The Beautiful Body Company (UK) Limited

EF Medispa Kensington

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Inspected but not rated
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

The service has been inspected but not previously 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 care and treatment in line with national guidance. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- The service planned care to meet the needs of people who accessed the service, took account of peoples' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment whilst respecting the required consent 'cooling off' periods.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values. Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities. The service engaged with patients and all staff were committed to improving services continually.

However:

- The service did not submit their data to the Private Healthcare Independent Network
- We found a small amount of equipment that was no longer in use, stored in clinical areas
- Not all paper clinical records were signed and dated

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Since our last inspection in 2018, the service made changes to address identified areas of improvement. However, since the COVID-19 pandemic, the service reduced the number of procedures it carries out and now only provides PDO thread lifts and consultations for cosmetic surgeries under the CQC regulation remit. The service performed 6 PDO thread lifts and 6 cosmetic surgery consultations during the period of December 2021 to November 2022. We rated this service as good because it was rated good for safe, effective, responsive and well led. We were unable to rate caring due to lack of evidence. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to EF Medispa Kensington

EF Medispa Kensington is operated by The Beautiful Body Company (UK) Limited. The service registered with CQC in 2010.

The clinic is located in London and provides independent cosmetic surgery and aesthetic treatments to members of the public on a self-referral basis.

Consultations for any cosmetic surgical procedure and cases requiring general anaesthetic or additional services are referred to local private hospitals under a service level agreement. There are pre and post-operative care pathways in place and care is tailored to each patient. Polydioxanone (PDO) thread lifts are carried out on a day case only basis.

Several other specialist skin services are also offered. The service also carried out non-surgical treatments which do not fall within the CQC scope of registration and will not be reported on.

The clinic does not treat children under the age of 18 years old.

The clinic has a spacious reception area, an office, consultation and treatment rooms, and an operating theatre, all set out on 3 floors.

The service is registered to provide the following regulated activities:

• Surgical procedures

• Treatment of disease, disorder and injury

There has been a registered manager in post since 2011.

The service was previously inspected but not rated.

How we carried out this inspection

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

This was an unannounced inspection.

An inspector and specialist advisor carried out the inspection on 22 November 2022 with off-site support from an inspection manager. During the inspection, we spoke with 3 members of staff including the service director and general manager. We reviewed 6 patient's notes, feedback forms and online reviews. We also reviewed a range of policies, procedures and other documents relating to the running of the service. No regulated procedures were carried out on the day of inspection.

Summary of this inspection

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.

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Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should submit data to the Private Healthcare Information Network (PHIN).
- The service should continue to improve their record keeping process by assuring all paper records are signed and dated in accordance with the service's information governance policy.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Inspected but not rated	Good	Good	Good
Overall	Good	Good	Inspected but not rated	Good	Good	Good

Good

Surgery

Safe	Good
Effective	Good
Caring	Inspected but not rated
Responsive	Good
Well-led	Good

Are Surgery safe?

Good

The service has been inspected but not previously rated. We rated it as good.

Mandatory training

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

Staff received and kept up to date with mandatory training. This was delivered by external providers through eLearning. The mandatory training programme was comprehensive and met the needs of patients and staff. All staff we spoke with understood their responsibility to complete mandatory training and felt they received all training necessary to enable them to work effectively.

The clinic manager monitored training for all clinical and administrative staff using a training matrix and alerted staff when they needed to complete updates.

We reviewed staff records and saw information regarding mandatory training compliance was recorded, along with evidence of course completion such as certificates. We found staff were compliant with the mandatory training programme. Training was comprehensive and included sessions such as first aid, basic life support, infection prevention and control, fire safety and data protection and information governance. Further role specific training was also completed and recorded.

Consultants completed mandatory training within their substantive NHS employer and provided annual confirmation of completion of training to the service in line with the organisation's practising privileges policy. This was the same process for the nurse on a zero-hour contract.

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.

All staff received training appropriate to their role, which reflected national guidance and included how to recognise and report abuse. Training included safeguarding vulnerable adults and children. The general manager was the safeguard lead and trained to level 3 safeguarding adults and level 2 for children.

Good

Surgery

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding policies and procedures were easily accessible in both electronic and paper formats, and staff knew where to find them. We saw safeguarding guidelines and contact information displayed in staff areas.

The service's safeguarding policy contained details of the local authority safeguarding team, appropriate definitions, processes to follow, and where additional information could be found.

The service promoted safety in recruitment procedures and ongoing employment checks. We reviewed staff records and appropriate DBS checks had been carried out

Cleanliness, infection control and hygiene

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.

All areas of the clinic, including the reception area, offices, storage rooms and patient treatment areas, were clean.

All areas had suitable furnishings which were clean and well-maintained.

The service employed an external cleaning agency and we saw evidence of completed cleaning records. Flooring throughout the clinic was well-maintained and visibly clean. Maintaining cleanliness and hygiene was the responsibility of all staff and we saw cleaning was carried out at the time of our inspection by different staff members. We saw the most recent cleaning records audit and the service performed at 100%.

Ventilation systems were in use in the operating theatre. The theatre ventilation system was a wall mounted air purifier which was suitable for the PDO thread lift procedures. The air purifier was not compliant with national guidance for surgical procedures (HTM03/01). However, the service had not carried out any surgical procedures at the location for over 2 years as all cosmetic surgical procedures were undertaken at a private hospital with which the location had a service level agreement (SLA).

Staff used records to identify how well the service prevented infections. Infection prevention and control (IPC) audits were scheduled every month, and we saw cleaning was carried out and recorded daily. The service scored consistently above 90% for all metrics in the IPC audit.

The service also did legionella temperature safety checks which were carried out every six months. Staff ran taps daily to reduce the incidence of legionella and annual water safety management was overseen by an external contractor. The service did not have any significant action points following their most recent legionella test.

Staff followed infection control principles including the use of personal protective equipment (PPE) and were aware of when aseptic techniques were required. We saw PPE was readily available and used effectively in different areas of the clinic. Staff wore appropriate clinical attire and were bare below the elbows. The service had an identified IPC lead, who was the general manager.

Hand washing facilities and hand sanitising gel dispensers were available in all clinic areas for staff, patients and visitors to use. The last 4 hand hygiene audits scored 100% in compliance with the measured metrics.

Good

Surgery

Staff followed a Sepsis Recognition policy that included up to date National Institute for Health and Care Excellence (NICE) guidance. The Infection Prevention and control policy included guidance regarding decontamination, legionella control, personal hygiene, PPE, and waste disposal. It also directed staff to further information and advice.

Staff minimised infection risks by screening patients for infectious diseases. As an example, patients were screened for methicillin-resistant staphylococcus aureus (MRSA), which is a bacterium resistant to certain antibiotics. The pre-operative screening process was in line with national guidance.

As part of the pre-operative screening process for cosmetic surgery, staff also used a venous thromboembolism risk screening tool as well as starting to complete the first stages of the surgical safety checklist where this applied.

Staff worked effectively to prevent, identify and treat surgical site infections. All surgical patients were monitored for signs of infection before surgery and during recovery. Patients were given advice about how to prevent infection occurring as well as signs and symptoms to be aware of during consultations and this was also discussed during follow up calls and appointments with the clinic.

There was an effective governance process by which any surgical site infection identified would be discussed at the clinic's clinical governance meetings. No infections were reported between December 2021 and November 2022.

All surgical instruments used at the clinic were single patient use only and were disposed after use. This eliminated the risk of cross contamination. Staff cleaned all other equipment after every patient contact.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the clinic environment, including treatment rooms, operating theatre and the consultation room, followed national guidance and all areas were well maintained.

Staff carried out daily and weekly safety checks of specialist equipment and we saw records of the checks had been completed. The AED device and emergency grab bag were checked with emergency drugs in date.

All refrigerator temperatures had been regularly checked and recorded by staff. Portable appliance testing had been carried out on relevant equipment and all tests were in date. The service kept an equipment log with details of servicing and expiry dates.

The service had enough suitable equipment to help them to safely care for patients. We checked a selection of consumable equipment in different areas of the clinic and all items checked were within their expiry date. However, we found some equipment that was no longer in use stored in a clinical area. We informed the service and they agreed to store the equipment in a storage room.

The service only carried out minor procedures which did not include surgical implants.

Staff disposed of waste, including clinical waste and sharps, safely, and we saw that containers for sharps' disposal were in date, had been signed appropriately and were not overfilled, which was in line with national guidance. The service had a clinical waste storage area that could only be accessed via a coded door.

There was a service level agreement (SLA) in place with an external company for the disposal of clinical waste. Waste was collected weekly and sharps bins monthly by an external company.

Waste disposal practices and principles were outlined in the service's waste management policy, which included information such as identification and management of IPC issues, sharps' related injuries, contact with bodily fluids, waste disposal, and issues relating to staff welfare.

The service had a control of substance hazardous to health (COSHH) cabinet. This was locked and accessible only to people who needed to access this. All products were accounted for and we saw the completed data sheet for control of the substances.

Patients were accompanied throughout their journey within the clinic and were never left alone in treatment rooms. The clinic layout allowed staff quick access to patients should they need help.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The service made sure patients knew who to contact to discuss complications or concerns.

Staff completed risk assessments for each patient on assessment, during admission and prior to discharge. Comprehensive pre-operative consultations and assessments for all patients were carried out in line with national guidance and included a risk assessment of the patient's suitability for the procedure. This included any concerns regarding a patient's psychological wellbeing as well as a comprehensive previous medical history. This was an improvement in relation to our inspection in 2018.

Patients were provided with a range of information and advice at their initial consultation relating to their specific procedure. We reviewed the service's surgical confirmation paperwork and PDO thread lift informed consent forms and found these to be detailed and meeting national guidance.

All clinical staff had an awareness of sepsis risks and reception staff had access to an information folder at the front desk to help triage telephone calls from concerned patients. Reception staff said clinicians were readily available should a patient report feeling unwell.

All patients had consultant-led care for their cosmetic surgery consultations. We reviewed the records of 3 surgical consultations and records showed procedures were discussed in detail, along with associated risks. Patients were required to complete an extensive medical history questionnaire which was discussed and documented. Pre-operative assessments were completed and clinicians could corresponded with other healthcare providers if further information was required.

Patients were provided with a two week "cooling off" period after initial consultation. This provided them with the opportunity to think about their decision to have surgery based on all the risks.

There was an SLA in place with a clinical laboratory service for the provision of laboratory pathology and blood analysis services. Any blood test or pathology results were reviewed and acted on by the consultant.

Managers told us patients who attended the clinic were generally low risk, and they were careful about their selection of patients for surgical procedures.

Good

Surgery

Only local anaesthetic was used in the clinic. There was no sedation or general anaesthesia offered at the time of the inspection.

At the time of our inspection, there had been no emergency transfers from the clinic. Staff were aware of how to safely manage any unwell or deteriorating patients. The service would call 999 if unable to support the patient effectively.

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. Managers reviewed and adjusted staffing levels and skill mix, and gave staff a full induction.

Managers ensured the correct numbers and grades of staff were present in line with national guidance and clinic policy. They told us the cosmetic surgery consultations and PDO thread lift procedures were staffed according to need and speciality of the health professional.

We observed the service policy on staffing and found that it contained a policy for induction of all staff. This document outlined all the skills and competencies that were required of all professionals working at the clinic.

At the time of the inspection the service had one zero-hour contracted nurse.

There were also receptionist staff and technicians at this service.

Surgeons worked under a practising privileges agreement. The granting of practising privileges is an established process whereby a medical practitioner is granted permission to work within an independent hospital. The service had two surgeons working under a practising privileges arrangement.

The service had administrative and technician staff vacancies at the time of our inspection.

No agency or locum staff were employed at the time of our inspection.

Records

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

Patient records were a mix of paper based records and electronic records. Paper records were kept in a secure office at the service and then scanned to the electronic patient record system.

The service kept good records of their patients which were relevant to the services offered, and assured patient's received right care and treatment. We reviewed 6 patient records and saw that records were comprehensive, legible and up to date.

The service also audited their documentation and compliance with information governance. Records audits we reviewed identified areas for improvement such as assuring that all staff members signed and dated all paper documents in line with company policy. We saw actions were being taken to address this such as reminders in the governance and staff meetings.

Information governance formed part of the mandatory training programme, which all staff were required to attend.

Good

Surgery

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The service managed safe prescription and administration of medicines. Staff followed the provider's medicines management policy which included, safe storage, stock rotation, prescribing guidelines, logs and records for administration of medicines. The service had a medicine register audit and scored 100% in the last 3 months.

Staff stored and managed all medicines safely and securely in locked cupboards in the treatment rooms, storerooms and the operating theatre, in line with national guidance. Refrigerators and freezers were also secure.

Only the necessary clinical staff had access to medicines and prescribing documents, and this was strictly controlled. We checked a range of medicines and all were in-date.

There were no controlled drugs held or administered at the time of the inspection.

Incidents

The service managed patient safety well. Staff knew how to recognise and report incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.

The provider had a clear incident reporting policy containing definitions of incidents, reporting procedures, actions to be taken, recording of information and how incidents were shared for learning purposes.

In the event of an incident, a paper log and online log were kept. Incidents would then be discussed at management meetings.

There had been no never events at the service between December 2021 and November 2022.

In the same reporting period, there had been no serious incidents. A serious incident requires investigation and can be identified as an incident where one or more patients, staff members, visitors or member of the public experience serious or permanent harm, alleged abuse or a service provision is threatened.

Staff understood how to report incidents and were aware of the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency, and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. This means providers must be open and honest with patients and other 'relevant persons' (people acting lawfully on behalf of patient) when things go wrong with care.

Are Surgery effective?

Good

The service has been inspected but not previously rated. We rated it as good.

Good

Surgery

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. The service met cosmetic surgery standards published by the Royal College of Surgeons.

The clinic held regular clinical discussions and governance meetings with staff, managers and healthcare professionals. Managers told us this encouraged the sharing of good practice, along with updates in relation to national guidance.

The clinic ensured all policies, procedures and pathways were regularly updated. Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. This included holistic assessment of people's suitability for proposed treatments. During consultations, surgeons reviewed and assessed each patient's medical history, general health, mental health, and any previous cosmetic surgery.

Expected outcomes and potential risks were discussed openly and honestly, in line with national guidance and professional standards from the Royal College of Surgeons, the Association of Anaesthetists of Great Britain and Ireland (AAGBI), and the National Institute for Health and Care Excellence (NICE).

The service maintained a clinical audit plan. The service underwent monthly, quarterly and yearly audits. Quarterly audits included clinical records, complaints, patient survey, consent audit and reviewing the treatment register. Yearly audits included a yearly infection control risk assessment, staff awareness training and the health and safety risk assessment. We saw these were completed regularly and within the expected timeframes.

Nutrition and hydration

Patients were not required to fast before procedures and were offered refreshments during their stay at the clinic.

Pain relief

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

Staff prescribed, administered and recorded pain relief accurately. In the patients' records we reviewed all documentation relating to the prescription and administration of pain relief was completed and signed appropriately.

Upon discharge, all patients were provided with the number for the service and guidance on pain relief. They were advised to call in if they experienced unmanageable pain.

The service closely monitored discharged patients and contacted all patients post procedure.

Patients were prescribed pain killers to take home with them for the applicable treatments and post consultation. If the patient finished their medication and was still in pain, they could call the service and meet with the doctor to see what further medication needed to be prescribed.

Patient outcomes

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

The service was not required to participate in national clinical audits due to limited amount of procedures offered.

The service did not submit data to the Private Healthcare Information Network (PHIN).

Good

Surgery

Questionnaires were sent to patients following consultation and procedures. Records showed, outcomes for patients were positive, consistent and met expectations. The service reviewed the results of patients' surgery at different stages of the healing process.

The service measured outcomes on a visual basis, by taking 'before' and 'after' photos of all their patients. This also enabled the patient to see the visual changes post procedure.

Between December 2021 and November 2022, there were 6 PDO thread lift procedures and 6 cosmetic surgery consultations carried out on site. There were no unplanned returns to theatre post-operatively during that period, nor were there any patients transferred to alternative care following treatment.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

The 2 consultants had the skills, competence and experience to perform the treatments and procedures they provided. One was specialised in gynaecology the other in vaser surgery and dermatology. They were all registered with the General Medical Council (GMC) and each performed specialist surgical procedures at independent or NHS hospitals in addition to their work at the clinic.

We reviewed each of the consultant's staff records and saw they had current medical indemnity insurance in line with GMC guidance. This was necessary in order to protect patients, should they suffer harm as a result of negligence.

We were assured the nurse who worked for the service on a zero hour contract had also done her annual review and managers were assured her competencies matched the requirements of the service.

Managers ensured staff were competent for their roles by doing practicing privileges and fit and proper person checks. They discussed the list of requirements they had and all items were present in the staff records we checked.

Managers supported the learning and development needs of staff. Managers supported staff to develop through an annual appraisal programme. All appraisals were carried out by the clinic manager other than the nurse's and consultants' appraisals, which were done externally. We saw documented evidence of this in the files we checked.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care. The service worked well with its partners.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Records of these meetings reflected how the team worked well together and delivered care and treatment in a coordinated way.

We heard there were positive working relationships between all staff, and they told us they were all focused on providing the best care possible to patients. Managers told us they were careful to select the right staff, who would work well with the rest of the team and believed in the clinic ethos.

The service managed working partnerships well. We saw that service level agreements (SLAs) such as the provision of decontamination services and pathology services to carry out bloods and other tests were well managed and monitored.

Good

Surgery

Seven-day services

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

The clinic was open from 5 days a week from Tuesday to Saturday with differing opening times. Activities were planned, with consultations and procedures requiring local anaesthetic taking place on set days.

Managers told us they would accommodate patients' needs as much as possible and would do their best to accommodate patients for consultations or reviews at any time by appointment.

Health promotion

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

Staff assessed each patient's health during consultations and provided support for any individual needs to live a healthier lifestyle. We saw evidence of this in the records we reviewed and by examples the service director and manager told us.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance and ensured that patients gave consent in a two-stage process with a cooling off period of at least 14 days between stages. They understood how to support patients.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act. Staff had a good working knowledge of the relevant principles and processes to be followed and how further information and guidance could be accessed.

Staff understood when to assess whether a patient had the capacity to make decisions about their care. They gained consent from patients for their care and treatment in line with legislation and guidance and made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. Managers told us it was very unlikely a patient lacking capacity would seek treatment at the clinic, and there had been none to date.

The provider followed the recommendations by the Royal College of Surgeons Professional Standards for cosmetic surgery with regards to consent. We observed that the process for seeking consent was adequately monitored and each patient's consent was taken at several stages prior to each procedure. These standards state that consent must be obtained in a two-stage process with a cooling-off period of at least two weeks between the stages to allow the patient to reflect on the decision.

The service consent policy followed the Department of Health's protocol on good practice on consent (HSC 2001/023). This protocol outlines that informed consent involves time for the patient to "reflect and think about the decision". We observed 3 patient records and found that they all contained signed consent forms and evidence that the patient's received a cooling off period.

Are Surgery caring?

Inspected but not rated

The service has been inspected but not previously rated. We did not rate caring due to insufficient evidence.

Good

Surgery

Compassionate care

There were no procedures on the day of our inspection, therefore we did not speak with any patients or see any interactions between staff and patients.

All staff we spoke with, including managers, had a clear focus on patient care and aimed to provide the highest standard of care possible to all patients at the clinic.

Staff followed policy to keep patient care and treatment confidential.

Staff demonstrated how they would respect the personal, cultural and social needs of patients and how they may relate to care needs.

We reviewed patient feedback but could not separate the feedback from regulated procedures to that of not regulated procedures. However, the majority of reviews were positive and spoke of highly professional and caring staff who supported the patients' needs.

Emotional support

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. This was reflected in the service's aims to achieve patient's expectations and respond to their needs. We heard staff highlight this was the most satisfying part of their job.

Understanding and involvement of patients and those close to them

Patients were advised about the cost and the expectations of their treatment at the initial consultation. At this consultation, the patient would be given an estimate with the final cost being confirmed by the surgeon.

We heard staff say they encouraged patients to bring a friend or family member along to the service for their consultations.

Are Surgery responsive?

Good

The service has been inspected but not previously rated. We rated it as good.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The service provided cosmetic surgery consultations and other skin care and aesthetic treatments by appointment only. All procedures were carried out on adult patients aged 18 and above.

Managers planned and organised services to meet the needs of their patients. Appointments were booked to accommodate people's available days and took into account recovery times.

Managers monitored and took action to minimise missed appointments.

Good

Surgery

Managers ensured that patients who did not attend appointments were contacted and offered new appointment dates, should this be the patient's wish.

Disabled access was limited. Managers told us that if a person with physical disabilities required use of the service, a mobility assessment would be conducted. If the patient was unable to access the service, the provider would advise them that they were unable to offer the cosmetic surgery consultation or aesthetic procedure.

Managers made sure staff and patients could get help from interpreters when needed. The service had access to a telephonic interpreter service if required and offered it as their preferred option of interpretation.

The service was clear that only those patients who were mentally competent and able to give informed consent were offered treatment.

Access and flow

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

Patients were able to make appointments by telephone or through the service's website. The clinic was flexible in providing appointment times suitable to individual patient's needs.

The service monitored waiting times and made sure patients could access services when needed and that they received treatment within agreed timeframes. We saw through the patient notes we reviewed and from service policy that important time frames such as the cooling-off period were respected and monitored.

The service worked to keep the number of cancelled appointments, treatments and procedures to a minimum. They were supported by an administration team who were tasked to contact patients and support them through their journey. We were also told if patients had their appointments or cosmetic procedures cancelled at the last minute, the service made sure they were rearranged as soon as possible.

Managers and staff worked to make sure patients did not stay longer than they needed to, but patients were given the time they needed to rest and recover following surgery. Managers told us this related to research on patient recovery and that discharging patients home as soon as it was safe to do so was the best way to aid recovery from surgery.

Staff planned patients' discharge carefully, and specific criteria were required to be met before patients left the clinic. We were told review appointments were made prior to the procedure being carried out to ensure patients had appointment times and staff contact details before leaving the clinic.

We heard how the service made arrangements for patients' post-surgery by providing information and advice relevant to their procedure and also encouraging them to contact the service should they have any questions or concerns.

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 had a system for referring unresolved complaints for independent review.

The service's complaints policy was available for patients to access. The service clearly displayed information about how to raise a concern in clinical areas and staff encouraged patients to raise a complaint should they be unable to manage their concerns.

Good

Surgery

Staff understood the policy on complaints and knew how to handle them. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers.

We saw evidence that all complaints raised with the service were actioned immediately and within the timeframe set by the complaints policy. Of the complaints raised, 1 complaint had been raised formally. None of the complaints were escalated to the Independent Sector Complaints Adjudication Service (ISCAS).

Managers regularly reviewed feedback received through search engines, social media and feedback forms. They shared feedback with staff and learning was used to improve the service.

Are Surgery well-led?

Good

The service has been inspected but not previously rated. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service.

The service was led by the registered manager who was also the CQC responsible individual. The senior leadership team consisted of the registered manager, the company director and the general manager. The leadership team was supported by an assistant general manager.

We found that the general manager and the company director had the skills, knowledge and experience to run the service. Both managers demonstrated an understanding of the challenges to quality and sustainability for the service.

Staff we spoke with said managers were accessible, visible and approachable.

Vision and Strategy

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

Since our last inspection the service had reduced the types of cosmetic procedures offered on site that were regulated by CQC. As such, services that were regulated were limited to consultation services for cosmetic surgery and PDO thread lifts. The service however, offered a variety of other aesthetic procedures, focusing its strategy on providing a specialist, personalised and individual service.

Managers told us they aimed to run a business where all staff felt valued, with a culture of mutual respect and teamwork. The vision for the service was to continue to provide high quality care to the patients who wanted their services.

We saw the objectives of the service were to support the team in achieving the patients' expectations, maintain the highest professional and ethical standards, respond to the needs of patients, practitioners and staff and encourage innovation, ambition, enterprise and continuous improvement.

Good

Surgery

We saw evidence through business development plans, that the delivery of the service's strategy and vision was monitored for progress and outcomes to ensure its quality and sustainability were measured.

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 and staff could raise concerns without fear.

Staff we spoke with said they felt valued and cared for. They felt there was a good culture amongst staff and that managers promoted good relationships and quality of care for patients.

Leaders and staff we spoke with said they felt empowered to raise concerns and address any issues the service faced, openly and honestly. They felt the regular face to face interaction and the closeness of the group allowed for good honest conversations.

The service encouraged patients to give feedback. We reviewed feedback comments and governance meetings where feedback from patients was reviewed and improvement actions implemented as a response to these comments. This was an improvement in relation to our last inspection were the service was not collecting patient feedback information formally.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. 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.

The service had a formal governance structure in place. We saw the annual service governance and meeting schedule and how clinical governance meetings were held 6 times a year, audits review and implementation 3 times a year and complaints analysis 3 times a year. The service also held monthly staff meetings to raise any points of improvement and feedback directly with staff.

We reviewed the minutes from 3 governance meetings and found them to be thorough and supportive of the delivery of the service. Action points discussed included health and safety, infection prevention and control, clinical risk management, education and training and new policy and documents reviews. Action plans and assigned responsibilities were also documented.

Since our last inspection, the service had identified actions needed to address challenges to the quality of the service provided. These included introducing psychological assessments as part of the pre-operative consultation process and formalising and minuting governance meetings. We were assured the service had improved their understanding of compliance requirements within a clinical setting to deliver a safe service.

Arrangements with partners and third-party providers were governed and managed effectively using service level agreements. For example, the service had service level agreements for waste management and to carry out cosmetic procedures at a local private hospital. These were all monitored and reported on.

We reviewed 5 policies within the service. All policies were up to date and relevant with current guidance and recommendations.

Managers monitored the management of practicing privileges and fit and proper person checks. They told us of the list of requirements they had during recruitment and these were all present in the senior staff records we checked, in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Management of risk, issues and performance

Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service used a risk register to effectively monitor key risks. We saw this was thorough and reviewed regularly. Risks, actions, mitigations and designated responsibilities of staff were recorded clearly. These included relevant risks to the organisation and action plans to address them. However, it was identified that this register was heavily operational and identified few clinical risks. When discussing this with leaders it was identified that it was felt that there were no significant clinical risks at this time, but the service would look to review if any clinical risks needed to be added to the risk register. We were also told that as a mitigation, clinical risks had oversight through the governance meetings.

The service completed routine clinical and governance audits. This allowed the service to make changes to improve the service based on factual information. For example, we saw compliance audits related to safety as a fire risk assessment and legionella risk assessments. The service was mostly compliant with all necessary regulation and where it was not, actions to be implemented were identified and target completion dates met or on track to be met.

Managers told us that any changes to the service were done with consideration of the impact on quality and sustainability. They stated that any changes to the service needed to focus primarily on the quality and safety of the service towards patients.

We were told how the service had the ability to cope with unexpected events and recovery plans. Policies such as the business continuity policy supported this.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to make decisions and improvements. The information systems were integrated and secure. Managers mostly understood what notifications to submitted to external organisations.

The service had arrangements to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided mandatory general data protection regulation (GDPR) training to all staff. The service also had up to date and relevant policies to support this, such as their consent and information governance policy.

The service ensured patient confidentiality and confidential data was shared in line with privacy policies. Patients would provide consent to sharing their clinical information should they wish this to be done.

The service audited patient records and other records for completeness and compliance with the service policies. We were also told that electronic notes were stored on a secure cloud-based system that was only accessible to staff and was password protected.

The service had a website and managers were responsible for ensuring all information was kept up to date. Information on the website relating to the clinic, its staff, and treatments offered was very detailed and enabled patients to complete thorough research and book consultations.

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Managers were aware of their statutory duties to submit relevant information to external organisations such as the CQC. The service was in the process of updating their statement of purpose and registration manager with the CQC. However, the service was not submitting information to the Private Healthcare Information Network.

Engagement

Leaders and staff actively and openly engaged with patients and staff. They collaborated with partner organisations to help improve services for patients.

The service ensured that people considering or deciding to undergo cosmetic surgery or aesthetic procedures were provided with the right information and considerations to take account of to help them make the best decision about their choice of procedure and associated risks. This was evidenced clearly in the patient's record and the correct use of consent from the patient before proceeding with any treatment.

People's views and experiences were gathered and acted on to shape and improve the services and culture. The service had several ways to engage with the public and patients including social media, feedback forums and direct communication with the patients.

Communications between the whole team were open and positive, with staff feeling engaged and valued. All team members were actively involved in meetings and briefings.

The service engaged regularly with other organisations and similar service providers. We saw service level agreements were well managed and reporting and communication exchanged effectively.

Learning, continuous improvement and innovation

Leaders encouraged learning and service improvement.

All staff were committed to improving services and we saw evidence of this during inspection and following the review of clinical governance and staff meeting minutes. We discussed further examples of improvements with managers and they told us the clinic was working towards a greater focus on aesthetics procedures.

The director was an active member with other external organisations specific to the aesthetics industry. This allowed for information sharing, discussions around best practice, and promoting service development to be brought into the clinic.