

BS Plastic Surgery Ltd

Inspection report

33 Newton Road
Torquay
TQ2 5DB
Tel:

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The service was registered with the Care Quality Commission (CQC) on 9 September 2021 and this is the first inspection since registration.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at BS Plastic Surgery Ltd as part of our inspection programme.

This service is registered with CQC under the Health and Social Care Act 2008 as BS Plastic Surgery Ltd (and is also known as Ministry of Aesthetics) in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

BS Plastic Surgery provides a range of surgical and non-surgical cosmetic interventions, for example: Botulinum injections (Botox) which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. We inspected those procedures offered by BS Plastic Surgery which are regulated activities, for example mole removal and liposuction (a fat removal procedure).

BS Plastic Surgery is led by a registered manager who is also a certified plastic surgeon. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection two people provided positive feedback about the service and following the inspection seven people provided positive feedback by email.

People told us that the staff were polite, courteous and informative. People told us they were happy with the results and the treatments were explained very well.

Our key findings were:

- The service had clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- The clinician kept up to date in their specialist field and reviewed and monitored care and treatment to ensure the services provided were effective .
- People were able to contact an out of hours service 24 hours a day.

Overall summary

- People were advised of the treatment prices in advance and they were given a two week “cooling” off period before any treatment was undertaken.
- People had access to the complaints process.
- The service had a programme of quality audits and used this information to make improvements to the service.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector.

Background to BS Plastic Surgery Ltd

Background to BS Plastic Surgery Ltd.

BS Plastic Surgery LTD (also known as Ministry of Aesthetics) is registered with CQC to provide the regulated activities: surgical procedures and treatment of disease, disorder or injury from the registered location:

- 33 Newton Road, Torquay, Devon, TQ2 5DB.

People can contact the clinic by telephone or through the website:

- www.ministryofaesthetics.co.uk

Clinic appointments are available every Friday 9am to 6pm.

BS Plastic Surgery provides a range of non-surgical and surgical treatment solutions such as: wrinkle reduction injections (Botox), dermal fillers, non-surgical face lift with PDO threads, mole and cyst removal, body contouring and upper and lower eyelid correction (blepharoplasty).

The clinic is led by a registered manager who is also the plastic surgeon and is supported by a receptionist and a health care assistant.

The clinic is located in Torquay town centre, there is a car park on site and the clinic is within walking distance of the train station.

How we inspected this service

Before the inspection, we asked the provider to send us information about the service. This was reviewed prior to the site visit.

We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with the provider, reviewed documentation and records including clinical records. We made observations of the premises, facilities and the service provided.

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

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

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

Are services safe?

We rated safe as Good because:

- The service had clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- Infection prevention and control systems (IPC) and processes were effective.
- There was a system in place for reporting and recording of incidents and significant events.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- No treatment was provided to people under the age of 18.
- The service worked with other agencies to support people and protect them from neglect and abuse. Staff took steps to protect people from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The provider had carried out an IPC audit in July 2022 and this showed the provider was compliant with national guidelines.
- A hand washing audit was carried out to ensure staff were cleaning their hands appropriately. There was also comprehensive cleaning checklists of equipment and rooms. The premises were visibly clean and tidy.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- The provider did not have any water storage tanks and the risk from legionella was low. There were air condition units which were regularly serviced and maintained.
- All staff had received up to date fire safety training and a fire drill was carried out in July 2022.

Risks to patients

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

- The registered manager was the only clinician within the service and was supported by the healthcare assistant and receptionist.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage people with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- The provider gave people using the service information and guidance leaflets relating to their treatment and after care. The advice included possible side effects and the action to take as well as a 24-hour emergency telephone number.

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept people safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The clinician carried out and recorded a detailed assessment which included the persons medical history, their expectations from the procedure, and consent gained. Following the procedure records clearly identified what treatment was given and the aftercare guidance provided.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. People having treatments were asked for consent to share information with their GP if appropriate.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. Computerised records were password protected and this was changed on a regular basis.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, and emergency equipment minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety and incidents

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. However, the provider told us they had not had to report a significant event at the clinic. Staff understood their duty to raise concerns and report incidents and near misses.

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. There had only been one complaint made within 12 months, the service followed its complaint procedure and the person had a timely and concise response. Following this complaint, the service reviewed its consultation forms to ensure there was a clear explanation about any further charges following cosmetic treatments.
- The provider was aware of, and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service had systems in place for receiving alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).

Are services effective?

We rated effective as Good because:

- The provider assessed and delivered care and treatment in line with current legislation, standards and guidance.
- The provider kept up to date in their specialist field and reviewed and monitored care and treatment to ensure the treatments provided were effective.
- Staff had the skills, knowledge and experience to carry out their roles and they had protected time for learning and development.

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. All patients were provided with a treatment plan and aftercare support following a consultation and procedure.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The provider was reviewing the client record system and updating these onto a computerised system with a secure password which was changed on a regular basis.
- The provider had a schedule of clinical and non-clinical audits in place to ensure the people using the service had effective outcomes for their treatments.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff received regular appraisals, coaching and mentoring within their role.
- There were daily and monthly staff meetings to discuss performance and clinical outcomes.

Coordinating patient care and information sharing

Are services effective?

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

- People received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, the clinician at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

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

- The clinician gave people advice so they could self-care following their treatment. Risk factors were identified and highlighted to the patient. Following the treatment, if a person was concerned or experienced any discomfort, pain or swelling they were provided with the clinicians contact details as well as an emergency 24-hour telephone line.
- Where people's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported people to make decisions. Where appropriate, they assessed and recorded a person's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

People who use the service are treated with respect and valued as individuals. Staff are kind and caring and involve them in decisions about their treatments. This was reflected in compliments received by people using the service and through emails received on the CQC website.

Kindness, respect and compassion

Staff treated people with kindness, respect and compassion.

- Following the Covid-19 pandemic CQC no longer issue patient comment cards prior to an inspection however we received seven positive comments via our website, people told us that the staff were professional, courteous, caring and the services provided were excellent.
- The service sought feedback on the quality of clinical care people received, this included ongoing patient satisfaction surveys.
- Feedback from people who use the service was positive we saw evidence of eighteen compliments received from December 2021 to May 2022. People reported that everything was explained before the treatment began, staff respected people's privacy and dignity, and the environment was relaxed and friendly.
- Staff understood people's personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to everyone who used the service.
- The service gave people timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for people who did not have English as a first language.
- People told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Before providing any treatments people attended for a consultation where the clinician discussed the risks and benefits of any treatment and answered any questions. The clinician also discussed realistic outcomes and the costs involved.

Privacy and Dignity

The service respected people's privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations were conducted behind closed doors and conversations could not be overheard.
- All clinical records were stored in locked cabinets or on a secure electronic system.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service organised and delivered services to meet people's needs.
- People were advised of treatment prices in advance.
- The service took complaints and concerns seriously and responded to them appropriately.
- People who had treatments were able to access a private emergency telephone support line which provided advice 24 hours a day, seven days a week.

Responding to and meeting people's needs

The service organised and delivered services to meet peoples' needs. It took account of people's needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example: there was level access and accessible facilities for people with restricted mobility.

Timely access to the service

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

- People had timely access to initial assessment, test results, diagnosis and treatment. People were provided with aftercare information and contact details for advice and support 24 hours a day seven days a week.
- People were advised of the waiting times for an appointment at their initial consultation.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated people who made complaints compassionately.
- The service informed people of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedure in place. The service learned lessons from individual concerns, complaints and used these to improve the quality of care. For example: The service reviewed its consultation forms to ensure there was a clear explanation about any further charges following cosmetic treatments such as further costs for "any top ups" required.

Are services well-led?

We rated well-led as Good because:

- Management had the capacity and skills to deliver high-quality sustainable care.
- The staff all work together to ensure the continuity and flexibility of the service met the needs of the people who used the service.
- The registered manager welcomed and encouraged feedback to improve and develop the service.

Leadership capacity and capability;

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

- BS Plastic Surgery was a limited company operated by the clinician who was also the registered manager. They were knowledgeable about issues and priorities relating to the quality and future of services.
- They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

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

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service carried out a detailed assessment for each person to identify their individual needs prior to any treatment or procedure.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff.

Governance arrangements

Are services well-led?

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- The provider had a range of policies and procedures in place to support good governance.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to people's safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for people who used the service. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

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

Engagement with people who used the service.

The service involved people who used the service a to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the people who used the service. People were asked to complete feedback forms following their care and treatment.
- Staff could describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open about performance.

Continuous improvement and innovation

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

Are services well-led?

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.