

Elite Surgical

Inspection report

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

Ratings

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

Overall summary

This service is rated as Good overall. The service has not been inspected before.

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

Elite Surgical is a private clinic specialising in plastic and cosmetic surgery related pre- and post-operative consultations based in Birmingham, with satellite clinics in Manchester and London.

The Doctor is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

We carried out an announced comprehensive inspection at Elite Surgical on 2 November 2021 as part of our inspection programme and to provide a rating for the service.

Our key findings

At this inspection we found:

- Consultations and surgical procedures were undertaken at private hospitals and not on the premises that we inspected.
- The provider had service level agreements in place with private hospitals from where regulated activities were delivered.
- The provider had a system in place to record and investigate incidents and complaints.
- The service had arrangements in place to respond to medical emergencies.
- The service had arrangements in place for providing out of hours advice and post-operative support.
- The service had clear vision and values that promoted the delivery of a high-quality service.
- The provider had systems in place to monitor the quality of their treatment and make improvements where necessary.

The areas where the provider **should** make improvements are:

- Improve systems to more effectively monitor and manage staff training information for the consultant surgeon.
- Formally document initial safety risk assessments and the review of CQC inspection reports whenever a new hospital site is used. Implement a system to review the safety risk assessments at regular intervals.
- Improve the process to confirm patient identity to include checking if under 18.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a CQC national clinical advisor.

Background to Elite Surgical

Elite Surgical is a private clinic specialising in plastic and cosmetic surgery related pre and post-operative consultations.

The provider Elite Surgical Limited is registered with the Care Quality Commission (CQC) to provide the following regulated activities:

Surgical procedures

Treatment of disease, disorder or injury

The registered location 16 St Peters Road, Harborne, Birmingham B17 0AS is a residential property and no patient consultations take place here. For patients who choose to have a face to face consultation and then have surgery, this is carried out within the surgical facilities at private hospitals where the doctor has practising privileges.

The provider has a basic service level agreement in place, for the use of staff and facilities, with all the private hospitals from where patients can have consultations and surgery.

The provider delivers regulated activities and has practicing privileges at private hospitals in Birmingham, Manchester and London. These locations are independently registered and inspected with CQC and were not visited as part of this inspection.

The clinic is open from 9am to 6pm Monday to Friday. The team consists of a consultant surgeon and two part-time administrative staff who make patient appointments on the phone. They do not see patients face to face.

Patients can make an enquiry or book an appointment by telephone or by using the contact us form on the website.

When the clinic is closed there is a telephone answering service Monday to Friday 6pm to 9pm and on Saturday and Sunday between 10am and 5pm. Outside of these hours for post-operative advice patients can call the relevant private hospital. In an emergency, patients are advised to call 999 or attend the accident and emergency department.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider before the inspection.
- A short site visit
- Conducting staff interviews using video conferencing

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.

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The provider told us they conducted safety risk assessments before deciding to use private hospital premises. They also reviewed CQC reports if an inspection had been carried out at the private hospital. The provider told us they did not formally document these checks.
- The provider had a service level agreement with each private hospital they delivered regulated activities from. The example of the service level agreement we viewed, detailed what equipment and staff the private hospital would provide and what the provider would need to supply. We also saw there was arrangements for the management of complaints and incidents included in the service level agreement.
- The provider had implemented appropriate safety policies (consent, management of incidents, information security). Policies we viewed had been reviewed recently.
- The provider had not produced their own safeguarding policies and procedures, however told us they would follow the procedure at the private hospital from where they consulted with patients or if appropriate, they would contact the patient's usual doctor.
- We found that clinical and non-clinical staff were not up to date with adult or children safeguarding training. Immediately after the inspection, the provider sent us evidence of the completion of adult safeguarding training.
- The service did not treat children and non-clinical staff only made appointments by phone for patients and did not see patients face to face in a clinical setting.
- The service checked patient identity during pre-operative consultations and checked photo identification if there was a concern about the patient's age. The provider was able to provide examples of when this was done.
- We found that 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).
- Chaperones were available and provided by the private hospital, as part of the service level agreement.
- The provider had implemented additional measures in line with government guidance following the COVID 19 pandemic.
- The provider carried out appropriate environmental risk assessments before deciding to use premises and had ongoing communications with the private hospitals to ensure premises continued to be appropriate.

Risks to patients

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

- The provider ensured that new staff were provided with training that was relevant to their role.
- Clinical staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were appropriate indemnity arrangements in place
- The service had arrangements for providing out of hours advice to patients.
- Medicines and equipment to deal with medical emergencies were provided by the private hospital as part of the service level agreement.

Information to deliver safe care and treatment

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

Are services safe?

- 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 had systems for sharing information with staff at the private hospitals to enable them to deliver safe care and treatment.
- 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.
- The service communicated with the patient's usual doctor, with the patient's consent, to request relevant medical history and then after surgery.

Safe and appropriate use of medicines

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

- Any medicines including emergency medicines were provided by the private hospitals as part of the service level agreement.
- The service kept prescription stationery securely and monitored its use.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.

Track record on safety and incidents

The service had a good safety record.

- 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 significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and took action to improve safety in the service.
- The provider was aware of the requirements of the Duty of Candour.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

We saw evidence that clinicians assessed needs and obtained relevant medical history before giving advice on suitable treatment options

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to offer advice on treatment options available.
- The consultant surgeon told us the service would reject treatment that would be unsafe or unsuitable for any patient.
- A full explanation was given if the service deemed, they were unable to perform the procedure or if they thought the procedure was unsuitable for the patient.
- Patients were offered a minimum of two consultations before any procedure being performed which included a review of full medical history and detailed outline of the proposed procedure, risk and benefits. Patients were also informed about the cooling off period, in case they changed their mind about having the surgery.
- The consultant surgeon kept up to date with current evidence-based practice and was part of peer groups with other surgeons to share learning, keep up to date and have discussions with clinical colleagues.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Some patients came back to the clinic for different procedures.
- Staff assessed and managed patients' pain where appropriate.
- Patients were given adequate time to carefully read through and understand information they had been provided with.
- The service provided post-operative support and advice as needed.

Monitoring care and treatment

The service involved in quality improvement activity.

- The service collected feedback from patients using various methods, this included a survey that was emailed to patients after their appointment. Patients were also provided links to feedback websites, where they could provide reviews on the care and treatment they had received.

Effective staffing

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

- The service provided in-house training for non-clinical staff that was relevant to their role.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together 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. This included the private hospital where surgery would be performed.

Are services effective?

- Before providing treatment, the consultant surgeon ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered doctor.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

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 self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- The service had produced videos to help support patients post-operatively and reduce post-operative complications

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.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- 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 services were available for patients who did not have English as a first language.
- The consultant surgeon was able to speak languages other than English.
- Staff used videos to help communicate post-operative care information.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Chaperones were available at all face to face appointments.

Are services responsive to people's needs?

We rated responsive as Good because:

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.
- The service had clear exclusion criteria, if the consultant surgeon felt a procedure was not medically safe or in the patient's best interests, this was explained to the patient during their consultation.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, interpreters could be arranged. Patients were asked if they required additional support at the time of booking an appointment.

Timely access to the service

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

- Patients could contact the service to book an appointment or if they had a query by telephone and/or through the website.
- The service offered out of hours advice and support.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately.

- Information about how to make a complaint or raise concerns was available on the clinic's website.
- The service had complaint policy and procedures in place and had arrangements in place if a complaint about the clinic was made directly to the private hospital.
- The service had received two complaints between December 2020 and November 2021. The provider had investigated both complaints and told us both complaints had been resolved and there were no further actions for the service.

Are services well-led?

We rated well-led as Good because:

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 addressing them.

Vision and strategy

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

- There was a clear vision and set of values.
- The provider shared with us their vision and plans to expand the service in the future.

Culture

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

- The service focused on the needs of patients.
- All staff were considered valued members of the team.

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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- 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

The provider had implemented 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 service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider was aware that staff training needed to be arranged and took immediate action following the inspection to ensure that staff had completed appropriate safeguarding training.

Are services well-led?

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.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture.
- The consultant surgeon was part of peer support groups where best practice or advice could be discussed.
- The service collected feedback from patients in a variety of ways.
- The provider met with private hospitals to discuss the service and how further improvements could be made to the patient experience.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- The consultant surgeon had 22 years of experience and was voted the cosmetic surgeon of the year in 2014, by The Good Surgeon Guide.