicing privileges were added to the matrix ahead of start dates. This meant that the mandatory compliance showed they were lower than they were. It was unclear when these staff were due to start.

Training documentation showed that permanent staff had completed 94% of their mandatory training; four of the five permanent staff were 100% complaint with their mandatory training. Staff were required to provide evidence to the service leaders that they were up to date with their mandatory training. We found that the overall percentage for mandatory training (including non-permanent staff) was 85.7%.

The mandatory training was available to all staff and included key areas such as health and safety, infection prevention and control, safeguarding adults and children and consent. All staff were up to date with basic or advanced life support depending on their role. The mandatory training met the needs of the patients and staff.

**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.**

Good

# Surgery

The service had clear systems and processes to safeguard adults, children and young people from avoidable harm, abuse and neglect in line with legislation and local safeguarding arrangements. The service had an up to date safeguarding policy which now included contact details for the local safeguarding should staff need to make a referral.

We saw the safeguarding policy included information on 'Prevent' which is a government strategy aimed at stopping people becoming terrorists or supporting terrorism.

Eight out of nine staff members had completed training for safeguarding adults and children level one and two. Two surgeons were trained to safeguarding level three. This was in line with Intercollegiate Documents: Adult Safeguarding: Roles and Competencies for Health Care Staff (2018) and Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019).

There had been no patient safeguarding referrals within the last 12 months. Staff were aware of how to recognise and report abuse and how to make a safeguarding referral. This was an improvement since our last inspection.

Staff could obtain safeguarding support and advice from the safeguarding lead who had completed adults and children safeguarding level three. However, not all temporary staff were sure of who the safeguarding lead was. Although they were able to articulate an appropriate person to escalate safeguarding concerns to; either the surgeon they were with at the time of the procedure, or the clinic manager.

The service had a chaperone policy in place. Staff said they rarely needed to chaperone due to the nature of surgery performed on site. However, they did do it when required and were aware of the policy.

All staff files that we checked had an up to date Disclosure and Barring Service (DBS) enhanced disclosure.

**Infection Control**

**The service 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 clinic areas were visibly clean and had suitable furnishings which were visibly clean and well-maintained. The clinic layout was organised to enable patients and staff to adhere to social distancing in line with the government COVID-19 guidance.

All staff wore appropriate personal protective equipment in line with national guidance to prevent the transmission of COVID-19.

The service used single use surgical instruments and staff cleaned other equipment after patient contact. They had a contract with a sterilisation company for when the hair transplant robot was used. However, they had not used this machine within the last 12 months.

The clinic had up-to-date policies for infection, prevention and control (IPC). The service undertook comprehensive IPC audits, which included environment and health and safety risks. The results for February 2021 showed 100% compliance in most areas. Where non-compliance was identified, we saw evidence that this was addressed. These were very minor areas such as hand gel not being available in the kitchen.

Good

# Surgery

There were handwashing facilities and hand sanitiser gel dispensers available in corridors and clinical areas. A hand hygiene audit was completed in January 2021, which observed compliance with national good practice guidelines. Posters were displayed in patient toilets which demonstrated effective handwashing techniques.

The service had a contract with an external cleaning agency who cleaned the premises twice a week. Cleaning records were up-to-date and demonstrated all areas were cleaned regularly and cleaning was in line with the National Patient Safety Agency (NPSA) guidance for national colour coding scheme for cleaning materials. The clinic provided evidence of a deep clean of the clinic for January 2021 and told us this was completed every six months.

There were systems to prevent and protect people from a healthcare associated infection and ensure standards of hygiene and cleanliness were maintained. This was in line with current guidance from the National Institute for Health and Care Excellence (NICE) Quality Standards (QS) 61: Infection Prevention and Control (April 2014).

There was one patient surgical site infection from April 2020 to April 2021. This was reviewed and appropriate actions taken to treat the patient.

Staff received infection prevention training, and this was 100% for all permanent staff at the time of our inspection.

The service sent out a COVID-19 questionnaire to all patients before their appointments. Temperatures and changes in symptoms of anyone entering the service were checked at reception to monitor COVID-19 infections and reduce the spread within the clinic. Appointments were staggered to ensure there was only one patient within the building at one time. There were fewer face to face consultations to prevent the transmission of COVID-19 infection.

**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. However, flammable items were not stored in line with national guidance.**

The service had enough suitable equipment to help them to safely care for patients.

All equipment was serviced annually and up to date with their safety checks. The service held a log of when equipment was due to serviced or had been serviced. They acted upon concerns raised by the companies who serviced the equipment. We saw all the servicing was in date. This was an improvement from our last inspection where we had found some equipment was out-of-date.

Staff carried out safety checks before using specialist equipment. We saw that emergency equipment such as the automated external defibrillator (AED) was checked daily and actions were taken where needed to maintain the equipment. All single use stock was checked on a monthly basis including the expiry date.

The design of the environment followed national guidance.

The clinic environment and equipment were clean and free from dust. Consultation rooms were clean and tidy. The treatment room layout was clutter free.

Good

# Surgery

Staff disposed of clinical waste safely. Clinical waste was stored securely and safely whilst waiting to be collected. All sharps bins were labelled appropriately and stored correctly. This was in line with national guidance (Health and Safety Executive Health and Safety (Sharp Instruments in Healthcare) Regulations 2013: Guidance for employers and employees (March 2013).

The Control of Substance Hazardous to Health (COSHH) items were not always stored securely. All COSHH cleaning products were locked away within the cleaning cupboard. However, we found flammable items, such as alcohol solution used for cleaning surgical sites, were not appropriately stored and risk assessments did not reflect the storage need. We saw evidence that the service ordered a metal cabinet to store the flammable items in whilst we were on site. We saw the COSHH risk assessments relating to flammable products were updated to reflect this following the inspection.

The service had performed a practice fire evacuation drill in June 2020 to ensure that all the staff and fire marshals were aware of how to evacuate safely. They reported no issues with the evacuation.

**Assessing and responding to patient risk**

**Staff generally completed and updated risk assessments for each patient and removed or minimised risks. Where patients were deemed at high risk of complications, they were sign-posted to alternative locations. However, they did not calculate early warning scores. This meant that there was a risk of not detecting a deteriorating patient.**

The service had a clear patient admission criteria for patients to be considered to have their cosmetic procedures. All patients were sent a comprehensive medical questionnaire to complete before their initial consultation. Surgeons would only operate on low-risk patients. Patients who were a higher risk would be seen at another private hospital where the risk could be managed more safely.

All patients received an initial consultation by the consultant during which the treatment they were considering was discussed. During this inspection, we found an improvement in the pre-operative assessments before surgery. This included checking their medical history, allergies, weight and normal observations. However, this was not always completed fully. We saw in three out of 10 sets of notes that the patient's baseline observations were not taken. The service had highlighted this within an audit in February 2021 and had an action to improve this. We saw a meeting took place to discuss the results of the audits in April 2021 and this was discussed. Not all patients required their observations to be taken depending on the nature of their surgery. For example, a cyst removal under local anaesthetic did not require pre-procedure observations.

Psychological assessments were done routinely for cosmetic surgery patients. These were reviewed before consultation appointments by the surgeons. This was in line with best practice guidance to highlight patient expectations as well as those who may require psychological support. The consultant would refer the patient back to their GP if they felt that they required further psychological support based on the findings of the questionnaire completed.

The service had a clear process if a patient became unwell or deteriorated during a procedure. There was a policy in place for the transfer of people using the services to NHS in the event of complications from surgery.

Patients were given advice about the potential side effects of surgery both written and verbally. They were told who to contact if they became unwell or had any concerns. We were told patients could ring the clinic between 10am and 6pm. Out of hours they could ring and leave a message or email the clinic and they would be contacted by one of the surgeons. If they had an urgent concern, they were advised to attend their local NHS hospital accident and emergency department.

Good

# Surgery

The service used a surgical safety checklist in theatre based on the World Health Organisation (WHO) recommendations. The WHO surgical safety checklist is a tool used to improve the safety of surgical procedures by ensuring all the theatre operating team conduct the necessary safety checks during the patient's surgical procedure. The service did not complete these during our previous inspection in 2019. On the current inspection, we found that the WHO Surgical Safety Checklist had been completed in nine out of the 10 patient records we reviewed. We informed the manager that it had not been completed for one patient and they said that this would be raised with the surgeon responsible. Staff reviewed the WHO checklist as part of an overall record check. We saw evidence that they identified areas of improvement specifically for WHO checklists. However, the WHO checklist did not have a dedicated section as part of this audit. This may mean it could be missed.

Patient observations such as pulse and breathing rate, blood pressure and temperature were recorded before, during and after their surgery. This was an improvement from the previous inspection where patient observations were not monitored. Patient observations did not need to be recorded for all procedures. Staff told us that they would only be completed on patients who were in surgery for longer than two hours. This was because all procedures were performed under local anaesthetic and on patients with low or no risk factors. The service used a standardised 'early warning score' (EWS) system. However, in all the 10 records checked, these scores were not totalled. We saw that within three out of the 10 records, the scores during one set of observations would have totalled one. This meant that there was a risk that clinicians would not recognise the early signs of a patient deteriorating. There was a policy in place for management of the deteriorating patient. This included the escalation needed for the patient's care depending on the total EWS. We raised this with the manager who stated that this would be discussed with all the staff and rectified. All surgery performed was low risk and done under local anaesthetic with the patient awake. The risk of deterioration is low. However, the service should total up the EWS to ensure that deterioration of a patient would be recognised.

**Staffing**

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. However, we found that references were not available for all staff.**

Patient care was consultant-led. There were three consultants who worked within the clinic and they were all directors of the service. They also employed three consultants under practicing privileges. We found improvements in available records to evidence consultants' qualifications and or experience. The two consultant files that we checked was mainly up to date. They included an appraisal from their main employment and confirmation of their registration. The appraisal forms were all within the previous two years. The manager told us that all consultants NHS annual appraisals had been delayed due to the COVID-19 pandemic and redeployment into different areas to their usual role. Therefore, we were assured the service had the most up to date consultant appraisals within the files we checked.

The service had enough nursing and support staff to keep patients safe such as operating department practitioners (ODP) and hair technicians. They were contracted according to when patients were booked in. During our previous inspection, we found that there were no checks completed on the staff to ensure that they had the qualifications and experience to provide the right care to patients. We found that this had improved, and the service had checked professional status, previous employment history and mandatory training. However, there were no references for staff in three out of the four files we checked. Following the inspection, the registered manager obtained references for all three staff and shared these with us.

Good

# Surgery

Clinical staff were booked to work when the consultants had theatre on an ad hoc basis. If they were not able to use their regular staff, they used an agency. They had done this once before and stated they received all the relevant paperwork in advance of the nurse working with them.

Non-clinical staff were on site Monday to Saturday from 10am-6pm to work behind reception and manage the premises.

All staff we asked stated they received an induction to the service. We saw two completed checklists for staff, including a consultant, which showed staff were inducted. This included orientation to the building, policy folder, health and safety procedure, confidentiality and equipment.

**Records**

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

We reviewed 10 sets of patient records. We found that they were mostly complete. They included pre-operative information, surgery notes and consent forms. The records clearly stated the possible risks, complications and side effects of the specific procedures.

Before their initial consultation with the surgeon, patients received information about the procedure they were interested in which included the risks. They also received an infection prevention screening questionnaire, medical history questionnaire and a psychological assessment where appropriate. These were all stored online within the patient record.

The service had started using electronic records in 2020 for all pre-operative records and post-operative consultations. They used paper records for surgery documentation. Records were stored securely, and staff could access them easily.

Staff gave patients information before their procedure. These included details of who to contact in an emergency after they had been discharged. The information also included post-operative instructions and any potential aftercare advice.

The service regularly audited their medical records. The compliance was consistently above 96%. We reviewed the audits for June, July, October 2020 and January, February and April 2021. Each audit had an audit feedback form which recorded actions and learning. For example, the service completed a medical records audit in February 2021 on three sets of notes. They found that not all pre-operative observations were completed. However, all observations were completed on the day of surgery before the surgery commencing. They also found that the observation charts did not have an area for recording patient information such as name, date of birth and procedure. The action was to add these onto the intraoperative observation chart. We saw that this had now been added.

**Medicines**

**The service generally used systems and processes to safely prescribe, administer and record medicines. However, we found that they did not always store medicines safely and act on out of range fridge temperatures and we found one medicine not safely secured.**

Staff generally followed systems and processes when safely prescribing, administering, recording and storing medicines.

Good

# Surgery

The service only kept a small number of medicines on site which included emergency medicines. The emergency bag had a tamper proof seal with a unique identity number which was checked daily. This was an improvement from the last inspection where we found all the emergency medicines were out of date. The service had an emergency medicine which was not safely secured. This was used in emergencies to treat very serious allergic reactions. We informed the manager who ensured the safe storage of this medicine immediately. The service did not use controlled drugs.

The service had emergency medicines for the management of severe local anaesthetic toxicity on site which were checked daily. This was in line with the Association of Anaesthetists of Great Britain & Ireland (AAGBI) Safety Guideline for the Management of severe local anaesthetic toxicity (2010). The flowchart of how to manage this was displayed in the stock room.

Staff mostly recorded the room temperatures where medicines were stored and the medicine fridge temperature on the days the clinic was open. The minimum and maximum range the temperature was at within 24 hours was being recorded. However, this was not always in range with the policy. Although this was noted on the relevant form, there was no evidence the higher temperatures had been acted upon in line with the policy. The policy temperature range was between 2 to 8°C. Staff told us they used two thermometers to record the temperature, one built into the fridge and a second mobile thermometer which was faulty at times. We raised this at the time of the inspection, the manager stated that they would only use the inbuilt thermometer as this was more accurate. The printed checklist for the fridge temperature check stated the fridge needed to be kept within a range of 0 to 4°C. This was not in line with the service. It also stated food was stored within this fridge. Staff told us this statement and the temperature range was an error and changed this whilst we were on site to reflect the policy. Staff also assured us they would record any escalation should the fridge be found to be out of range.

In the all the patient records we checked, we found that patients had been asked pre-operatively about their medications and any allergies. This had improved since the previous inspection where we found a pre-operative consultation was not happening and patients were not asked about their medication history.

Staff checked medicine stock on a monthly basis and recorded this in a book. This record was unclear, and the layout of the book was disorganised. This meant the wrong medication could be documented on the wrong page and totals could be wrong. The surgeon said they had recorded the medication incorrectly previously and had to cross it out. We escalated this whilst on site and the manager changed this to a new, clearer, system.

Medication was given only by the consultants. They administered all local anaesthetic and any other oral medication required. Minimal stock was kept on site. If a patient required medication post-operatively, the consultant wrote a prescription and the patient could purchase this from a local pharmacy. Medicines were not given out on site to take home.

The service completed a medicines audit quarterly. In January 2021, they audited seven prescription records; six out of the seven records scored 100%, however one scored 86%. The results were shared with the practitioner to encourage learning. Both previous audits in October 2020 and July 2020 were 100%.

Staff followed current national practice to check patients had the correct medicines. The service had an up-to-date policy on antibiotic prophylaxis (treatment given to prevent disease) to ensure staff prescribed them safely. This guidance was in line with the National Institute for Health and Care Excellence (NICE) guidance (NICE, Surgical site infections: prevention and treatment (NG125) (April 2019). They audited antimicrobial prescribing; December 2020 compliance was 100%.

Good

# Surgery

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Any safety alerts received were sent out to all staff through email. Any relevant to the clinic would be saved virtually by the practice manager. Following the inspection, the staff sent a new policy to reflect this.

**Incidents**

**The service managed patient safety incidents well. Staff recognised and reported incidents. Managers investigated incidents and shared lessons learned with the team.**

Staff raised concerns and reported incidents and near misses in line with incident reporting policy. From April 2020 to April 2021, the service had no never events and two incidents. Never events are serious, largely preventable patient safety incidents that should not occur if healthcare providers have implemented existing national guidance or safety recommendations. We saw that the reported incidents were discussed within the clinical governance meeting. Third-party staff were made aware of any incidents by the practice manager and were aware of how to report an incident.

Staff understood their responsibilities to meet the duty of candour legal requirements and when this should be used. The duty of candour is a regulatory duty that relates to openness and transparency. The duty requires providers of health and social care services to inform patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had not yet had to use the duty of candour within the service.

Managers investigated incidents thoroughly and made changes to practice if required. For example, when they identified complications post-surgery, these were dealt with swiftly and any issues were rectified.

## Are Surgery effective?

Good

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

**Evidence-based care and treatment**

**The service mostly 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. The service had a range of policies to support the delivery of care and treatment. We reviewed a sample of these. All those we reviewed were version controlled, reviewed by the provider in a reasonable timeframe and contained references to national guidance, laws and best practice documents such as Equality Act (2010) and National Institute of Health and Care Excellence (NICE) Clinical guidelines. All three directors were members of the British Association of Aesthetic Plastic Surgeons (BAAPS) and The British Association of Plastic, Reconstructive and Aesthetic (BAPRAS). They attended annual conferences. They ensured they were following the Royal College of Surgeons Professional Standards of Cosmetic Surgery (2016). In addition, one of the directors was in the process of obtaining certification from the Royal College of Surgeons of England (RCS England) for cosmetic surgery specifically. This means that they will appear on the General Medical Council's specialist register and have demonstrated to the RCS that their training, professional skills, clinical skills and knowledge are of a satisfactory standard.

Good

# Surgery

At the last inspection in 2019, we found that the service was not always following best practice guidance such as preoperative assessment and use of the WHO Safer Surgery checklist. We found this had improved, and all patients received a pre-operative assessment and most patients had a WHO Safer Surgery Checklist completed; we found one out of 10 records where this was not completed. As reported in 'Safe', the registered manager stated they would raise this with the surgeon concerned.

Clinical indicators such as national early warning score documentation, consent procedures and patient satisfaction were measured. However, the service did not always ensure that the early warning scores were totalled in line with the service policy.

**Nutrition and hydration**

**Staff gave patients appropriate food and drink to meet their needs.**

Hair transplants could be long procedures which lasted all day. Staff made sure patients had enough to eat and drink. The staff ordered food to the patients liking during their procedure. The service had access to hot and cold drinks if required. Patients told us that they were offered drinks during their time at the clinic.

Patients all had local anaesthetic for their surgery therefore were not required to fast before surgery. The patients were informed to have a healthy breakfast before their procedure.

**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 during surgery and gave pain relief in line with individual needs. We looked at 10 sets of notes and found that all patients were asked regularly about their pain during their procedures. For example, they were asked at regular intervals during a hair transplant procedure as this was a lengthy procedure.

Patients told us pain was discussed with them before surgery and post procedure. They were given advice about pain relief that they could take.

We saw records within the medication stock book which showed patients were administered pain relief medication before during their surgery. The consultant informed us that before hair transplant surgery all patients were given oral pain relief alongside the local anaesthetic to the treatment area.

**Patient outcomes**

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

Outcomes for patients were positive, consistent and met expectations, such as national standards.

Good

# Surgery

The service participated in patient outcome measures (Q-PROMs) for upper blepharoplasty (an operation for correcting defects or deformities of the eyelids) which was performed at the clinic. This was a Royal College of Surgeons Q-PROMS questionnaire given to the patient post-surgery to measure the outcomes. We looked at six responses from November 2021. One patient out of the six was concerned about scarring. All other patients were happy with their results and did not raise any concerns.

Managers generally used information from the audits to improve care and treatment. For example, we saw that the service had completed a records audit of eight sets of notes in January 2021. They had identified that the pre-operative assessment was missing key information such as patient observations and one WHO checklist was not completed. We saw this had been discussed with the team in January 2021. Records we checked after this date were complete. However, not all temporary staff were aware of the results of the audits. We were told that the practice manager would update them with any relevant changes within the clinic as a result of audits.

Surgeons audited their own performance and patient outcomes. For example, they looked at 27 patients who had received the earfold procedure. They found an 18.5% complication rate for these patients with an 11.1% infection rate. They found all patients who had these complications were smokers who did not follow the advice of the surgeons to stop two weeks before surgery. The consultants therefore stopped performing an earfold procedure on anyone who smoked. In addition, consultants told us they engaged in sharing of learning with other surgeons who performed this procedure and as a result introduced a specific washing out technique to further reduce the risk of complications.

There were no unplanned transfers of care from April 2020 to March 2021.

The consultants made patients aware that they might need revision surgery. For example, one surgeon told us their revision rate for a pinnaplasty (corrective ear surgery) was 10%. They made patients aware of this during their initial consultation. All revision surgery was done free of charge. We were told about two patients who were not fully happy with their results and had further corrective surgery to rectify this.

**Competent staff**

**The service mostly made sure staff were competent for their roles. Managers did not always appraise staffs' work performance. They did, however, hold 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 service used sessional staff for some surgical procedures including an operating department practitioner (ODP) and hair technicians. There were files for each member of staff which showed their suitable qualifications, professional registration and training. This was an improvement from the last inspection where there was no record of staff competency and qualification. However, there was no evidence of references provided by previous employers. This meant the service could not be fully assured that the temporary staff members were compliant in their role. We raised this with the manager who stated they would source references. They also stated they had worked with the staff members within their alternative places of work and were confident in their ability.

Managers did not perform formal annual appraisals for their permanent non-clinical staff (two staff members). Staff told us they had regular one to ones where they could raise concerns. For example, the practice manager had a recent one to one with the finance director and discussed training needs. However, these were not documented and were informal. The whole team of permanent staff attended regular clinical governance meetings which also acted as team meetings. These

were minuted and we saw evidence they were well attended and occurred regularly. Although staff did not undertake annual appraisals, we saw evidence that a member of staff was supported to develop into a management role. This support was continued during this role to increase skills and competencies. Post inspection, the registered manager arranged appraisals to be held in April 2021 for both non-clinical members of the team.

Surgeon qualifications were displayed in the waiting area. Consultant expertise and competence was checked through review of the main employers' annual appraisal; this was held within their personal file. These were as up to date as possible, but they had been delayed within the NHS due to the COVID-19 pandemic. For example, one Consultants appraisal was due in June 2020 but had been delayed until April 2021. Post the inspection we found this appraisal had taken place as planned.

Managers gave all new staff an induction and orientation to the clinic and their role. Non-clinical staff were offered training on the job and supported by a manager whilst learning their role.

Managers made sure staff attended team meetings or had access to meeting minutes when they could not attend. We saw evidence that these were well attended by the team. Bank staff stated they did not see the team meeting minutes but the practice manager updated them on any incidents and learning.

**Multidisciplinary working**

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

The team worked well together, with care and treatment delivered to patients in a co-ordinated way.

Staff held regular multidisciplinary meetings to discuss both clinical and business matters. They were a small team who told us they had constant communication. We were told they had three secure message groups for communication between the teams when they were not all on site.

Staff told us they had good working relationships with the consultants. We saw good interactions between these team members. Staff said they were approachable, and they worked well as a team.

Patients gave consent for their GP to be contacted when required. All patients were given a letter to give to their GP's post-surgery; it was the patients' responsibility to ensure that the GP received this letter.

**Seven-day services**

**The service was open six days a week to support timely patient care.**

The clinic was open Monday to Saturday 10am until 6pm. Patients were given a phone number to call out of hours to access a surgeon for advice if they had any concerns. A message could be left, and a surgeon would return their call the same day.

**Health promotion**

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

Good

# Surgery

The service had relevant information promoting healthy lifestyles. The surgeons did not operate on people who were overweight or were smokers. They explained this was due to increased risk of complications. They would give patients advice about other agencies to contact for support.

Psychological assessments were completed before a patient's consultation. This meant the surgeon could assess whether the patient needed further support psychologically ahead of surgery. If a patient required further support, the surgeon would refer the patient back to their GP.

**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.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The consent forms were appropriate and thorough. Staff made sure patients consented to treatment based on all the information available. The documentation showed that the patients were suitably informed before any surgery about the benefits and risks. Staff clearly recorded consent in the patients' records. In all the records we reviewed patient consent had been clearly documented, including for clinical photographs.

The service had undertaken regular medical records audits which checked consent had been appropriately recorded. In all the medical records audits the consent completion was 100%. All consent forms we checked on inspection were 100% completed.

All patient records we looked at had the two weeks 'cooling off period' before surgery. This was in accordance with the General Medical Councils guidelines which state patients should have a mandatory cooling-off period between the initial consultation and committing to the procedure.

Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff were 89% compliant with training as of April 2021.

Patients seen at the clinic for cosmetic procedures had capacity to consent to their own treatment. Consultants followed a clear policy which outlined that no patients would be seen within this service if they did not have the mental capacity to understand the what a procedure entailed including the risks and benefits. The service had not seen any patients who potentially did lack capacity; however, all were clear on the process to follow should this situation occur.

The Deprivation of Liberty Safeguards did not apply to this service.

## Are Surgery caring?

Good

Our rating of caring stayed the same. We rated it as good because:

Good

# Surgery

**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 followed policy to keep patient care and treatment confidential. All staff ensured patients privacy and dignity was maintained.

Patients said staff treated them well and with kindness.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

**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 emotional support and advice when they needed it. For example, hair transplant procedures were long, and the staff ensured the patient was supported during their procedure.

Staff were available to meet and greet patients on arrival. We saw staff introduce themselves and explained their role. All patients we asked said staff were pleasant, welcoming and very accommodating.

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

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

Staff made sure patients understood their care and treatment. Staff told us they were honest when discussing surgery and did not let patients have inappropriate or unnecessary procedures. They ensured they were able to make informed decisions about their treatment.

All patients we spoke to told us the procedure was fully explained to them, along with the cost, potential complications and expected outcomes.

We observed a phone call; a patient had rung to discuss the treatment. They were spoken to with respect and in a professional manner.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this through a questionnaire or a patient feedback website. On the website, all ratings were identified as ‘excellent’. Comments included: “I was treated so well that I feel comfortable here and I’m going to continue with this service for any future treatment. I cannot recommend enough”, “Excellent service from the first consultation all the way through with the aftercare” and “The level of care and skill I have received has been fantastic”.

Good

# Surgery

The patient satisfaction questionnaire completed February 2021 had 36 responses. These results were 100% positive with positive comments such as “great surgeon and great service”, “The surgeon is a lovely guy, he listens, understands and cares”, and “The surgeon made me feel completely at ease with every part of my care”.

## Are Surgery responsive?

Good

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

**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 needs of the local population. We saw discussion regarding new surgeons who delivered different services were had with the whole team during their team meetings. This provided different treatment options for patients and more flexibility.

The service had a strict criterion with regards to the patients they accepted for surgery. The service was designed to provide low risk surgery under local anaesthetic only. Patients who required surgery that was outside the scope of what could be offered at this location were signposted to local private hospitals where there was more support in case of any complications arising.

Facilities and premises were appropriate for the services being delivered. There was one clinical treatment room where most surgical procedures were undertaken and two further treatment rooms. We saw there was adequate car parking for staff and patients.

Managers ensured patients who did not attend appointments were contacted. The manager told us they used to have a high volume of people who did not turn up to initial appointments. They implemented a small charge for this appointment, and this has meant they rarely had patients who did not attend.

The service had CCTV in place. This covered the car park, stairs, office and treatment room. This meant that patients were kept safe whilst they were on site. The area to view the cameras was in a private, staff only, area.

**Meeting people’s individual needs**

**The service took account of patients’ individual needs and preferences. Staff made reasonable adjustments to help patients access services.**

Patients with mobility difficulties would be seen in a ground floor treatment room and would be offered treatment at a local hospital with disability access. Wheelchair users were referred to a local independent hospital which had appropriate access.

Good

# Surgery

The service had interpreting facilities available. Staff told us they did have patients who attended whose first language was not English. They would use language line if they needed to obtain patients consent for surgery. However, they would ask a family member to translate for them when gathering basic patient information.

Patients were provided with information about aftercare and a post-operative appointment. This included clinic contact details.

If a patient did not meet the criteria for treatment and this clinic location due to their risk factors, for example, obesity. They would be referred to a local independent hospital with the facilities to manage complications post-surgery for their treatment.

**Access and flow**

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

Staff told us most patients waited around two weeks for an initial appointment and around six to eight weeks if they decided to have surgery. All patients were able to choose their consultation and surgery dates to suit them. All surgery was planned in advance and in line with national standards. For cosmetic surgery there was a mandatory cooling off period of two weeks from appointment for patients to think about their decision to undergo surgery. All patient records we looked at had at least two weeks between their initial consultation and surgery. We saw evidence of one patient having a second consultation before undergoing the surgery. This enabled the patient to ask further questions about the procedure.

Patients told us they did not have to wait long for an appointment, and they were given a choice of day and time. They also said they were given time to make the decision for surgery and did not feel rushed. The clinics ran on time and appointments were spread out appropriately which meant there were rarely delays to the appointment times.

Appointments could be made easily by either telephoning the service or using the website. The patients made the decision about surgery once they had seen the consultant.

The service did not monitor the number of patients who did not attend appointments. However, they stated since implementing a small charge for the initial appointment, they did not have many patients who did not attend their appointments.

**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 clearly displayed information about how to raise a concern in patient areas. Patients we spoke with told us they would contact the service should they have any concerns.

The service had a policy on complaint management which identified all complaints should be acknowledged in two working days and a full response would be made within 20 working days. Staff understood the policy on complaints and knew how to handle them. There was a complaints log which included an audit proforma if required. This had not been completed as there had been no formal complaints between April 2020 and April 2021. We saw a complaint from February 2020; this was investigated thoroughly and included actions and comments from the directors.

Good

# Surgery

Managers investigated complaints and tried to resolve them where possible. A patient had informally complained about their results through the patient satisfaction survey. The service had picked this up and the surgeon offered further surgery to improve the patient's result. The patient had not since made a formal complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. We saw the patient complaint, obtained through the satisfaction survey, was discussed in February 2021 clinical governance meeting with the team.

## Are Surgery well-led?

Good

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

**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.**

Three surgeons ran the service at a local level. They worked elsewhere, for example, within the NHS. One consultant was the registered manager and held overall responsibility for all management decisions and actions. Staff were aware of who the manager was and stated that they were approachable. Staff felt supported to develop where possible and said leaders were open and honest.

The registered manager was employed on a full-time basis by another employer. Staff told us the registered manager was usually at the clinic at least one day a week but could be contacted and a message left to ring the service when not on site.

There was a clinic manager who was available in the clinic on a day to day basis.

**Vision and strategy**

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.**

During our last inspection, whilst there was no documented vision, we were told that the vision was to expand the service and take on additional surgeons to provide high quality patient care and treatment. The service had since employed two further surgeons under practicing privileges who was able to offer specialist treatments. There were no further plans to expand the service.

There was no documented strategy for achieving priorities or for delivering good quality, sustainable care. However, directors told us that innovation was a key aspect of the service and the they intended to continually look for innovative techniques. Two reviews had been undertaken of two of the main types of surgery offered in order to evaluate new and innovative techniques. The service was in the process of considering a non-invasive skin tightening treatment at the time of inspection and had recruited additional consultants under practising privileges to support an increase in business.

Good

# Surgery

**Culture**

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

Staff were positive and proud to work at the service. They enjoyed supporting patients through their patient journey. Staff had supportive working relationships with their colleagues. They worked together as a team to achieve the best outcomes for patients.

The service had the safety and well-being of staff as a priority. For example, the practice manager told us they had felt 'burned out' during the COVID-19 pandemic, and the service leaders granted annual leave straight away for this staff member to recuperate.

The culture was centred around the needs and experiences of people who used the service. Surgeons told us they gave patients honest information about the treatment and potential benefits or improvements they may experience. People using the service were provided with a statement that included terms and conditions of the services being provided to the person and the amount and method of payment of fees. Prices for different treatments were clearly advertised on the service's website. We saw discussions regarding the fees within the patients notes. Patients told us that the service were honest about the costs of the procedures.

Leaders of the service promoted an open culture and encouraged staff to discuss any concerns with the service leaders. During the inspection, staff did not raise any concerns about challenging behaviour from colleagues.

Staff understood the importance of raising and recording incidents, which had improved since our last inspection.

Staff were confident they could raise concerns safely without fear of punishment. The service had an up-to-date whistleblowing policy which included clear guidance about how staff would be supported by service leaders to raise concerns.

Information we saw showed the service only carried out marketing that was honest and responsible and complied with the guidance contained within the Committee on Advertising Practices (CAP).

**Governance**

**Leaders mostly 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.**

We found leaders had made some improvements to the service's governance arrangements. We saw evidence all levels of staff interacted with each other appropriately and were involved in the governance decisions.

The service held quarterly clinical governance meetings as a minimum. We reviewed the clinical governance meeting minutes from November 2020, January and February 2021. Clinical and non-clinical staff attended these meetings. These minutes showed evidence of discussions about actions from previous meetings and provided updates to the team on their progress.

Good

# Surgery

The registered manager understood the governance processes and was able to articulate the main challenges and risks to the service. They found their main risk was not being present all the time to keep on top of the governance processes. They tried to reduce this risk by using a secure messaging application to communicate with all staff and a task-based phone application to assign staff tasks to complete. This could be monitored to ensure compliance with allocated tasks.

The service had employed an independent consultant to review and update their policies on an annual basis. We found all policies were comprehensive and up to date.

The service had effective governance systems regarding ensuring third party had appropriate recruitment checks in order to grant staff practicing privileges. Practising privileges is whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice**.** The registered manager had responsibility for reviewing staff practicing privileges. The directors made decisions about whether the third-party staff had the relevant competencies and experience for their intended role before they begun to work at the service.

Staff used a practicing privileges checklist to record that all necessary documentation such current Disclosure and Barring Service (DBS) enhanced disclosure, most recent appraisal and professional referees had been received. The consultants had to sign a declaration of fitness to practice. They employed three consultants under practicing privileges. We reviewed one consultant file who was employed under practicing privileges and it was complete and up to date. The service had an up-to-date practicing privileges policy which included guidance for staff to ensure they complied with the requirements of the practicing privileges held within the service.

Some basic governance processes at the service still required improvement. Medicine management was still not sufficiently robust despite this being raised as a concern at our last inspection. For example, the governance around ensuring that the fridge temperature was compliant with the policy was poor, documentation of medicines was disorganised, and we found one medicine not locked away. All these issues were addressed at the time of the inspection.

**Management of risk, issues and performance**

**Leaders and teams did not always identify and escalate relevant risks and issues and identify actions to reduce their impact. However, they used systems to manage performance effectively. They had plan to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

We saw improvements in the system for identifying, monitoring and managing issues and risks. We saw the clinical governance meeting contained an agenda item for risk and incidents and discussions took place within the meetings. However, the service did not always monitor their risks accurately. For example, we found flammable items were stored incorrectly within the clinic. The risk assessments associated with these Control of Substances Hazardous to Health (COSHH) items did not reflect the risk appropriately and the need for storage within a metal COSHH cupboard. We highlighted this at the time of our inspection and they immediately ordered the required cupboard to store the flammable items. We saw the relevant risk assessments were re-completed in line with national best practice following the inspection.

The service had up-to-date policies to support the service's risk monitoring. For example, the service had a risk management policy, complaints policy and deteriorating patients' policy.

Good

# Surgery

The service prioritised patient care over financial pressures. They discussed the clinic's finances within the clinical governance meeting. For example, in January 2021, the team discussed looking at cleaning contracts. They said the current cleaners had good standards but were expensive. Following a discussion, they agreed to continue with the current cleaning contract to maintain the high standards of cleanliness.

The service was now monitoring its performance. They collected infection, complication rates and patient outcome data. They used these to improve their service. For example, they found that smoking had an increased risk on the outcomes of patients with earfold surgery. They changed their policy and no longer offered this procedure to patients who smoked.

**Information Management**

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, systems were integrated and secure. However, we found patient identifiable information not locked away during our inspection.**

Staff could easily access patient records to ensure they had access to all information needed to provide safe patient care. Paper patient records were used on the day the patients were having surgery. These were kept securely in a locked filing cabinet. Following surgery, they were scanned onto the service's electronic record system and were accessible to staff electronically. Computers were password protected and locked when not in use.

The service collected data to monitor the effectiveness of the service. This was an improvement since our last inspection where we found the service was not conducting audits or monitoring patient outcomes.

The service reviewed complaints and used feedback to make improvements. They monitored patient feedback and acted upon this to prevent complaints. For example, following reviewing the patient satisfaction surveys in February 2021, they found a lengthy response from a patient who was not overall happy with his results. They contacted the patient and have since offered further support and consultations to improve his satisfaction.

Within the year before our inspection, the service had not had any notifiable incidents which needed to be reported to external organisations. The registered manager understood their responsibilities for submitting statutory notifications to the Care Quality Commission (CQC) as required. For example, they have recently added a regulated activity to their registration.

During our inspection, we found that the procedure book and the medicines log were kept on the bench within the treatment room. They were not locked away. This meant patient identifiable information could be seen by anyone who entered the treatment room, such as the cleaner. We highlighted this to the manager at the time of inspection and they immediately locked the books away. They stated they will now only bring them out on the day of surgery and lock them away at the end of each day.

The service also did some research into the two different hair transplant procedures that they performed. They found that there were positives and negatives to both techniques. For example, for the robotic hair transplant, there were additional costs and space requirements but the speed of harvest of hairs and speed or recipient site creation was faster. Whereas for the manual method, they found that the cost and space was minimal but all other factors were variable and based on the operator experience. They found there was very little research that directly compared the two processes. Therefore, they concluded that further research was needed to make comparisons. They continue to offer patients both methods and be transparent with the pros and cons to both. The surgeon told us that most people chose the manual method over the robot, as it was more cost effective.

Good

# Surgery

**Engagement**

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.**

Staff were involved in discussions about planned developments for the service and these were regularly discussed at their meetings. The service used secure messaging groups for staff to share information and to ensure all staff were up to date. The registered manager also used a task management application. This enabled the registered manager to assign tasks to staff and for them to be ticked off when completed. This could be accessed when staff were not in the clinic. This helped the registered manager to remain informed about progress with tasks whilst not on site.

The service produced a monthly newsletter for the public. This included information about new consultants, improvements and examples of cosmetic surgery results. For example, the newsletter sent out in February 2021 contained information about the new website, new consultant starting and results of a cosmetic procedure.

The service had an up to date website which gave information about the service and procedures. The service used advertisement on the internet to engage with potential patients. They had discovered there was an issue with this in January 2021 with fewer enquiries. This was addressed and had since had an increase in enquiries.

The service monitored feedback it received on social media and review websites. All the reviews and comments we saw were positive.

The service completed a patient questionnaire review in February 2021 with 36 responses. They received 100% positive outcomes for all questions asked. This had improved since our last inspection where patient feedback questionnaires were not undertaken.

The service ensured they provided people considering cosmetic surgery with up-to-date information to help them choose a suitable procedure type. For example, they used specific procedure information obtained from the BAAPS information leaflets. This ensured that they were up-to-date and in line with national guidelines.

All staff have been responsive to requests from the Care Quality Commission regarding compliance and information required in the continued monitoring of the service since the last inspection.

Good

# Outpatients

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

## Are Outpatients safe?

Good

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. Staff collected safety information and used it to improve the service.**

**Mandatory Training**

Please see this section within the surgery report for details of findings.

**Safeguarding**

Please see this section within the surgery report for details of findings.

**Infection Control**

Please see this section within the surgery report for details of further findings.

**Environment and equipment**

There were four rooms which were available for outpatient consultations. Three were in use at the time of the inspection. One was used for storage of surplus equipment to enable appropriate social distancing measures within all areas.

Please see this section within the surgery report for details of further findings.

**Assessing and responding to patient risk**

Good

# Outpatients

**Staff generally completed and updated risk assessments for each patient and removed or minimised risks. Where patients were deemed at high risk of complications, they were sign-posted to alternative locations.**

Before outpatient procedures, patients received a consultation. If surgeons identified that a mole or other skin problem was potentially high risk, they referred patients back to the NHS.

Consultants sent samples following removal of moles or cysts for histology to identify any malignancy. This enabled the consultants to inform patients of any concerns and to support patients to receive ongoing treatment under the NHS.

Consultants did not undertake formal observations to identify deteriorating patients during outpatient procedures. This was because the procedures were very low risk, quick to undertake and minimally invasive. In addition, patients were generally fit and well when having the procedure. However, as reported within surgery, consultants had access to policies on identifying and managing a deteriorating patient should a patient become unexpectantly unwell.

### Staffing

Please see this section within the surgery report for details of findings.

### Records

Please see this section within the surgery report for details of findings.

### Medicines

Please see this section within the surgery report for details of findings.

### Incidents

There were no incidents recorded between April 2020 and April 2021 related to the outpatient service. However, staff were aware of the incident reporting procedure.

Please see this section within the surgery report for details of further findings.

## Are Outpatients effective?

Good

We rated it as good because:

**Staff provided good care and treatment and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service. 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. Key services were available Monday to Saturday from 10am till 6pm.**

### Evidence-based care and treatment

Good

# Outpatients

Please see this section within the surgery report for details of findings.

**Nutrition and hydration**

Consultants offered patients water during their appointments. As the procedures were very quick to undertake, there was no medical need to offer food or additional beverages.

**Pain relief**

Please see this section within the surgery report for details of findings.

**Patient outcomes**

**Staff monitored care and treatment.**

The service obtained clinical specimens for certain outpatient procedures, for example, mole removal. These were sent off for analysis and the results were recorded in a logbook. Consultants also recorded that they had shared results with patients.

Where required, consultants made onward referrals for patients to receive further follow up within the NHS.

**Competent staff**

Please see this section within the surgery report for details of findings.

**Multidisciplinary working**

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

Consultants liaised with external histology providers to ensure testing was carried out on any tissue removed which required this.

Where results required follow up, consultants informed the patient and liaised with the patients' GP. In addition, the consultants were able to directly refer to NHS teams for further follow up and treatment. One consultant referred patients to themselves within a local NHS trust as clinical activity this formed part of their speciality work there.

**Seven-day services**

Please see this section within the surgery report for details of findings.

**Health promotion**

Please see this section within the surgery report for details of findings.

**Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

Good

# Outpatients

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.**

For outpatient procedures, patients did not require a two-week cooling off period as required for cosmetic procedures. Therefore, consultants could undertake a procedure on the same day as the consultation if appropriate.

Patients seen at the clinic for outpatient appointments and procedures had capacity to consent to their own treatment. Consultants followed a clear policy which outlined that no patients would be seen within this service if they did not have the mental capacity to understand the what a procedure entailed including the risks and benefits. The service had not seen any patients who potentially did lack capacity; however, all were clear on the process to follow should this situation occur.

The Deprivation of Liberty Safeguards did not apply to this service.

Please see this section within the surgery report for details of findings.

## Are Outpatients caring?

Good

We rated it as good because:

**Staff treated patients with compassion and kindness, took account of their individual needs, and helped them understand their choices. They provided emotional support to patients.**

**Compassionate Care**

Please see this section within the surgery report for details of findings.

**Emotional support**

Please see this section within the surgery report for details of findings.

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

Please see this section within the surgery report for details of findings.

## Are Outpatients responsive?

Good

We rated it as good because:

Good

# Outpatients

**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 procedures.**

**Service delivery to meet the needs of local people**

Please see this section within the surgery report for details of findings.

**Meeting people's individual needs**

Please see this section within the surgery report for details of findings.

**Access and flow**

Please see this section within the surgery report for details of findings.

**Learning from complaints and concerns**

There were no formal complaints for the outpatient service between April 2020 and April 2021.

Please see this section within the surgery report for details of findings.

## Are Outpatients well-led?

Good

We rated it as good because:

**Leaders ran services well using reliable information systems and supported staff to develop their skills. 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.**

**Leadership**

Please see this section within the surgery report for details of findings.

**Vision and strategy**

Please see this section within the surgery report for details of findings.

**Culture**

Please see this section within the surgery report for details of findings.

Good

# Outpatients

**Governance**

Please see this section within the surgery report for details of findings.

**Management of risk, issues and performance**

Please see this section within the surgery report for details of findings.

**Information Management**

Please see this section within the surgery report for details of findings.

**Engagement**

Please see this section within the surgery report for details of findings.