

Wentworth Clinic

Quality Report

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2016
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Summary of findings

Letter from the Chief Inspector of Hospitals

Wentworth Clinic is operated by Mr Velupillai Ilankovan. The clinic had no overnight beds. Facilities include a treatment room, a recovery room, outpatient consultation room and two waiting areas.

The clinic provides 99% cosmetic surgery and one percent vascular surgery.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 13 December 2016, along with unannounced visits to the clinic on 14 and 23 December 2016.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this hospital was cosmetic surgery.

We regulate cosmetic surgery service, but we do not currently have a legal duty to rate them. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following issues that the service provider needs to improve:

- Implementation of recruitment procedures for consultants working under practising privileges.
- Venous thromboembolism risk assessment needs to be undertaken and documented.
- A pre-operative safety checklist used in the treatment room to ensure patient safety.
- Monitoring of medicines fridge temperature for each day procedures are taking place, and include minimum and maximum range to ensure medicines are always stored in the correct temperature range.
- Completion of a checklist confirming resuscitation equipment correct, clean and in date needs to be completed for each day patients are treated in the clinic.
- Theatre register record needs to be fully completed and include additional information to meet national standards.

We also found the following areas of good practice:

- Patient outcomes following cosmetic surgery were audited, and the outcomes were positive.
- Equipment we checked had been tested for electrical safety, and serviced as required.
- Caring and compassionate staff.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with a warning notice and one requirement notice that affected the service. Details are at the end of the report.

Professor Edward Baker
Deputy Chief Inspector of Hospitals

Summary of findings

Overall summary

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Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Summary of each main service

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Summary of findings

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Wentworth Clinic

Services we looked at

Cosmetic surgery

Summary of this inspection

Background to Wentworth Clinic

Wentworth Clinic is operated by Mr Velupillai Ilankovan and is a private clinic in Bournemouth. The clinic opened in 2010 and primarily serves the communities of the Bournemouth area. Patient referrals are also accepted from outside this area. The private clinic treats patients who are 18 years and over.

The Wentworth clinic provides cosmetic surgery. The clinic also offers cosmetic procedures such as dermal fillers and laser hair removal, and cosmetic dentistry. We

did not inspect these services, as they are not subject to our regulation. The clinic had also had a very low number of patients who attended for vascular surgery for superficial veins.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The private clinic had been inspected once before in February 2014 as part of a routine inspection, and was found to be compliant with all standards of quality and safety it was inspected against.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, inspection manager, one other CQC inspector, and a specialist advisor with expertise in the plastic surgery surgical specialty. Joyce Frederick, Head of Hospital Inspection, oversaw the inspection team.

Why we carried out this inspection

The inspection was a scheduled, announced inspection, carried out as part of our routine schedule of inspections.

How we carried out this inspection

We carried out an announced inspection on 13 December 2016, and unannounced inspections on 14 and 23 December 2016. During the inspection, we inspected the consultation room, waiting areas, treatment and recovery

room. We spoke with six staff including; registered nurses, reception staff, medical staff, and the provider. We spoke with two patients. During our inspection, we reviewed nine sets of patient records.

Information about Wentworth Clinic

The clinic provides 99% cosmetic surgery and one percent vascular surgery.

The Wentworth Clinic is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures

- Treatment of disease, disorder or injury

Activity (July 2015 to June 2016)

There were 346 surgical procedures at the clinic from July 2015 to June 2016. The most common cosmetic treatments were 140 laser procedures, 132 skin cancer/excision lesion and 40 cosmetic surgery procedures.

Summary of this inspection

Cosmetic surgery procedures included blepharoplasty (for eyelid correction), bat ear correction (for prominent ears), lower face-lift, neck lift and liposuction (standard and laser). There were five vascular surgery procedures for superficial veins from July 2015 to June 2016.

The provider was a consultant surgeon with a special interest in cosmetic surgery. There was also a vascular surgeon and two anaesthetists who worked at the clinic under practising privileges. Wentworth clinic employed two registered nurses, and one care assistant. The accountable officer for controlled drugs (CDs) was the Nominated Individual.

Track record on safety

- No Never events
- No Clinical incidents
- No serious injuries

No incidences of clinic acquired Methicillin-resistant Staphylococcus aureus (MRSA),

No incidences of clinic acquired Methicillin-sensitive staphylococcus aureus (MSSA)

No incidences of clinic acquired Clostridium difficile (c.diff)

No incidences of clinic acquired E-Coli

No complaints

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Laser protection service
- Laundry
- Maintenance of medical equipment

- Surgical instrument decontamination and sterilisation
- Pathology and histology

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Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Information about the service

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Surgery

Are surgery services safe?

Safe means the services protect you from abuse and avoidable harm.

Incidents

- From July 2015 to December 2016 there had not been any serious incidents, which required investigation or never events at the clinic. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- Staff were aware of the need to report clinical and non-clinical incidents. The clinic had an incident policy. There had been no incidents from July 2015 to November 2016.

Clinical Quality Dashboard or equivalent

- The clinic monitored safety through their incident reporting system and the use of audit. Two patients had developed surgical site infections. No other harms were reported by the clinic. The provider used audit findings to improve practice. The provider did not display safety information at the clinic or on their web site.

Cleanliness, infection control and hygiene

- All areas were visibly clean. The clinic had a cleaning checklist, which ensured staff were aware of the areas that needed cleaning. However, we identified some gaps on the checklist. A member of staff told us these gaps were when the theatre not in use. The provider was planning to mark clearly on the list when the clinic was not in use.
- We observed good practice by staff with hand hygiene. There was hand sanitising gel and liquid soap available for hand hygiene. Staff washed their hands before patient contact, and arms were bare below the elbow which enabled effective hand washing.
- Staff wore theatre scrubs as per clinic policy. There was sufficient personal protection equipment such as gloves.
- The provider undertook yearly deep cleans of the treatment and recovery room. Records showed this had last taken place in August 2016.

- Legionella is water borne bacteria that can be harmful to people's health. A legionnaire test was undertaken in February 2016 and the results were negative. The water tests for legionnaires disease complied with the Control of Substances Hazardous to Health Regulations 1989; Section 3(2) of the Health and Safety at Work Act 1974. The provider had undertaken an audit of infection rates in September 2016. The audit included 50 consecutive patients who had lesions removed from January 2016 to September 2016. Two patients developed a wound infection. The provider investigated the reasons for the infections and found there may have been a reaction to the suture material in one of the patients. Action from the audit included to ask patients if they were allergic to any suture materials in their past medical history during consultation.
- Clinical waste was appropriately segregated and disposed of. The clinic had a contract with an external provider for the removal of hazardous waste.
- To prevent the risk of infection, the provider used some disposable instruments that were single use, for example suture removal kits.

Environment and equipment

- Staff checked the resuscitation equipment regularly. However, they did not make it clear on the documentation when there had not been a cosmetic procedure list. The provider planned to mark clearly on the list when the clinic was not in use.
- The provider sent reusable medical instruments to an outside provider to be decontaminated and sterilised. The provider undertook an audit of 50 instruments/trays in September 2016. Some sets had taken longer than three days to be returned, and there had been some missing instruments and wrong instruments. Staff in the clinic told us e-mail communication had not worked with the sterilising unit. As a result, the staff telephoned the sterilising unit and told us problems with missing instruments and wrong instruments were gradually being sorted out.
- There was laser at the private clinic. The clinic had passed the laser protection advisor service update for 2016/2017. The provider and the scrub nurse we spoke with had undertaken laser safety training. The clinic had a laser checklist, and goggles for staff and patients to protect their eyes.

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- Staff had checked equipment for electrical safety, for example, the suction machine and diathermy machine. Staff showed us up to date servicing records for equipment for example, the theatre table and recovery bed.
- Fire prevention equipment was in place at the clinic, and included smoke detectors and fire extinguishers.

Medicines

- The service had some medicines, which were stored in a fridge as per manufacturer's recommendations. These included chloramphenicol eye drops and glucagon. At the last inspection in February 2014, medicine fridge temperatures were not being monitored. At this inspection medicine fridge temperatures were being monitored, but not very day, and we found the thermometer indicated minus five degrees centigrade. This temperature was outside of the range suitable for the storage of these medicines. The range should be two to eight degrees centigrade. We spoke with staff at the clinic about these concerns, and they planned to purchase a new maximum/ minimum range thermometer to check the accuracy of the reading. The provider also planned to mark clearly on the medicine fridge checking temperature checklist when the clinic was not in use.
- Controlled drugs (CDs) used for patients were kept in a secure cupboard. CDs are prescription medicines that are subject to stricter legal controls under The Misuse of Drugs Act, 2001. We saw accurate records that showed that CDs were routinely checked and counted, by two nurses.
- The provider told us they had held a home office license since 2010 to administer intravenous sedation. The provider submitted two documented risk assessments to the CQC following our inspection. The documents demonstrated there were safe processes and management plans in place for patients who had cosmetic surgery with oral and intravenous sedation.
- Oxygen was only used for therapeutic purposes, for example in a medical emergency or on prescription from the medical practitioner. We saw evidence that the oxygen cylinders had been serviced and were in date.
- Medicines used by the clinic were ordered from named suppliers when required. The provider used private prescriptions to supply patients with any extra medications to take home.

Records

- Patient medical records were paper based. The patients' medical records we reviewed were detailed, legible and covered issues such as medical history, allergies and clinical advice.
- Patient medical records were stored in locked cabinet within locked rooms.
- Staff had not fully completed the theatre register. The theatre register is a legal document and has to be retained by organisations for eight years. We checked nine entries from October 2015 to November 2016. Staff in the clinic were writing the patient's age rather than date of birth. For two patients no age was recorded. For another patient no operation details were recorded. There were no columns to record patients' 'time in' for the procedure and 'time out' from the procedure recorded. The theatre register records did not meet with the national standards recommended by the Association for Perioperative Practice (AfPP). This concern was fed back to the provider at the time of the inspection, who planned to speak with staff to ensure all information was accurately recorded.
- We were told and observed that staff kept tracking records of surgical instruments that were used during a procedure, in case this information was needed.
- The provider took patient photographs with a digital camera. The card was never left in the camera. Staff transferred the photographs on to the secure computer system, or they were printed and stored within the secure medical records. Data was deleted from the card daily.

Safeguarding

- Staff we spoke with had an understanding of safeguarding. If staff had any concerns, they told us they would report them to the provider who was the safeguarding lead.
- No safeguarding concerns were reported to the CQC from July 2015 to November 2016.
- Staff employed by the clinic had annual safeguarding training, which included female genital mutilation (FGM), which was up to date.

Mandatory training

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- The provider was up to date with mandatory training. However, the provider did not have any evidence to show, the medical staff employed under practising privileges, were up to date with their mandatory training.
- Nursing staff were up to date with mandatory training that included health and safety, infection prevention and control, safeguarding vulnerable adults and children and resuscitation.

Assessing and responding to patient risk

- The five steps to safer surgery checklist was not in place at the clinic. This is a nationally recognised system of checks before, during and after surgery, designed to prevent avoidable harm and mistakes during surgical procedures. The provider had designed their own pre-operative checklist, but this was not used for the two procedures that we observed.
- There was no documented evidence of venous thromboembolism risk assessment. Staff told us that if patients' procedures were longer than 30 minutes, a patient would be asked if they agreed to wear below knee anti-embolism stockings. This did not take account of National Institute of Health and Care Excellence (NICE) clinical guideline CG62 2010, Venous thromboembolism: reducing the risk for patients in hospital. We reviewed the theatre register and found some patients had risk factors such as being over 60, or the possibility of using oestrogen containing contraceptive therapy. The guideline advises that all patients should be assessed on admission to identify if they are at increased risk. We fed this back to the provider, who advised they would take action to address this concern.
- To support staff in a clinical emergency, there were two clear algorithms for cardiac arrest, and one for local anaesthetic toxicity.
- The provider assessed all patients pre-operatively. The assessment included clinical risk factors, pregnancy and anaesthetic risk.
- If the provider was concerned about patients' psychological health, they encouraged them to visit their GP and would not go ahead with the surgery.
- Staff monitored patients' vital signs before, during and after treatments. A doctor undertook all treatments, so if there was any deterioration, medical support was immediately available.

Nursing and support staffing

- Staffing levels were sufficient to meet patient demand. There was one registered nurse for outpatients clinics, a registered scrub nurse and a health care assistant trained to scrub for procedures. There was also a circulating member of staff in the operating theatre. Processes were in place to provide cover if staffing fell below expected levels.
- The provider had never used agency or bank staff since the private clinic had opened.
- The provider told us they did not use any acuity based staffing tools at the clinic, as there was no variation in dependency or severity of illness in their patient group. Patients either were seen in an outpatient capacity prior to a cosmetic procedure or had an agreed procedure. This enabled them to plan their required staffing accordingly.

Medical staffing

- There was one consultant that undertook cosmetic procedures, who was the provider. There was one consultant recruited under a practising privileges arrangement who undertook vascular surgery for superficial veins. From July 2015, to June 2016, the vascular consultant had only undertaken five procedures at the clinic, which represented 1% of the activity.
- The clinic also had recruited two consultant anaesthetists, for cosmetic surgery that required intravenous sedation, with a practising privileges arrangement.

Emergency awareness and training

- Staff had undertaken fire training, and were aware of actions to take in the event of a fire.
- The provider had battery operated emergency ceiling lighting and a high-powered battery operated light was available. In the event of a power failure any planned procedure would be cancelled with the agreement of the patient, and the patient offered an alternative date for surgery. The provider told us that installation of a generator was scheduled, but did not specify the date.

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Are surgery services effective?

Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

Evidence-based care and treatment

- The provider did not consistently take account of national institute for clinical care excellence guidelines (NICE), for example, the provider did not undertake venous thromboembolism risk assessments for patients undergoing cosmetic procedures.
- Staff had adhered to local policies, for example management of healthcare waste.
- The provider took account of professional standards for cosmetic surgery (2016). For example, cosmetic pre-assessment took place.
- The provider did not participate in national audits, but a local audit programme was in place.

Pain relief

- The provider prescribed analgesia for all cosmetic patients as part of their procedure. Patients were telephoned the day after their procedure and additional analgesia medicine was prescribed if needed.
- Patients told us they received information about pain relief and clinic staff asked them about their pain during the post-operative phone call.
- The provider undertook a pain relief audit of 25 patients in September 2016. The audit showed that one patient still had pain. A stronger analgesia was prescribed, and the pain was resolved.

Nutrition and hydration

- Most procedures were under local anaesthetic, so patients could eat. For patients having a procedure under intravenous sedation they were advised about dietary and fluid intake in advance of their procedure verbally and in writing.
- The provider had water available at the clinic, and a vending machine for hot drinks for patient comfort.

Patient outcomes

- The provider collected patient reported outcome measures following cosmetic procedures. The provider

used questionnaires that they had developed, and believed to be easier for patients to understand. However, the Royal College of Surgeons did not validate these questionnaires as the Q-PROMs developed for cosmetic surgery.

- The provider had undertaken an audit of ten cosmetic patients' outcomes during 2016, with their own questionnaires. Six of the patients were face and neck lifts, two blepharoplasty (eyelid correction) and two liposuction (excess fat removal). Five patients were 'satisfied' and five patients 'well satisfied' with the outcome.
- The provider had undertaken a four-year retrospective study of the management of particular types of skin lesions treated with a laser. The retrospective review demonstrated good results, however the provider recommended a larger randomised study over a period of years was needed based on their findings.
- Changes were also made following audits, for example after an infection control audit, patients from a farming community were to be advised to refrain from active farming duties during the healing period.
- The provider told us they not been yet been contacted by the Private Healthcare Information Network (PHIN) so that data could be submitted in accordance with the legal requirements regulated by the Competitions Markets Authority (CMA). The provider told us when PHIN contacted the clinic, they would be happy to engage with PHIN.

Competent staff

- The provider had not fully implemented their practising privileges policy. On our unannounced inspection on 14 December 2016 we reviewed the records of three consultants who worked at the clinic, under a practising privileges arrangement. One consultant had been in post since 2010, another 2015 and the third since June 2016. Two of the consultants worked in the NHS, and the other worked as an independent consultant and undertook most of his work at another private provider.
- We reviewed the documentation for the three consultants. We saw that there had been no follow up where a consultant had a poor response to hepatitis B immunisation. There were also, missing references, no DBS checks, missing evidence of up to date mandatory training and absence of a record of their professional revalidation with the GMC. When we undertook a further

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unannounced inspection on 23 December 2016, the provider had taken action to gather some of the missing information. We issued a warning notice to the provider on 29 December 2016, due to this breach of Regulation 19, Fit and proper persons employed, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The appraisals for the consultants working under practising privileges were up to date. The consultants' appraisals gave the provider assurance that the consultants were carrying out similar work elsewhere. The appraisals for staff employed directly by the clinic were up to date. We also saw evidence that the provider's revalidation with the GMC was in date and due for revalidation in September 2018, and the medical director at a local NHS trust had appraised them in 2016.
- The registered scrub nurse worked elsewhere in a clinical role and maintained their competencies to remain on the Nursing and Midwifery Council register.

Multidisciplinary working

- We observed medical and nursing staff working effectively as a multidisciplinary team at the clinic.
- The provider told us if a cancer was found, patients were referred to the weekly head and neck cancer multidisciplinary team at a local NHS Trust, of which the provider was a core member.

Access to information

- The provider told us the clinic computer database was password secured and only those who required access had passwords to the system.
- If the provider needed to take patient medical records off site they were kept in a locked case and with the provider at all times. A record was also kept at the clinic when patient medical records taken off site, and a secretary recorded when the patient medical records were returned.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The provider followed the General Medical Council 2008 guidance consent: patients and doctors making decisions together, and explained risks and benefits of procedures.
- We reviewed nine sets of medical records and saw there were effective consent processes and patients received

sufficient information to make decisions about their treatment. For example, patients had at least two weeks between being assessed and given information about risks, benefits, expected outcomes, and signing the consent form. This meant patients were provided with a two week cooling off / reflection period to allow them time to ask any further questions or change their minds.

Are surgery services caring?

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

Compassionate care

- Two patients we spoke with said the staff were very friendly, kind and considerate.
- We saw that staff were caring and compassionate in interactions with patients. Staff treated patients with dignity and respect.
- The provider had undertaken a patient satisfaction survey of the last 50 consecutive patients seen at the clinic. All patients acknowledged that they were treated in a friendly, warm environment with respect. Forty patients had scored the service as outstanding, eight were excellent and two were very good.

Understanding and involvement of patients and those close to them

- Patients were involved in their care, and given time to discuss procedures.
- We observed a registered nurse who responded to a patient's queries on the telephone. They took time to answer the patient's questions and provided reassurance.
- Feedback from the provider satisfaction survey demonstrated that all patients felt staff were 'really listening'. All patients said they were given the whole attention when they gave their medical history, and the clinician always gave face to face contact. Ninety percent of patients rated their consultations as excellent and 10% of patients rated them as outstanding.
- The survey also asked if the care and treatment had been explained clearly. All the patients responded that all their questions were answered. One patient was disappointed that the facial pain was not controlled totally.

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- ‘Making a plan of action with you’, was also a question on the survey. All the patients responded with good to outstanding on a decision making process that incorporated their views.
- Two patients we spoke with said they always received a follow up call the next day to see how they are, and if there were any problems. One of the patients had attended the clinic for a significant time and told us “they always call me to check up on me”.

Emotional support

- The provider had received several thank you cards, with comments demonstrating the benefits of cosmetic surgery outcomes for patient’s emotional well- being. Patients comments included, ‘The results have given me such a lift to know how I had been feeling, and I can now see me again and positive’. Another comment ‘the outcome of your work has given me my confidence back and I am so delighted to have found you’.
- The provider had set up a charity locally approximately 20 years ago. The purpose of the charity was to support people who had been diagnosed with cancer of the head and neck, their families and carers. The provider sign posted patients if he found a cancer to the charity. A patient with cancer wrote on a patient satisfaction survey, ‘I was terrified as to the diagnosis and the outcome. I was made to feel at ease, positive support was given’.

Are surgery services responsive?

Responsive services are organised so that they meet your needs.

Service planning and delivery to meet the needs of local people

- The provider generally undertook cosmetic surgery outpatient consultations one afternoon a week, and treatment sessions were held one afternoon in the week. Other times were available by arrangement.
- The visiting general vascular surgeon consulted with and treated patients by arrangement.
- The facilities and premises were suitable for the service being delivered. Staff also escorted patients to a small car park at the rear of the building following a procedure, to ensure their safety.

Access and flow

- Patients could be referred by their GP or self-refer.
- Patients were normally seen in two weeks or under, occasionally appointments were within three weeks.
- The provider undertook an audit in September 2016, which assessed how long patients waited for their consultation when they arrived at the clinic. The total number of patients was 120. The majority of patients were seen within five minutes of their appointment time. Any patients who were delayed by more than five minutes were given an explanation and an apology.
- When staff discharged patients, they were given a number to call to contact staff out of clinic hours.
- The provider reported that no procedures had been cancelled from July 2015 to June 2016 for non-clinical reasons.

Meeting people’s individual needs

- Information for patients about procedures undertaken at the clinic was on display and easy to understand. This included postoperative information. The clinic also had a website with details about clinical procedures, which were clearly explained.
- Patients were given a telephone number that could be used seven days a week 24 hours a day if they had any post-operative concerns following procedures.
- If a patient had a language concern, staff at the clinic asked them to bring a trusted relative/ friend with them to aid understanding.
- The reception area, a waiting area, operating theatre, recovery room and a disabled toilet were on the ground floor that enabled people with mobility concerns to attend.

Learning from complaints and concerns

- The provider had not received any complaints from July 2015 until November 2016.
- Two patients we spoke with knew how to make a complaint and had no complaints about the service.
- The clinic had an up to date complaints policy which staff were aware of.

Are surgery services well-led?

Well-led means that the leadership, management and governance of the organisation make sure it

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provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Vision and strategy for this this core service

- The vision was to provide comprehensive care with excellent facilities in an environment of compassion. The strategy for the service was to ensure that patients were informed about their procedures at every step of the way, giving peace of mind. Treatments were to be carried out in a timely manner, in a state of the art environment, in a safe, effective, caring and relaxing atmosphere, with optimal pain control. To be innovative and patient centred. To also provide care that was cost effective, with minimal downtime for the patients.
- Staff could describe this vision and we saw staff focused on ensuring patients' procedures were carried out safely, effectively and with minimal downtime for patients.

Governance, risk management and quality measurement

- The clinic held monthly staff meetings, where the running of the clinic was discussed. In October 2016 and November 2016 the staff meetings had focussed on policies, service schedules, audits and laser refresher training. Due to the size of the clinic, the provider dealt with queries as they arose. For example, the theatre support worker had reported it was difficult to move the laser machine, due to a lack of awareness of the foot locking system. The provider took action to ensure this was explained to all new clinical staff during their induction.
- There was no risk register at the clinic. However, the provider had undertaken comprehensive risk assessments for the clinic, for example, for management of specimens and the trolley bed in recovery. For the

trolley bed in recovery, this included ensuring it was serviced regularly. The provider had an awareness of risks to patients. For example, during the winter months a patient had reported that the entrance was frosty. As a result of this complaint, staff spread salt on the path at appropriate times and there have been no further complaints from patients.

- The provider had an audit schedule in place. The audits were more a review of practice, to identify if any changes of practice were needed. The audits were not measured against national standards.

Leadership / culture of service related to this core service

- Staff who worked at the clinic told us they enjoyed working at the clinic, and everyone got on well with each other.
- The management team were very supportive and inclusive. On one of the days we inspected, clinic staff were being taken out for lunch as a thank you.

Public and staff engagement

- The provider had undertaken a patient satisfaction survey in 2016 of 50 consecutive patients.
- The provider told us about a change as a result of patient feedback. A patient had suggested a foot massage to help relax them. The clinic now offers foot massaging for their patients during procedures.

Innovation, improvement and sustainability

- The provider told us when the vascular surgeon had done 10 procedures at the clinic, an audit was planned, to identify good practice and any areas where improvements could be made.
- The provider was considering plans to have orthopaedic hand surgery undertaken at the clinic, for example, carpal tunnel surgery.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- Meet the requirements of their practising privileges policy with regard to recruitment checks.
- Provide documented evidence of venous thromboembolism risk assessment.
- Ensure that a pre-operative checklist is used in the treatment room to ensure patient safety.

- Monitoring of medicines fridge temperature needs to be whenever procedures area taking place and include minimum and maximum range to ensure medicines are always stored in the correct temperature range.

Action the provider **SHOULD** take to improve

- The resuscitation checklist demonstrates when the clinic closed.
- The theatre register log meets national standards.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>12(2)(a) assessing the risks to the health and safety of services users of receiving the care or treatment.</p> <p>There was no documented evidence of venous thromboembolism risk assessment.</p> <p>12(2)(b) doing all that is reasonably practicable to mitigate any such risks.</p> <p>A preoperative safety checklist was not being used in the treatment room, although this is recommended good practice guidance.</p> <p>12(2)(g) the proper and safe management of medicines.</p> <p>Medicine fridge maximum/ minimum temperatures not recorded every day a procedure undertaken to ensure medicines always stored in the correct temperature range.</p>

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (1)(a)(b)</p> <p>Persons employed for the purposes of carrying on a regulated activity must be of good character and have the qualifications, competence, skills and experience which are necessary for the work to be performed by them.</p> <p>The provider had failed to implement safe recruitment procedures to provide assurance that all consultants working under practising privileges were fit and proper persons for the roles they were undertaking.</p>