

Bella Vou Ltd

Quality Report

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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

Ratings

Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

Summary of findings

Letter from the Chief Inspector of Hospitals

Bella Vou Ltd is operated by Bella Vou Ltd. The service sees patients on a day case basis and has no overnight beds. Facilities include three operating theatres, one procedure room, three consultation rooms and a quiet room.

The service provides cosmetic surgery to patients over the age of 18. We inspected surgery services.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 8 and 12 August 2019.

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.

Services we rate

We rated this service as **Outstanding** overall.

- The service had enough medical, nursing and support staff with the right skills, knowledge and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff continually cared for patients with compassion, kindness and respect. They made sure that people's privacy and dignity needs were understood and always respected.
- The service treated incidents and complaints seriously. Managers investigated them, shared lessons learned with staff, and made improvements to service provision where indicated.
- Staff followed infection prevention and control practices to reduce risks to patients.
- Risks to patients were assessed and their safety was monitored and managed, so they were supported to stay safe.
- The service had suitable premises and equipment and looked after them well. Since our last inspection, managers had improved the arrangements for clinical waste and equipment maintenance.
- The management team promoted a highly positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff worked well together and were committed to providing the best possible care for their patients.
- Patients were fully supported to make informed decisions about their chosen procedures and treatments, and were given sensible expectations.
- Patient records were clear, up-to-date and complete. They were easily accessible to staff.
- The service offered a cosmetic surgery clinical fellowship which is rare in a small service. These positions were usually offered in larger services. This reflected the high regard fellow plastic and reconstructive surgical specialists held of this service.
- Staff worked especially hard to make the patient experience as pleasant as possible. Staff recognised and responded to the holistic needs of their patients from the first referral before admission to checks on their wellbeing after they were discharged from the hospital.

However, we also found areas of practice that require improvement:

Summary of findings

- The provider should make sure they store medical gas cylinders that complied with its medicines management policy and the Department of Health Technical Memorandum (HTM) 02-01 Cylinder for storage and handling, and Health and Safety at Work Act 1974.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Surgery

Outstanding



Surgery was the main activity of the service. We rated this service as outstanding because it was caring, responsive to people's needs and well-led. We rated safe and effective as good.

Summary of findings

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Outstanding



Bella Vou Ltd

Services we looked at

Surgery

Summary of this inspection

Background to Bella Vou Ltd

Bella Vou Ltd is operated by Bella Vou Ltd. The service opened in 2014. It is an independent private clinic in Tunbridge Wells, Kent. It serves the communities in Tunbridge Wells, and accepts patient referrals from outside this area and abroad.

The main service the clinic provided is minor cosmetic surgery. All surgery is performed as a day case under local anaesthetic. Pre and post-operative consultations take place for cosmetic surgery that is performed by the cosmetic surgeon at this clinic and at other local private hospitals.

The clinic has had one registered manager since July 2016 and one additional registered manager since October 2017.

The clinic facilities are laid out over four floors in a grade II listed building. Situated on the ground floor is the reception, waiting area and a quiet room. The basement housed the three theatres and a sluice room. On the first

floor there is a waiting area, three consultation rooms and a procedure room. The administrative offices are on the second floor. There is a toilet on the ground, first and second floors.

The clinic provides day case cosmetic surgery and consultation services for adults over the age of 18 years only.

The clinic offers services to self-pay and privately insured funded patients.

The clinic also offers cosmetic procedures such as dermal fillers and botulinum toxin, laser skin resurfacing and massage therapy. We did not inspect these services, as these are not regulated by the Care Quality Commission (CQC).

Bella Vou Ltd has been inspected once in 2017 by the CQC. At the last comprehensive inspection, we did not have a legal duty to rate cosmetic surgery services when provided as a single specialty service. At that inspection, the service met all regulations.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, a CQC team inspector, a CQC clinical fellow and a specialist advisor with expertise in surgery. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Information about Bella Vou Ltd

The clinic is registered to provide the following regulated activities:

- Surgical procedures.
- Treatment of disease, disorder and injury.
- Diagnostic and screening procedures.
- Family planning (7 August 2019)

During the inspection, we visited all areas within the Bella Vou Ltd clinic location. We spoke with seven staff including medical staff, an operating department practitioner, registered nurses, health care assistants,

reception staff and managers. We spoke with three patients. During our inspection, we reviewed six sets of patient records. We also reviewed information on policies, guidance, performance and feedback provided to us, before and after the inspection.

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12

Summary of this inspection

months before this inspection. The service was inspected once in March 2017 since registration with CQC, which found the service was meeting all standards of quality and safety it was inspected against.

Activity (July 2018 to June 2019)

- In the reporting period 1 July 2018 to 30 June 2019, there were 421 day case episodes of care recorded at the clinic.
- All patients were self-pay.

One surgeon worked at the service under practising privileges. They jointly owned the service with the company director. The service employed a clinic manager, an accountable officer for controlled drugs (CDs), an operating department practitioner, two anaesthetists, a registered nurse, a healthcare assistant, three patient coordinators and two support staff. The surgeon was the registered manager and the clinic manager was the second registered manager.

Track record on safety (July 2018 to June 2019)

- No reported never events
- Two clinical incidents graded as no harm
- No reported serious injuries
- No incidences of healthcare associated Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c.diff) or E-Coli
- Four complaints

Services accredited by a national body:

None

Services provided at the location under service level agreement:

- Pathology
- Clinical and non-clinical waste removal
- Equipment maintenance

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **Good** because:

- Staff assessed risks to patients, monitored and managed their safety so they supported patients to stay safe.
- Patient safety incidents were managed in line with best practice.
- Medical staffing levels were appropriate for the procedures performed.
- The service had enough nursing and support staff to keep people safe from avoidable harm and abuse, and to provide the right care and treatment.
- Staff kept accurate records of patients' care and treatment.
- Staff understood how to protect vulnerable patients from abuse.
- The service provided mandatory training in key skills to staff. Staff employed by the service had completed mandatory training.
- Infection risk was controlled in line with best practice.
- Premises and equipment were suitable for purpose and were well looked after.
- There were safe arrangements for the management of medicines.

However:

- The storage of medical gases did not always comply with local and national guidance.

Good



Are services effective?

We rated effective as **Good** because:

- Care and treatment provided was based on national guidance.
- Staff had the skills, competence and experience to deliver effective care, support and treatment.
- Patients were supported to make informed decisions about their chosen procedures and treatments.
- Staff assessed and monitored patients regularly to see if they were in pain. They provided patients with relevant pain relief.
- Staff worked together as a team to benefit patients. Doctors, nurses and support staff supported one another to provide good care.
- Managers monitored the effectiveness of care and treatment and used the findings to make improvements.

Good



Summary of this inspection

- Patients were encouraged to live healthier lives and manage their own health, care and wellbeing.
- Staff gave patients enough food and drink to meet their needs.
- The service's opening hours and out of hours arrangements were enough to make sure effective care was available to patients.

However;

- The provider's resuscitation policy was not in-date and their consent to treatment policy did not reflect only the age group specific to the services they provided.

Are services caring?

We rated caring as **Outstanding** because:

- Staff truly respected and valued people as individuals and empowered them as partners in their care.
- Staff continually cared for patients with compassion. Feedback from patients was continually positive about the way staff treated them. People thought staff went the extra mile and the care they received exceeded their expectations.
- There was a strong, visible person-centre culture. Staff were highly motivated and inspired to provide care that is kind and promoted people's dignity.
- Relationships between people who used the service, those close to them and staff were strong, caring and supportive. Staff highly valued these relationships and embedded this into their care and treatment. Leaders promoted this.
- Staff continually recognised and respected people's personal and emotional needs. They always took account of these and provided emotional support to minimise people's distress.
- Staff made sure patients and those close to them were fully involved in decisions about their care and treatment.

Outstanding



Are services responsive?

We rated responsive as **Outstanding** because:

- The services always made sure they provided services that reflected people's needs. Services were always planned and delivered in a way that met their needs. The importance of flexibility, choice and continuity of care was reflected in the services.
- Patients' individual needs were always considered.
- People could easily access the service when they wanted. Patients had access to the right care at the right time. Access to care was managed to take account of patient's needs, including those with urgent needs.

Outstanding



Summary of this inspection

- Waiting times and delays were minimal and managed safely. Services ran on time. Patients were kept informed of any disruption to their care or treatment.
- The centre continually met patient's needs through the way services were organised and delivered. Staff took account of the needs of different patients when planning and delivering services.
- Staff always made reasonable adjustments and took action to remove barriers when patients find it hard to use or access services.
- People knew how to complain or raise a concern. They were treated compassionately when they did so. There was openness and transparency in how complaints were dealt with. Complaints and concerns were always taken seriously, responded to in a timely way and listened to. Improvements were made to the quality of care as a result of complaints and concerns.

Are services well-led?

We rated well-led as **Outstanding** because:

- The leadership team had the right skills, qualifications and experience to run a service providing high-quality care.
- There was a clear vision of what the service wanted to achieve and plans to turn it into action. Staff in all areas knew and understood the vision, values and strategic goals.
- There was continual engagement with patients, staff and the public.
- The management team promoted a positive culture that supported and valued staff, creating a common purpose based on shared values.
- There were governance processes to make sure that high standards of care were maintained.
- There were systems to identify risks and action plans to eliminate or reduce them.
- The service had secure electronic systems with security safeguards to protect confidential patient information.
- There was a comprehensive process to identify, understand, monitor and address current and future risks. The service acted accordingly where issues were identified.
- Candour, openness and honesty were the norm.
- There was a culture of collective responsibility among all staff.
- There were high levels of staff satisfaction. Staff were proud of the centre as a place to work and spoke highly of the culture.
- There was a focus on continuous learning and improvement throughout the service. The service continually provided staff

Outstanding











Summary of this inspection

support. Staff had objectives focused on improvement and learning. Staff were encouraged to use information and regularly took time out to review performance and make improvements.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Outstanding 	Outstanding 	Outstanding 	Outstanding 
Overall	Good	Good	Outstanding 	Outstanding 	Outstanding 	Outstanding 

Surgery

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

Are surgery services safe?

Good 

We rated safe as **good**.

Mandatory training

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

- Staff received mandatory training in safety systems, processes and practices. They received training mostly through e-learning modules, with face-to-face sessions for basic, immediate and advanced life support training.
- All staff we spoke with understood their responsibility to complete mandatory training. They told us they received the necessary mandatory training to make sure they could do their jobs.
- All staff employed had completed information governance, customer care, equality and diversity, health and safety, fire safety, safeguarding adults, infection prevention and control, and basic life support training. We saw up-to-date mandatory training certificates for six staff that confirmed their mandatory training completion.

Safeguarding

Staff understood how to protect patients from abuse. All staff had training on how to recognise and report abuse, and they knew how to apply it.

- The service had processes and practices to safeguard adults and children from avoidable harm, abuse and neglect that reflected national and local guidance. The

clinic had an in-date safeguarding policy for adults and children. Staff could access the policies via the clinic's intranet. The policies included details of who to contact if staff had any concerns.

- Records as of August 2019 showed all staff had completed safeguarding adults training. They received safeguarding training through e-learning courses, which staff knew how to access.
- The clinic manager was the adult and children safeguarding lead. Although the training certificates did not specify the training level they had completed, the course contents showed they were equivalent to level three for adult and level two for children safeguarding. This complied with the Intercollegiate Documents in Roles and Competencies for Healthcare Staff for Adult Safeguarding August 2018 and Safeguarding for Children and Young People January 2019.
- Staff understood their responsibilities about safeguarding vulnerable adults and children. They explained what steps they would take if they were concerned about potential abuse to their patients or visitors.
- There had been no safeguarding concerns reported to CQC in the reporting period from July 2018 to June 2019.
- The service promoted safety in recruitment procedures and ongoing employment checks. Staff had Disclosure and Barring Service (DBS) checks at the level appropriate to their role. All staff had up-to-date DBS certificates.

Cleanliness, infection control and hygiene



Surgery

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

- Staff maintained the standards of cleanliness of the premises well. There were suitable, clean and well-maintained furnishings. The service employed a cleaner, and cleaned the premises according to the daily, weekly, monthly and quarterly cleaning schedules. Cleaning records as of August 2019 confirmed the cleaner had cleaned the premises according to the schedules, which showed a checklist of areas that were cleaned. We found all areas of the service visibly clean and tidy.
- There was a service level agreement with an external cleaning company that provided a deep-clean every six months, to make sure no potentially harmful microorganisms were present. This was carried out in in the last six months, and the cleaning audits demonstrated no microorganisms were detected following swabs taken from surfaces in the theatres such as the worktop and trolley.
- Staff met regularly to discuss infection and prevention control. They took actions to address any identified issues. We saw the toilet hand wash sink on the first floor free of lime scale, which was an identified issue in the March 2019 meeting minutes.
- The service had an in-date infection prevention and control policy to minimise risks to staff, patients and visitors of acquiring a healthcare associated infection.
- Staff were bare below the elbow and demonstrated hand hygiene techniques in line with 'five moments for hand hygiene' from the World Health Organisation (WHO) guidelines on hand hygiene in health care. The service carried out regular hand hygiene audits which showed 100% compliance with the five key moments for hand hygiene.
- There was access to hand washing facilities, consistent with Health Building Note (HBN) 00-09: Infection control in the built environment. Hand sanitising gel dispensers were available throughout the premises for staff, patients and visitors to use. Hand washing posters were displayed in the public toilet and clinical areas.
- We saw staff had access to personal protective equipment (PPE), such as disposable gloves and aprons in all relevant areas.
- Staff used appropriate PPE and aseptic non-touch technique when carrying out invasive procedures. This minimised the risk of cross infection to specific parts and sites that are not touched either directly or indirectly during clinical procedures.
- Flooring throughout the clinic was well-maintained and visibly clean. Flooring in all clinical areas such as theatres, the procedure room and consultation rooms met with national requirements (Department of Health, Health Building Note 00-10 Part A: Flooring 2013).
- Surgical instruments used at the clinic were single patient use only. This eliminated the risk of cross patient contamination from re-usable surgical instruments.
- The service had an in-date decontamination policy. Staff followed this policy to manage and decontaminate reusable medical devices. They also followed the manufacturer's guidance and national guidance such as the Department of Health Technical memorandum HTM 01-01 on decontamination of surgical instruments. We saw staff had completed regular audits in the last 12 months and these showed they met local and national guidance.
- Staff wore theatre attire when they carried out minor surgeries in the procedure room. Designated theatre shoes were available for staff, patients and visitors to wear in the procedure room. We observed the theatre shoes were visibly clean. Staff cleaned these after each procedure. This was in line with best practice 'Association for Perioperative Practice Theatre Attire 2011'.
- We saw water was tested in July 2019 as required by the water safety management regime HTM 04-01. The service had completed the required full annual checks and monthly tests.
- Patients were not routinely screened for MRSA (antibiotic resistant bacteria) unless they had previously been colonised with or infected by MRSA. This was in line with national guidance (Department of Health Implementation of modified admission MRSA screening guidance for NHS (2014). The pre-operative risk assessment form included patient history for MRSA.



Surgery

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.

- Bella Vou Ltd was housed in a grade two listed building and as such did not have access for patients living with a disability. As an alternative, the service offered patients an appointment with the consultant at a private hospital nearby.
- The premises were well-maintained and had adequate facilities for minor cosmetic surgeries and consultations. The layout of the waiting areas, procedure room, theatres and the recovery area were fit for purpose.
- Equipment were regularly maintained by several external maintenance providers. They attended the premises annually to service and safety check the medical and electrical equipment. All items of equipment we reviewed had had been serviced within dates, in line with the service's equipment maintenance records.
- The service had an in-date policy for the disposal of clinical and non-clinical waste, which described how clinical waste was carried and disposed of and colour coding of differing types of waste. Waste in the clinic rooms was separated and in different coloured bags to identify the different categories of waste. This was in line with the Department of Health Technical Memorandum (HTM) 07-01, control of substance hazardous to health and Health and Safety at Work regulations.
- The service kept waste outside the premises in a locked outbuilding and the waste bins were chained and locked to a wall.
- We saw containers for sharps were in date and not overfilled. This demonstrated compliance with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. This requires staff to place secure containers and instructions for safe disposal of medical sharps close to the work area. We saw the labels on sharps bins had been fully completed which made sure traceability of each container.
- There was a resuscitation pack and automated external defibrillator (used to help resuscitate a patient in a cardiac arrest) in a central point between the theatres.

The resuscitation pack contained a range of airway devices. This included a bag valve mask (used to ventilate a patient who is not breathing), intravenous fluids and medicines that may be used in the event of a cardiac arrest, anaphylaxis (extreme allergic reaction), asthma attack, epileptic seizure, and hypoglycaemia (low blood sugar level). Tamper evident seals were in place. The emergency equipment was checked prior to every surgical list. We found all equipment, fluids and medicines were in-date.

- We checked a range of consumable items in the theatres and procedure room, including theatre drape sets, sponge holders, swabs, needles, cannulas and syringes. We found all items were in-date.
- There were arrangements for managing clinical specimens that kept people safe. The service had a contract with an external provider for the collection, processing and reporting of clinical specimens. They were collected by the external provider on the day they were taken.
- There was a system for providing feedback on product failure to the Medicines and Healthcare Products Regulatory Agency (MHRA). Staff recorded and stored details of products used on each patient such as the lot number (an identification number assigned to a particular quantity or lot of material from a single manufacturer), on the electronic patient record.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and minimised risks. Staff identified and acted upon patients at risk of deterioration.

- Pre-operative consultations for cosmetic surgery were carried out in line with national guidance. They included a risk assessment of the patient's suitability for the procedure, such as their medical history, general health, age, existing diseases or disorders, medications and other planned procedures. The surgeon assessed all patients to make sure their psychological wellbeing was considered. Psychologically vulnerable patients were identified and referred for appropriate psychological assessment, in line with Royal College of Surgeons, Professional Standards for Cosmetic Surgery 2016.
- All patients treated at the service had undergone a pre-operative consultation and assessment.



Surgery

- There were arrangements to make sure patient safety checks were made prior to, during and after the completion of surgical procedures. This was in line with national recommendations, National Patient Safety Agency (NPSA) Patient Safety Alert: WHO Surgical Safety Checklist January 2009. Staff carried out a safety huddle prior to each operating list, attended by the surgeon, operating department practitioner, clinic manager, patient coordinators and administration staff. Staff discussed each case, including any potential risk factors, and equipment and medicines needed to perform each procedure. We observed staff adhered to the WHO safety checklist.
- We saw staff recorded swab and needle counts on a white board in the procedure room. This showed it was clear to both the surgeon and operating department practitioner the number of swabs and needles they used. The surgeon counted these for completeness and the operating department practitioner at the end of each procedure. A completed audit in July 2019 showed all staff had 100% compliance.
- At the initial consultation and again on discharge, patients were given a 24-hour mobile number and the clinic telephone number for any questions or concerns they had.
- All patients received a courtesy call the day after their surgery from a member of the clinic team. Staff escalated any concerns raised during this call to the surgeon, if required.
- Patients were discharged once they had recovered appropriately from their procedure and anaesthesia. This included making sure their vital signs were within limits normal for them. Staff also checked patients were alert and orientated, able to swallow and cough, had eaten and drunk, were not suffering from any nausea or vomiting, had passed urine and were comfortable and pain free. The surgeon reviewed each patient prior to discharge. The clinic gave patients verbal and written post-operative advice, a prescription for medicines, contact telephone numbers and a follow-up appointment.
- The clinic only carried out minor cosmetic procedures that could be performed under local anaesthesia. Therefore, the service had no agreement with the local acute NHS provider for the transfer of patients who required a higher level of care. Although the service did not have a policy detailing what action should be taken if a patient deteriorated and required transfer, staff were able to describe what they would do if a patient required immediate transfer. This involved dialling 999 and requesting an ambulance transfer. The consultant surgeon would accompany the patient on transfer until they had safely reached the hospital and the patient had been accepted and handed over to their care. No patients treated at the clinic had required transfer to the local acute NHS provider. The operating department practitioner had completed advanced life support training, and all other staff had completed the basic life support training.
- Staff used a modified early warning score, designed to allow early recognition and deterioration in patients by monitoring physical parameters such as blood pressure, heart rate and oxygen saturations. Staff performed a minimum of two sets of observations, before transfer to the recovery room and prior to discharge. Staff escalated any concerns they identified to the surgeon for review. We reviewed two charts and found they were completed and scored appropriately. Patients had regular observations during and throughout their procedure. Staff documented these in the operating notes and immediately escalated any concerns they identified to the surgeon.
- Patients who attended the clinic underwent minor day case procedures under local anaesthetic. Therefore, patients did not require routine screening for risk of venous thromboembolism (VTE) because there was a very low risk of acquiring a VTE while having treatment. Patients with a history of VTE and/or taking blood thinning medicine were treated by the surgeon at a local independent hospital.
- Patients seen at the clinic were generally fit and healthy. Therefore, it was very unlikely they would see a patient with suspected sepsis. Staff were aware of the signs and symptoms of sepsis. If they suspected a patient had sepsis they would arrange for immediate transfer to the local acute NHS trust.
- Fire safety risk assessments were carried out by an external provider annually. A risk assessment carried out in July 2019 identified some areas of risks, such as all exits and hallways were not entirely clear or free of



Surgery

obstruction. At the time of inspection, we saw the service had taken actions to address the risks. The landlord of the building carried out weekly fire alarm testing.

- The building had an assessment by paramedics in August 2019, and a stretcher could be used if needed to transfer a patient from any of the floors to an ambulance. We saw emergency call bells in all consulting rooms and operating theatres. These were in working order. If required, staff pressed the bells, they would ring and show the location displayed on a computer screen.

Nursing and support staffing

The service had enough nursing and support staff to keep patients safe from avoidable harm and to provide the right care and treatment.

- The service employed a nurse, a healthcare assistant and an operating department practitioner, and they worked when needed. The service made sure there was a minimum of one nurse or one operating department practitioner when they performed operating lists. They had enough staff, with each patient attended by the cosmetic surgeon and an operating department practitioner or a registered nurse.
- Bella Vou Ltd employed seven support staff, including the clinic manager and receptionist. The clinic manager was one of two registered managers. They were all based at the clinic.
- There were no nurse and support staff vacancies at the time of our inspection.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

- The service had one surgeon who performed operations at the clinic. They were also the registered manager.
- The service carried out all procedures performed under local anaesthesia, they did not require an anaesthetist to be available when procedures were performed.

- All patients seen at the clinic had consultant-led care. The service provided patients access to consultant medical input the whole time they were in the clinic. The surgeon remained in the clinic until all patients were discharged.
- Staff had access to the surgeon's mobile number 24 hours a day if required.
- The surgeon led daily staff briefings for all patients who attended the clinic as a day case. They remained in the clinic until they had discharged all patients.

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.

- All relevant staff had timely access to the information needed to deliver safe care and treatment. The service reported all relevant medical records were available for all patients seen in the last 12 months.
- We reviewed six sets of patient records and found they were all completed. There were clear operative notes that gave enough detail to enable another doctor to assess the care of the patient at any time, if required. Patient records audits from April to July 2019 showed all required staff completed all relevant clinical data.
- There was complete recording of pre-operative assessment information in all the six sets of patient records we reviewed. This included a full explanation of the procedure, likely outcome, the patient's medical and social history, and fees. This was in line with national guidance, Royal College of Surgeons (RCS), Professional Standards for Cosmetic Surgery April 2016.
- The service asked patients for their consent to share information with their GP. All patients who consented had GP letters sent, detailing consultations and procedures performed if required.
- Staff organised records in a way that allowed identification of patients who had been treated with a particular device or medicine in the event of product safety concerns or regulatory enquiries. This was in line with national guidance, RCS, Professional Standards for Cosmetic Surgery April 2016.



Surgery

- The service was changing to an electronic patient records system. At the time of inspection, an external company was in the process of packing the paper records to be transported for safe scanning to the electronic system. The paper records were stored in locked cabinets on the second floor in the administration offices.
- The clinic manager explained that access to the new electronic records system was protected with individual log-ins and passwords. The service gave access only to staff they employed or staff with practising privileges. We saw computer terminals were locked when not in use. This reduced the risk of unauthorised people accessing patient records. The only paper records used were for patient consent and their signed contracts. The service scanned and save these to the patient's electronic record when they had received their procedure. The paper copies were then shredded.

Medicines

The service generally used systems and processes to safely prescribe, administer and record medicines, but not always for the storage of medicines.

- The service had an in-date medicines management policy to make sure there were systems for the safe management and secure handling and storage of medicines.
- We saw medicines were stored safely and securely in locked cupboards in the procedure room and theatres, in line with the Medicines Act 1968 and the Misuse of Drugs Act 1971 for the safe storage of medicines. Only clinical staff had access to medicines, and one staff had responsibility for the safe custody of the medicine keys. The clinic manager also had access to these keys.
- The service kept controlled drugs at the premises and had an appointed controlled drugs accountable officer responsible for all aspects of controlled drugs management within the service. This was in line with national requirements, The Controlled Drugs (Supervision of Management and Use) Regulations 2013.
- We checked a range of medicines and all medicines were in-date.
- We reviewed the controlled drugs register and randomly checked entries made in the last six months. These showed medicines had an accurate stock, had the required minimum of two signatures, were clear and legible. The service also completed controlled drugs audits for the past 12 months which also supported our checks.
- Staff safely stored medicines requiring refrigeration in a locked fridge. They monitored and documented fridge and room temperatures where they stored these medicines. Temperature records for the last three months showed only one entry outside the temperature range and staff acted to address the issue.
- The surgeon gave patients a private prescription for any medicines they required post-operatively. These were written on the service's headed paper and only authorised staff had access to them. The service kept a log of all written prescriptions to prevent them from being stolen or misused.
- We saw the surgeon had completed prescription records correctly and clearly documented patient allergies.
- We observed staff explained to patients before they administered medicines during their procedure, including any potential side-effects. Staff also gave patients advice about the medicines they had been prescribed for use at home.
- The service kept emergency medicines in a tamper-evident resuscitation kit bag. This was in line with national guidance, Resuscitation Council (UK) Statement: Keeping resuscitation drugs locked away November 2016.
- The service ordered medicines from a pharmacy provider as and when required.
- We found five medical gas cylinders stored in a cupboard together with cleaning fluids that contained potentially hazardous chemicals. This was a fire risk and was not in line with the service's medicines management policy and the Department of Health Technical Memorandum (HTM) 02-01 Cylinder storage and handling, and Health and Safety at Work Act 1974. The service immediately recognised this fire risk and took immediate action to minimise it. We observed the service started to remove the cleaning fluids from the medical gas cupboard. They also sent a photo the same night, after the inspection to confirm they had removed all those cleaning fluids from the cupboard.

Incidents



Surgery

The service managed patient safety incidents well. Staff recognised and reported incidents. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support.

- The service had an in-date incident reporting policy. The policy included references relating to duty of candour. This was an improvement from the last inspection when there were no references relating to duty of candour.
- There were arrangements for reviewing and investigating safety, safeguarding incidents and events when things went wrong. Staff had knowledge and knew how, and when to report an incident. Staff used an incident form to record all incidents or accidents within the service. The form included patient details, the date, time and description of the incident or accident, who it was reported to, action taken by staff, risk grading, learning outcomes and changes to practice. We reviewed four incident reports and saw that learning outcomes were identified and changes to practice were made, when indicated. For example, one incident reported medicine was past its expiry date. Staff took immediate action to remove it. Another incident reported a consumable item broke. Again, staff took immediate action to remove it and the service took action to change the supplier.
- The service reported two clinical and one non-clinical incidents from July 2018 to June 2019. Two of clinical incidents were graded as having caused no harm.
- In the same reporting period, the service reported no never events. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Staff told us they apologised to patients when something went wrong and informed them of any actions taken. Staff knew their responsibilities related to 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, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. None of the incidents reported met the threshold for the duty of candour.

Safety Thermometer (or equivalent)

The service used monitoring results to improve safety.

- The service collected and monitored patient safety information such as infection rates and adjustment rates within 30 days of the original procedure. From August 2018 to July 2019, the service reported out of 371 day cases performed; there were two (0.5%) infection cases and 85 (23%) adjustment cases. Both the infection cases were mild infections on the surface and patients were treated successfully with antibiotics. The majority of the adjustment cases were scar revisions.
- From July 2019 to June 2019, the service reported no incidents of hospital-acquired venous thromboembolism (VTE) or pulmonary embolism (PE) (a blood clot in the lungs). Patients attended outpatients and day case cosmetic surgery procedures had a very low risk of patients acquiring a pressure ulcer, VTE or PE while having treatment.

Are surgery services effective?

Good



We rated it as **good**.

Evidence-based care and treatment

While the service provided care and treatment based on national guidance and evidence-based practice, they did not always use in-date and relevant policies related to the treatment they provided.

- The service provided patients cosmetic surgery and support in line with professional and expert guidance, 'Royal College of Surgeons Professional Standards for Cosmetic Surgery April 2016'. A combination of our patient records review, conversations with staff and patients and practice observations showed this.
- Staff holistically assessed people's suitability for proposed treatments. The surgeon considered each patient's medical history, general health, mental health concerns, and history of previous cosmetic surgery



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before agreeing to carry out any surgery. The surgeon identified and discussed the expected outcome with each patient before treatment and reviewed these post-operatively. This was in line with the RCS, Professional Standards for Cosmetic Surgery, April 2016.

- On the day of surgery, staff asked women of childbearing potential if there was any possibility they could be pregnant. Pregnancy tests were carried out with the patient's consent, where indicated. This was in line with the National Institute for Health and Care Excellence (NICE) Guideline NG45: Routine pre-operative tests for elective surgery April 2016.
- Staff used technology and equipment to enhance the delivery of effective care and treatment. For example, the service offered video call consultations to patients who found it difficult to attend the clinic.
- There were in-date posters displayed in all the theatres and the procedure room to remind staff how to manage patients with anaphylaxis (severe allergic reaction) if required. This was in line with the NICE Clinical Guidance 134 July 2012 and Resuscitation Council (UK) Emergency treatment of anaphylactic reactions guidelines January 2008.
- While the service had a resuscitation policy, the document had no written date or a review date and had no references related to national guidance. Therefore, they could not be assured staff had access to current guidance.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. The service made adjustments for patients' dietary, religious, cultural and other preferences.

- Staff advised patients they did not need to fast prior to their surgery. This was in line with national recommendations for patients having local anaesthesia, NHS website 'Can I eat or drink before an operation' March 2017.
- Patients nutrition and hydration needs were met. Patients were given a light meal, such as a sandwich, and hot or cold drinks following their procedure. The

service purchased food for patients from a local sandwich shop. Patients could choose what they wanted from an extensive menu, which catered for dietary and cultural needs.

- Staff routinely monitored patients for nausea and vomiting during and following their procedure. Disposable vomit bowls were available if needed. We were told that no patients had reported nausea or had vomited following their surgery.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain. They gave additional pain relief to ease pain when needed.

- Staff assessed and managed patients for pain well. The minor surgical procedures carried out at the clinic were performed under local anaesthesia.
- Staff regularly assessed patients for pain; both during and following surgery, until they had discharged the patients from the clinic. We saw the surgeon regularly asked patients if they were comfortable and pain free when carrying out procedures. If patients felt any pain, the surgeon administered additional local anaesthesia. All patients were given pain relief medication to take home following their surgery, unless otherwise indicated. The service followed up each patient the next day with a telephone call to check their wellbeing and whether they were in any pain.

Patient outcomes

The service monitored the effectiveness of care and treatment. Managers used the findings to make improvements.

- The service collected and monitored patients' outcomes. Questionnaires were sent to patients following consultation and procedures. The service reviewed the results of patients' surgery at different stages of the healing process. For example, the questionnaire asked patients to rate their experience as very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied and very dissatisfied. These included the quality of explanation for procedure outcome, cleanliness, effectiveness of pain control, quality of care given prior to discharge, follow-up care by the clinic nurse, and overall satisfaction with surgical



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outcome. Patients were also asked for any improvement suggestions and if they would recommend the clinic to a friend. The recent results showed the intended outcomes for people were being achieved, with most patients rating their experience as very satisfied. We were told that if any concerns or negative feedback was received, this was reviewed immediately, and changes were made to improve where indicated.

- From August 2018 to July 2019, there were no unplanned readmissions within 28 days of discharge and no unplanned returns to theatre.
- The consultant surgeon told us they had performed 85 revision surgeries. This is when patients want their procedure to be done again because they were unhappy with the outcome. Most of these were minor and related to scar revisions following face or neck lift procedures. The surgeon recognised this was not uncommon in the cosmetic surgery sector and always informed patients they may need further surgery to achieve their desired result.
- The service routinely collected and monitored Q-PROMs (quality patient reported outcome measures) for all patients who underwent certain cosmetic surgeries, such as blepharoplasty (eyelid surgery). The outcome measures informed the service of the patients' own satisfaction measure of their health and health-related quality of life, and how this had changed by the surgical intervention. Q-PROMs are different from more general measures of satisfaction and experience, being procedure-specific, validated, and constructed to reduce bias effects. This was in line with Royal College of Surgeons' standards.
- At our last inspection we reported the service had started to participate in the Private Healthcare Information Network (PHIN). At this inspection, the service told us they had engaged with PHIN and had been advised that because they were only performing minor procedures under local anaesthetic, they were not required to submit data at present. However, the service had chosen to participate and planned to begin data submission by October 2019. On behalf of the Competition and Markets Authority, PHIN publishes data for 11 performance measures at both hospital and consultant level. These measures include the volume of procedures undertaken, infection rates, readmission rates and revision surgery rates.

Competent staff

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

- The consultant surgeon had the skills, competence and experience to perform the treatments and procedures they provided. They performed cosmetic surgery procedures for privately funded and self-insured patients at a local independent hospital, in addition to the minor cosmetic surgeries they performed at this clinic. They also taught doctors how to perform cosmetic surgery and participated in masterclasses on television.
- The consultant surgeon was on the General Medical Council (GMC) Specialist Register. The Specialist Register was introduced on 1 January 1997. Since then doctors must be on the Specialist Register to take up any appointment as a consultant in the NHS. The surgeon was listed on the Specialist Register for plastic surgery in November 2013.
- The surgeon had evidence of current GMC revalidation and appraisal. Their employer at a local independent hospital carried out their appraisal. We saw evidence they had participated in continued professional development activities.
- From July 2018 to June 2019, all clinical and support staff had completed an annual appraisal. We reviewed six staff records and all showed they had completed a recent appraisal in the last 12 months. Staff told us their appraisals provided them personal and professional development opportunities. For example, a healthcare assistant was due to start an anaesthetic recovery course in September 2019.
- From the staff records we looked at, we saw nursing staff had completed competency assessments for the medical equipment used.
- We reviewed the curriculum vitae of the nursing staff and saw they had the qualifications, skills and experience required to carry out their role. We saw the clinic manager checked certificates to confirm this. They



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also had in-date registration with the Nursing and Midwifery Council. Therefore, the service could be assured the nurses they employed did not have any interim conditions or suspensions on their practice.

- The service also provided additional training to administration staff, to support the delivery of safe and effective care where necessary. For example, two members of staff had received chaperone training, so that they could chaperone patients when needed. All the administration staff had also received basic life support training.
- All new staff completed a competency-based programme. For example, patient coordinators had completed competencies such as access to the electronic booking system, provide accurate pricing information and to accurately explain the whole patient journey.
- We saw new staff received specific induction packs which included details of meeting the team, a tour-round of the clinic, mandatory training topics, health and safety instructions and various policies.
- The service had an in-date practising privileges policy. They had systems for the granting and reviewing of practising privileges. Managers told us they required mandatory documents before practising privileges were granted. This included evidence of private medical insurance cover, immunisation status, appraisal records, Disclosure and Barring Service check and references. At the time of our inspection, only the consultant surgeon and consultant anaesthetists had practising privileges at the clinic.
- We saw consultants had current medical indemnity insurance. It is important for a doctor or surgeon to have adequate cover to protect patients, if they suffered harm as a result of doctor's or surgeon's negligence. This was in line with GMC guidance.

Multidisciplinary working

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

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

observed positive working relationships between medical, nursing and administrative staff. Staff told us they worked closely together to make sure patients received person-centred care and support.

- Treatment provided was consultant-led. All team members knew who had overall responsibility for each patient's care.
- The surgeon shared relevant information with the patient's GP. If patients consented, the surgeon wrote to their GP following the consultation, if there was a clinical need. They informed them of the planned procedure and asked whether there were any contraindications. This included details of the surgery performed and any implants used, where appropriate.
- There was good multidisciplinary communication between clinical and support staff. A safety huddle took place daily and prior to planned surgeries. The consultant, nursing, patient coordinators and support staff attended this. The safety huddle included a brief overview of each planned procedure, likely local anaesthesia needed, plans for discharge, potential risks and individual patient needs.

Seven-day services

The service's opening hours and out of hours arrangements supported timely patient care.

- The clinic was open Monday to Friday, from 8.30am to 7pm.
- The clinic only undertook planned minor surgery, with operating lists organised in advance on Monday, Thursday and Friday morning. The surgeon provided consultation appointments on Tuesday and Friday afternoon. The surgeon performed surgeries under general anaesthesia once a month at two local independent hospitals.
- The service offered a 24-hour telephone support line. Staff advised patients to call this telephone number if they had any concerns. There was a staff rota who provided cover to the support line, which had direct link to the surgeon. Staff would escalate any concerns to the surgeon, if required. Patients were provided the telephone number on discharge from clinic. Not all patients we spoke with needed to use this service, but one patient who did said they found the service very responsive and helpful.



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Health promotion

Staff encouraged patients to lead healthier lives and provided practical support to manage their own health and wellbeing.

- Staff recorded the patients' smoking status and alcohol intake at the initial consultation. Patients were advised to stop or at least reduce smoking before and after their surgery. The service sent written information to patients on the potential risks and side-effects of smoking and having cosmetic surgery. This was to reduce the risk of any complications and help promote healing.
- Post-operative information for patients included advice on the use of proven non-medicinal products such as skincare and Vitamin E, to help promote healing post-surgery.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their chosen procedures and treatment. The gave patients realistic expectations and followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions and who were experiencing mental ill health.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The consultant told us they had no patients who lacked capacity to make their own decisions, requesting their services. If they had any concerns about a patient's capacity to consent, they would not perform cosmetic surgery without involvement from the patient's GP and a psychologist. The surgeon gave an example of a patient they had seen who lacked understanding regarding the procedure they wanted. In this instance, the surgeon decided it was not appropriate to treat the patient because they were not assured the patient understood the procedure and implications of having surgery.
- Staff understood their responsibilities regarding consent. The consultant surgeon offered patients a minimum of two consultations before they carried out any surgery. They always asked the patients their reason for requesting surgery. They also explained the expected

outcomes and made sure the patient understood these, including any potential risks before agreeing to go ahead with surgery. We saw detailed pre-operative information, which included managing expectations, risks and potential complications. This was supported with photographs of what to expect post-operatively. The surgeon told us if they felt a patient's expectations were unrealistic they would refer them to a psychologist for assessment, before carrying out surgery. One patient said they were; "Given very realistic expectations".

- Staff obtained consent in line with national standards, Royal College of Surgeons Professional Standards for Cosmetic Surgery, April 2016. They obtained consent in a two-stage process. Most patients undergoing cosmetic surgery waited a minimum of two weeks between consultation and surgery. The surgeon told us they would not treat patients within this period, which met the 14-day cooling off period. Information on the procedure was given at a different time to the signing of the consent form. Patients formally gave written consent on the day of surgery. The operating surgeon always took consent.
- We looked at six patient records and consent forms for all were fully completed, signed and dated by the patient and the operating surgeon. They contained specific consent forms for blepharoplasty, face lifts and liposuction. All the consent forms were comprehensive and included details of the planned surgery, intended benefits, potential risks and complications. All patients we spoke with said they received comprehensive information.
- We saw staff gained verbal consent before undertaking interventions, such as clinical observations and giving local anaesthesia.
- The service had an in-date consent policy, which included a section on capacity to consent. However, we found information in the policy was not always relevant to the clinic. For example, the policy stated how staff could obtain consent for the treatment of young children when the service only provided treatment to adults over the age of 18.
- The theatre register we saw contained details of all surgeries performed in the clinic since July 2018. It confirmed the service had treated patients only above the age of 18.



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Are surgery services caring?

Outstanding



We rated it as **outstanding**.

Compassionate care

Staff truly treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

- There was a strong and visible person-centred culture. Staff were highly motivated and inspired to provide care that was kind and promoted patients' privacy and dignity. Relationships between people who used the service, those close to them and staff were strong, caring and supportive. We observed staff took the time to interact with people who used the service and those close to them in a polite, respectful and considerate way. Staff introduced themselves to patients and made them aware of their role and responsibilities.
 - We observed one surgical procedure. Staff worked hard to make the patient experience as pleasant as possible. Staff were compassionate, provided reassurance and support to the patient throughout their procedure. Staff encouraged patients to talk to them and asked questions throughout their procedure. Staff highly valued these relationships and we saw leaders promoted these.
 - Patients had complete privacy if they required undressing, in a private room, using curtains and/or screening. The service provided appropriate clothing such as gowns, where necessary.
 - The service had an in-date chaperone policy with clear procedures for when chaperones were needed. We saw the clinic displayed posters at the reception area to remind patients they could request a chaperone. Staff examined female patients in the presence of a chaperone.
 - Staff understood and respected patients' personal needs. They took these into account in the way they delivered services. For example, the service offered patients a meal of their choice. One patient told us, "How lovely, I had something different to eat other than just sandwiches".
- All patients we spoke with were continually and overwhelmingly positive in their praise of staff. They were continually positive about all the staff at the centre. A patient told us the staff were "Amazing and made me feel important". We saw support staff answered patient enquiries and interacted with patients in a friendly and sensitive manner.
 - The service sought patient feedback following the initial consultation, surgery, one-week post-surgery, and the follow-up appointment. Patients were asked to rate their experience as very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fair dissatisfied and very dissatisfied. From June 2019 to August 2019, the service received 41 responses and all responses rated their experience as very satisfied.
 - We saw patients had written thank you cards praising the staff and service. One patient wrote, "I can't thank you and your team enough, A-plus service from the start to the end. You turned an experience I was really nervous about into one which was pain free and flew by in a fabulous mix of hugely caring support, explanations of what was happening and great conversation". Another patient wrote, "Professional service from start to finish. Thank you for talking me out of lower eyelid surgery that you felt I didn't need. The upper eyelid surgery was quick, bruising was surprisingly minimal and recovery has been quick and pain free. Everyone has complimented how amazing my eyes look. It has made such a difference".
 - Patients could also post reviews of the service on various social media platforms. We looked at one independent online review website. Since December 2018, 50 patients had posted reviews and 100% rated the service five-star (excellent). One patient wrote, "I am beyond happy with my results. I can honestly say it has changed my life! The staff are really friendly and informative and truly an amazing surgeon!". Another wrote, "First class without doubt. The surgeon explained the procedure in detail, how long it would take, the aftercare required and the likely risks. The consultation was made in a straight forward, honest and considerate manner, at no time did I feel rushed or limited to a strict timetable. The appointment was made for three weeks later, the results exceeded my expectations. All the staff at Bella Vou are friendly and thoroughly professional".



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- We spoke with three patients. All of them gave extreme praise and told us staff were friendly, kind, caring and compassionate. One patient said, “I cannot speak highly enough of Bella Vou. The surgeon is morally sound and surgically skilled. Staff had a lovely persona, were efficient and upfront. They were impartial and listened to my needs, and I feel absolutely safe in their care”. Another patient commented, “I’ve had bad experiences elsewhere but this place had very friendly staff and were informative. I had a bit of an issue and called the team on a Sunday morning. They were very quick to respond and provided me assurance, I have no hesitation in recommending them”.
- Patients told us the before and aftercare was extraordinary, and they were clear about what to expect. Patients could have as many follow-up appointments as necessary and this was included in the cost of the surgery.
- One patient told us the overwhelming support the service gave them when their surgery by a previous consultant at another service had gone wrong. The patient told us how staff had supported them through a very difficult period and felt this was over and above what could be expected in other clinics. They felt they were in ‘safe hands’ and staff gave them ‘real hope for the future’.
- The service had an in-date chaperone policy with clear procedures for when chaperones were needed. We saw the clinic displayed posters at the reception area to remind patients they could request a chaperone.

Emotional support

Staff continually understood patients’ needs and provided emotional support to patients to minimise their distress. Staff we spoke with highly valued patients’ emotional needs. They embedded these in their care and treatment.

- Staff understood the impact a person’s care and treatment could have on their wellbeing. Staff were empathetic to patients who were anxious about their surgery. They took the time to reassure them. One patient told us; “I never felt rushed nor tied to a commitment”. Other patients told us the patient coordinators were respectful and considerate.
- Staff spent time supporting patients through the processes and made them feel special and important. The surgeon told us an example of how they took account of a patient’s emotional needs. The patient who requested cosmetic procedure had recently lost a child, and the surgeon felt they were not ready to undergo the procedure. Therefore, the surgeon advised the patient to take their time in decision-making and to return at another time if they felt ready.
- The service gave patients relevant and timely support and information. All patients were given the service’s 24-hour mobile number, who they could contact if they had any concerns or questions. We were told the surgeon advised one patient who had travelled a considerable distance to attend the clinic, to contact him if they had any concerns. He knew a plastic surgeon local to the patient and would arrange for them to see the patient if needed.
- Staff fully involved patients and those close to them to make decisions about their care and treatment.
- Staff treated people who used the services as active partners in their care. They were fully committed to working in partnership with people and making this a reality for them.
- Staff communicated well with patients so they understood their care, treatment and any advice given. The surgeon went above and beyond expectations to make sure patients were fully consulted and had realistic expectations before they agreed to perform any cosmetic surgery. They went through a patient’s planned surgery during the consultation. We saw a patient record for blepharoplasty (eyelid surgery). This included the anatomy involved, relevant research, potential risks and complications of the procedure, and what the patient should expect. The patient record also included photographs of expected postoperative bruising and swelling. This was in line with national recommendations, ‘Royal College of Surgeons Professional Standards for Cosmetic Surgery April 2016’.
- Patients told us they felt involved in their care and had received the information they needed to understand their treatment. One patient wrote; “Consultation was done with great care. All my questions were answered in



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detail with real life examples. There was no pressure or hard sell. I was given time to think. I was also informed of all available options, with pros and cons. Amazing surgeon and all the staff are always available to help and also to listen”.

- There were appropriate and sensitive discussions about the cost of treatment. Staff advised patients of the cost of their planned treatment at the booking stage and the options of different methods of payment. The service also sent this information by email, so patients were fully aware of their planned treatment costs.
- The service only performed minor surgeries under local anaesthetic. Patients told us they felt confident to be independent and manage their own health very quickly after surgery.

Are surgery services responsive?

Outstanding



We rated it as **outstanding**.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people.

- The service continually planned and delivered service in a way that reflected people’s needs. Bella Vou Ltd provided treatments that were not offered by the NHS and at a time convenient to patients. This showed the service always gave people choice and the flexibility to meet their needs.
- The service provided a range of minor cosmetic treatments and procedures at the clinic. The most common surgeries performed were face and neck lifts, blepharoplasty (eyelid surgery) and neck liposuction (removal of unwanted fat).
- The service was in a quiet pedestrianised area in an easily accessible part of Tunbridge Wells. There was no patient car parking at the premises. However, there were two public car parks situated within a two-minute walk. Patients and visitors could also access the service by public transport; the nearest rail station was approximately a 10-minute walk.

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 provider planned services to take into account the needs of different people to allow them to access care and treatment. Patients told us how their individual needs were met, with some examples of staff supporting them before and after they had their procedure.
- All patients we spoke with told us they could have as many consultations as they needed before having their surgery. These consultations were part of their package and there were no additional costs for extra consultations or more follow up appointments where needed.
- Staff were proactive in understanding the needs of different groups of people and in delivering care in a way that met these needs. For example, the registered manager travelled abroad to plan patients’ care with them and their families at a time that suited them in readiness for their surgery.
- There were arrangements for patients who required translation services. The service used an external interpreting and translation service as needed.
- The surgeon would involve mental health services when needed. They referred patients to a psychologist if they were concerned about their mental health and wellbeing. They would also write to the patient’s GP if they had any concerns about a patient’s mental health.
- The service dealt with some patients with complex emotional needs. One patient told us how their surgery had been postponed due to their psychological condition. They told us this gave them time to reflect and prepare for their surgery with a more positive approach.
- Staff told us about managing patients who had recently lost loved ones. They told us patients in this situation who wanted surgery had contacted the service. Staff assessed the patient at their first consultation and encouraged them to wait until they were psychologically and emotionally ready before deciding to have the procedure.
- Patients were asked what music they would like to listen to while their procedure was carried out. This was to



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help create a calm atmosphere and encourage them to relax. Staff also encouraged patients to talk during the procedure. Patients told us they felt calm and often had conversations with staff that made them feel relaxed.

- Patients and their companions had access to drinks machines on the ground and first floors. The service offered complimentary hot drinks and water, including individually packed biscuits.
- The waiting area displayed a range of information leaflets, and suitable reading materials such as lifestyle magazines and books. Patients and visitors also had access to free wi-fi.
- The service provided patients with information packs and a 'goodie bag' containing moisturisers and creams. Patients told us they felt fully informed and supported. They were also pleasantly surprised with receiving the 'goodie bag'; two patients said, "what a lovely added touch".
- Due to the premises spread over four floors in a grade II listed building, there were no adjustments for people who required wheelchair access. However, the provider offered the alternative of their service at a local independent hospital.

Access and flow

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

- Patients had timely access to consultations, treatment and after care. Most patients undergoing cosmetic surgery waited a minimum of two weeks between consultation and procedure. This 'cooling off' period was in line with national recommendations of the Royal College of Surgeons Professional Standards for Cosmetic Surgery April 2016. The surgeon told us they would treat patients within this period if they felt this was appropriate, such as to revise previous surgery.
- The service had an easy-to-use appointment system and supported people to access appointments. Patients could arrange an appointment by phone or make an enquiry via the service's website. The online enquiry form was easy to use.

- Patients could access care and treatment at a time that suited them. The service offered evening and Saturday appointments, which offered patients flexibility and promoted patient choice. Evening appointments were available up to 7pm.
- The service only cancelled or delayed appointments and treatments when necessary. If surgery had to be cancelled or delayed, staff explained the reasons to the patient and supported them to access treatment again as soon as possible. From July 2018 to June 2019, three procedures were cancelled; two for clinical reasons and one non-clinical. Based on the number of 421 day case procedures performed during this period, this equated to a cancellation rate for non-clinical reasons of 0.24 and 0.48% for clinical reasons.
- There were three theatre sessions scheduled per week, dependent on activity levels.
- Services generally ran on time. The service informed patients of any delays. The patients we spoke with said they had timely access to appointments and treatment.
- The service used technology to support timely access to care and treatment, which facilitated patient choice. They offered video call consultations to patients who found it difficult to attend the clinic.

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 an in-date complaint policy and process document stating the roles, responsibilities and processes for managing complaints.
- People made complaints to the service either verbally or in writing. If a patient wished to make a complaint while they were in the clinic, staff attempted to resolve the issue immediately. The service sent a written acknowledgment of a complaint within two working days of receipt. They aimed to provide a full written response to the complaint within 20 working days. The written acknowledgement included the name and contact details of the person investigating the complaint. The service offered complainants a meeting to discuss how the complaint would be handled and how the issue(s) might be resolved.



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- The service kept a record of all complaints received. Complaints were discussed at staff and clinical governance meetings. Staff we spoke with were aware of complaints received.
- From July 2018 to June 2019, the clinic received four complaints. These were about dissatisfaction with the outcome following planned procedures. We saw the service had responded to all the complaints in a timely and courteous manner. They took actions to resolve the complaints to the patients' satisfaction, which included the offer of a second opinion from an independent plastic surgeon and revision treatment.
- The patients we spoke with knew how to make a complaint or raise concerns. The service displayed Information in the waiting area on how to make a complaint. Complaint leaflets were available as a guide for patients and encouraged an open-door policy for all patients and their relatives to raise any concerns they may have. Three patients told us they felt comfortable if they had to raise any concerns with any staff.
- In the same reporting period, there were no complaints referred to the ombudsman or ISCAS (Independent Healthcare Sector Complaints Adjudication Service).
- There was a clear organisational structure, which detailed which staff were responsible for clinical governance, risk management, operational procedures and administration. Staff at all levels were clear about their roles and understood what they were accountable for and to whom.
- All staff we spoke with were overwhelmingly positive about the senior management team. They told us they were very visible and felt well supported. Staff told us they were clear about their roles and responsibilities, and respected senior staff as leaders.
- The service encouraged a culture of openness and actively asked staff for feedback to make sure an open and fair culture. The service held daily meetings to identify any issues on a daily basis as well as the quarterly infection control and clinical governance meetings.
- The service actively supported all staff learning and development. Staff told us they had support to attend training and development courses.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with involvement from staff.

- The philosophy of the service was to provide outstanding patient-centre care and the best outcomes; physical appearance, wellbeing and improvement to people's lives.
- The service involved staff in developing the service's values. They reflected the priorities for the service and what was important to staff and patients. Staff spoke about beauty, health, wellness, happiness, safety, teamwork, care, quality, commitment, dedication, communication and honesty. Staff demonstrated these values with one another and in their interactions with patients and visitors.
- There service had a clear vision to expand their services. They developed a business plan to support the vision and priorities for the service. The aim of the business plan was to offer women's health services, varicose veins treatments and providing general anaesthetic day case procedures to allow for patient comfort and best

Are surgery services well-led?

Outstanding



We rated it as **outstanding**.

Leadership

The leadership team had the right skills and abilities to run a service providing high-quality care. They were visible and approachable in the service for patients and staff. They continually supported staff to develop their skills and take on more responsibilities in their roles.

- The overall lead for the service was the consultant plastic surgeon, who was one of two registered managers. They were supported by the clinic manager who was the second registered manager and the company director. There was a management structure with clear lines of responsibility and accountability.



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results for vaser liposuction (a less invasive fat removal and body sculpting procedure). The service had acquired additional space next door to their premises, to accommodate their expansion.

- Staff knew and understood the vision, values and strategy for the service and their roles in achieving them.

Culture

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

- All staff we spoke with felt supported, respected and valued. They told us the culture was centred on the needs and experience of people who used the service. Staff were highly positive and felt proud to work at the clinic. They felt like a part of the family.
- Staff we met were welcoming, friendly and helpful. It was evident that staff cared about the services they provided and told us they loved working at the service. We observed staff work collaboratively and shared responsibility in the delivery of good quality care. Staff were aware of their roles in the patient experience and were committed to providing the best possible care for their patients.
- The management team encouraged openness and honesty. They recognised the importance of staff raising concerns and they undertook learning and action when concerns were raised. Staff told us they felt confident to raise concerns.
- The service complied with guidance from the Committee on Advertising Practice and industry standards of the Royal College of Surgeons Professional Standards for Cosmetic Surgery April 2016. They did not offer financial incentives that might influence the patient's decision, such as time-limited discounts or two-for-one offers.
- The service had arrangements to promote the safety and wellbeing of staff. Access to the building was secure, with security cameras at the entrance.

Governance

The service had adequate governance arrangements to make sure they continually maintained high

standards of care. Staff at all levels were clear about their roles and responsibilities. They had regular opportunities to meet, discuss and learn from the performance of the service.

- There was true passion, strong collaboration and continual support across all functions. All staff were committed and had a common focus on improving quality and maintaining high standards of care, and people's experiences.
- The service had an embedded governance system. They had an annual audit programme and carried out audits to make sure staff maintained high quality care.
- A clinical governance meeting was held every quarter. We looked at the last three minutes of the meetings. These were well attended by all members of the team, including clinical and support staff. We saw topics such as incidents, complaints, performance, policies and processes were standard agenda items and regularly reviewed. Staff took actions to address any issues they identified at these meetings. This showed the service proactively reviewed and reflected their governance and performance management arrangements.
- Staff working under practising privileges had adequate levels of professional indemnity insurance.

Managing risks, issues and performance

The service had systems to identify and manage risks. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

- The service had an in-date risk assessment policy. This clearly detailed the areas of risks and staff roles and responsibilities in each area. The company director had overall responsibility for risk assessment, and each area of risk was allocated to a named senior staff.
- The risk register and risk assessments reflected those within the service. All risks were rated as high, medium or low. Examples of these included sickness due to small workforce, equipment failure and a narrow staircase. Staff had awareness of these risks. We saw the service engaged with the local fire brigade and ambulance service to assess the risk of evacuation in



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case of unplanned emergencies due to the narrow staircase. We saw the service had now employed an operating department practitioner when this was identified as a risk at the last inspection.

- Monthly staff meetings, quarterly infection control and clinical governance meetings used information routinely collected from completed audits to address any risks related to infection prevention and control. We saw minutes from these meetings in the last 12 months showed staff discussed any risks and took actions. All staff were aware what actions they needed to take to reduce and minimise those risks.
- The surgeon and the clinic manager were registered managers. They had clear oversight of all procedures undertaken and the day-to-day business operations.
- The service had a programme of clinical and internal audit. Completed audits had adequate details and staff took actions to address issues, if required. This showed the service had systems to monitor and review the quality of care and operational processes, and to identify where action can be taken when required.

Managing information

The service collected, analysed, managed and used information well to support its activities, using secure electronic systems with security safeguards.

- The service routinely collected and monitored data regarding patient outcomes. They reviewed and used the information from patient questionnaires to improve service provision, where indicated.
- There was arrangement to code surgical cosmetic procedures in accordance with SNOMED CT. This is an electronic form of coding procedures and makes sure that information is consistent across health settings. Accurate clinical coding shows the surgeon's pattern of practice and provides a sound basis for their decision-making process. Healthcare information at local and national level is key to support management, planning and monitoring of overall health services.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. There were arrangements in place to make sure the confidentiality of patient information held electronically. Staff were aware of how to use and store confidential information. This was in line with the

General Data Protection Regulation. During our inspection, we found computer terminals were locked when not in use to prevent unauthorised persons from accessing confidential patient information. Staff had completed information governance training.

Engagement

The service engaged well with patients, staff and the public.

- The service routinely gathered people's views and experiences. They used these to shape and improve services. Patient feedback was sought following the initial consultation, before surgery, one week after surgery and follow-up appointment. We saw the service used patient feedback to inform changes and improve service provision. For example, the service had changed their schedule times for short and long procedures; starting with longer procedures in the morning. One patient told us she was glad to return home in daylight after a long procedure.
- Patients could also post reviews of the service on various social media platforms. We saw the service responded to these. All patient feedback we saw was overwhelmingly positive. Visitors to an independent review website could post questions and we saw the surgeon responding to these.
- The service also subscribed to a video-sharing website, where they posted testimonials from patients who had undergone surgery. Testimonials were only made public with patients' consent. People could also access this forum to see how certain procedures were carried out.
- People considering or deciding to undergo cosmetic surgery were provided with the right information and considerations to help them make the best decision about their choice of procedure and surgeon. We saw patients received comprehensive information about the surgery they were considering. This included how the procedure was performed, costs, and the risks and complications associated with the procedure. Patients we spoke with also told us the service fully engaged with them throughout the whole journey.
- From the conversations we had with staff and observations we made during our inspection, it was evident that staff were engaged in the service. The service only employed a small number of staff, most of



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which had been employed since the clinic was established. Staff told us they shared information regularly with one another on an informal basis, as they worked so closely together. They also held regular team meetings. The minutes of meetings we reviewed showed good staff engagement from clinical and support staff.

Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things went well or wrong.

- The service had addressed some of the concerns we reported at the March 2017 inspection. We found they had addressed all our concerns. These included:
 - The serious incident policy now had reference to duty of candour.
 - The service had risk assessed the placement of resuscitation equipment. We observed these were accessible in all relevant areas.
 - We observed there was a list of stock and when staff had checked their expiry dates.
- We saw the surgeon carried out debriefs at the end of a surgical procedure.
 - Staff at the service were committed to improving services. When we raised concerns during the inspection such as out-of-date guidance and misplaced hazardous cleaning products, staff took immediate actions to rectify them.
 - The service also provided a high level of training for aesthetic plastic and reconstructive surgery via the post training fellowship position. They recently completed a fellowship; the cosmetic surgery fellow now provided cosmetic surgery in their local area. These posts are usually based in large teaching hospitals and it is most unusual for a service of this size to offer such a post. This reflected the high regard fellow plastic and reconstructive surgical specialists held of this service.
 - The service was accredited by various private health insurance providers.
 - The consultant surgeon participated in national television documentaries, providing an insight into various cosmetic surgery topics.

Outstanding practice and areas for improvement

Outstanding practice

- The service offered a cosmetic surgery clinical fellowship which is unusual in a service of this size.

These posts are usually based in large teaching hospitals. This reflected the high regard fellow plastic and reconstructive surgical specialists held of this service.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure adult and safeguarding training levels specific to the lead role met with the Intercollegiate Documents in Roles and Competencies for Healthcare Staff for Adult Safeguarding August 2018 and Safeguarding for Children and Young People January 2019.

- The provider should make sure they had an in-date resuscitation policy and a consent to treatment policy that reflected only the age group specific to the services they provided.
- The provider should make sure they continue to store medical gas cylinders that complied with its own medicines management policy and the Department of Health Technical Memorandum (HTM) 02-01 Cylinder storage and handling, and Health and Safety at Work Act 1974.