Transform Hospital Group Nottingham

Inspection report

21 The Triangle
NG2 Business Park
Nottingham
NG2 1AE
Tel:

Date of inspection visit: 26July 2022
Date of publication: 17/08/2022

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

Ratings

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

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Transform Hospital Group Nottingham on 26 July 2022. This was as part of our inspection programme; the service had not previously been inspected or rated.

The provider Transform Hospital Group Limited operates from eleven clinics and two independent hospitals across England. Normally, patients choose from one of the two hospitals where they would like to undergo any surgical procedure linked to their treatment. As part of this model of care, the Transform Hospital Group Nottingham clinic providers a range of services including pre-and post-operative care to cosmetic and bariatric surgery patients in an on-outpatient setting. The clinic also carried out vaser liposuction.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Transform Hospital Group Leeds

Provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- There were systems in place to review and investigate events and incidents when things went wrong or did not meet the required standards. Lessons learned were shared and the provider identified themes and took action to improve quality and safety.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with respect and involved them in decisions about their care.
- Patients were able to access care and treatment in a timely way.
- Quality checks and audits led to improvements in services and patient outcomes.
- Patient consent to care and treatment was obtained and recorded in line with national guidance and best practice.
- Management and governance systems in place promoted the delivery of high-quality, person-centre care.
- Patient satisfaction with services provided was generally positive.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included aa specialist adviser.

Background to Transform Hospital Group Nottingham

Transform Hospital Group Nottingham is an independent health clinic which is part of a group of services under the provider of Transform Hospital Group Limited. The provider is located at 192 Altrincham Road, Manchester, Lancashire, M22 4RZ. Transform Hospital Group Limited has eleven regional clinics and two hospital locations in Manchester and Bromsgrove.

For this inspection we visited the clinic in Nottingham at:

Transform Hospital Group Nottingham

21 The Triangle,

NG2 Business Park

Nottingham

Nottinghamshire

NH2 1AE

The Nottingham clinic provides services for patients who are 18 years of age or older, with surgical procedures being delivered at their hospital locations. Transform Hospital Group Nottingham provides a range of services including pre- and post-operative care to cosmetic and bariatric surgery patients in an outpatient setting, in addition to weight management services and other aesthetic services. The service is registered with the Care Quality Commission for the treatment of disease disorder or injury and surgical procedures.

The clinic is located within a business park and is on the first floor of a building. There is a lift available to meet the needs of those who may have mobility issues.

The clinic operates Monday between 8.30am and 7pm, Tuesday between 8.30am and 6pm and Wednesday to Friday between 8.30am and 5pm with some flexibility dependent on surgeons working hours.

The clinic is led by a clinic manager and includes a team of nurses and administration staff. Consultant surgeons who attend the clinic work across the providers other clinics and hospitals on sessional basis.

How we inspected this service :

We inspected this clinic by requesting information from the provider before attending the clinic. A site visit was undertaken where we interviewed staff, reviewed documentation and consultation records and spoke with patients. Further interviews were conducted following the site visit with clinic staff.

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

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

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

Good

Are services safe?

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We saw evidence of how the service had raised a safeguarding concern for a patient.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received safeguarding and safety training. They knew how to identify and report concerns. We spoke with staff and were assured that they understood safeguarding concerns and procedures to raise any concerns identified.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). There were IPC policies and procedures in place, and the provider carried out regular audits. We also saw that there were records of daily cleaning within the clinic rooms, and records of cleaning between patients. Staff received training on infection prevention and control, and we saw evidence of regular IPC meetings being held which involved the organisations IPC lead.
- The practice had a legionella policy in place and were taking precautions in line with the policy. We saw evidence that water temperatures were not in line with the expected temperatures and the service had acted appropriately. A legionella risk assessment had been carried out and the practice were awaiting the report to be completed.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. For example, we saw that portable electrical equipment had been tested regularly and equipment calibration records were kept.
- There were systems for safely managing healthcare waste and cleaning the premises.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The clinic had recently recruited an administration staff member due to shortages.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- The service had selection criteria in place which was used to decide if a treatment was suitable for the needs of the patient. During the pre-operative assessment, the provider gathered a detailed medical history from the patient, and with the patient's consent contacted the patient's own GP for any additional information if this was required. If during this assessment, a treatment was deemed unsuitable for the patient, then the patient would be informed of the reasons why treatment was not suitable for them.

Good

Are services safe?

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service used a standardise proforma template for consultations to ensure records are consistent.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, with the consent of the patient the provider would share information with the patient's GP.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks.
- Medicines audits had been undertaken as part of their annual audit programme.
- Clinicians prescribed and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients who attended the service. The clinic did not provide services for persons under the age of 18.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Risk assessments were regularly reviewed, and actions were continually monitored.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The organisation used a quality and compliance focused software package which allowed them to manage incidents, audit findings and identified risks. There were regular meetings to review these.

Good

Are services safe?

- There were systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service acted on patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all required members of the team.

Good

Are services effective?

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. For example, the provider ensured that as part of the initial assessment processes the mental health and overall wellbeing of the patient was fully considered prior to agreeing to deliver services.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- Patients had post-operative assessments and support and were able to discuss any issues or concerns they had experienced following treatment or surgery.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The provider had in place a programme of clinical and non-clinical audits which were scheduled to monitor performance and patient outcomes. This included clinical documentation and consultation audits, compliance checks, infection rates, infection prevention and control audits, health and safety audits. These were reported back to regular meetings within the organisation. Ongoing action plans were recorded and managed by the clinic manager and reported back to the organisational management where necessary.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation. There was a system in place to check registration status of staff.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, we were told the nurses within the clinic worked closely with clinical staff in the hospital where the patient had undergone surgical procedures to ensure continuing care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

Good

Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse. We saw evidence of the service liaising with a patients GP regarding previous opiate misuse in order to tailor treatment and pain relief to suit the patient and avoid misuse.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Prospective patients were provided with a range of information pre-treatment and this helped them decide if services were appropriate for them. In addition, once patients had booked there was a 14-day cooling off period which enabled patients to reconsider their decision to seek treatment.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could continue to maximise health outcomes following their treatment within the clinic.
- Risk factors were identified, highlighted to patients. For example, the service signposted surgical patients to smoking cessations services prior to their procedure.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs where appropriate.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Staff had completed mental capacity training.
- Chaperone staff were used during treatment who would assist clinicians to ascertain if patients were suitable for treatment and making decisions for themselves. We saw evidence that chaperones had been used during consultations documented within patient records.

The service monitored the process for seeking consent appropriately.

Good

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Patients could give their feedback within the clinic or online via Trustpilot. Feedback was positive around how patients had been rated by the clinic. Many patients reported that the staff were helpful and supportive through their experience. Negative feedback was mainly in relation to telephone systems and surgery outcomes. The Nottingham clinic had experienced difficulties with the telephone system and had recently updated this to make it easier for patients to contact the clinic.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation and translation services were available for patients who did not have English as a first language. We saw notices in the reception areas, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care. The provider also had available services and equipment which supported patients with a hearing or sight impairment. This included braille support, hearing loop support and British Sign Language support.
- We spoke with patients who were positive about their experience and support within the clinic. We also spoke with patient who were going through the revision surgery process and were positive of the staff who were supporting them however reported communication was difficult between suppliers and the provider when problems arose.

Privacy and Dignity

The service respected respect patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff spent time with patients during pre- and post-operative consultations and assessments and were able to answer patient questions about their care and treatment.
- The provider had staff confidentiality agreements in place which were completed by staff on recruitment.
- Photographic images for cosmetic treatments were taken of the patient with their consent. These were stored securely and disposed of when no longer required.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered. Premises were subject to regular checks on conditions.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- The provider had a number of clinics and two hospitals which operated across the country. This gave patients some options in respect of where they received services.

Timely access to the service

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

- Services were provided on a fee-paying basis and delivery was based on patient demand and the capacity of the organisation.
- Patients had timely access to initial assessment, clinical consultations and post-operative support and care from the clinic.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with urgent needs or queries post operatively had their care and treatment prioritised.
- Feedback from patient reviews indicated that appointments were booked in a timely manner.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and was contained within terms and conditions of the treatment agreement. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. The provider was a member of the Independent Sector Complaints Adjudication Service (ISCAS) and informed patients they could access this service if they wanted to escalate their complaint.
- The service had complaint policy and procedures in place. We saw that complaints and concerns were discussed at regular meetings. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- In the previous year there had been eight complaints in total. We saw that the stage one complaints procedure had taken place appropriately in line with the complaints policy.

Good

Are services well-led?

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were actively involved in addressing them for example, arranging and following up on building and premises checks.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service management was supported by the wider organisations with areas such as HR and safety. The manager was involved in organisational meetings to escalate risk or incidents appropriately.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and staff were aware of and understood their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service and proud to be involved in supporting patients through their journeys.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. There were regular performance management reviews and appraisals in place for staff.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff reported they could raise concerns to their management at any time but also the organisation ran a monthly anonymous feedback programme which targeted different topics each month. This could not be drilled down to clinic specific feedback but learning and ideas were shared across the organisation in order to improve. This gave staff confidence any concerns raised would be done confidentially if necessary.
- Concerns raised were done on a central system which would raise the concern to the wider organisation in order to share learning across multiple sites.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year and newly appointed staff had received probationary reviews. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.

Good

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. We saw that management meetings were held to discuss key operational areas. Oversight structures had been developed and included a management board, clinical governance and compliance committee, and a safety, quality and risk committee, along with other specific meetings such as safeguarding, infection control and clinic meetings.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The provider had developed risk registers which were monitored and reassessed regularly.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, outcomes and post-operative infection rates. The clinic also monitored themes from patient feedback and outcomes of surgeons and escalated if necessary.
- A clinical governance lead for the organisation had oversight of safety alerts, incidents, and complaints as well as management within the Nottingham clinic.
- Audit processes had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

Good

Are services well-led?

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The clinic analysed patient feedback given either in the clinic or online via trust pilot. Any negative feedback was followed up on. Feedback was discussed in management and team meetings.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- Staff were also involved in organisational wide anonymous feedback exercises which focussed on specific areas each month. Although feedback could not be reviewed for the Nottingham clinic, all the feedback was acted upon nationwide.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider had developed a “you said, we did” noticeboard in the staffroom to outline actions taken following feedback.
- Staff we spoke with were positive about working within the service and said that clinics were well run and organised.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement within the organisation. Team meetings captured discussions and improvements which had been discussed.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.