

London Medical And Aesthetic Clinic Limited

# London Medical Aesthetic Clinic - 1 Harley Street

## Inspection report

1 Harley Street  
London  
W1G 9QD  
Tel: 02083421100  
www.lmaclinic.co.uk

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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?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

This service has not previously been rated. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients acted on them and kept good care records. They managed medicines well.
- Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough time to reflect and ask questions, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on their procedures and supported them to make decisions about their care. Key services were available five days a week.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Services were sufficiently flexible to meet the needs of patients. Clinic opening times could be extended in the event a patient required an urgent treatment.
- The service had a complaints policy in place and had received no formal complaints in the reporting period from April 2020 to March 2021. There was an awareness of complaints process by all staff we spoke with.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service planned care to meet the needs of their patients, they took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed and did not have to wait long for treatment.
- Managers ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

- At the time of the inspection, there was no mounted soap dispenser for handwashing installed at the clinic with the provider using a stand-alone liquid soap. At the follow up visit, we noted that this had been addressed by the provider.
- Some of the electrical equipment did not have portable appliance test stickers on them to indicate that they are safe to use. At the follow up visit, we saw evidence that the test stickers had been attached on the appropriate equipment.

# Summary of findings

## Our judgements about each of the main services

### Service

### Surgery

### Rating

Good



### Summary of each main service

Since our last inspection in February 2017 the service made significant changes to address the identified breaches in regulations. The only CQC regulated service provided by the clinic is SmartLipo cosmetic surgery. The service was rated good overall as it was compliant with regulations and had ensured a safe, clean, compliant environment for aesthetic surgical procedures. We also found appropriate risk assessments were undertaken and the service had plans to action any findings. Record keeping audit and risk assurance processes were now embedded in the operations of the service. We found that staff were caring towards their patients and responsive to their needs. We also found that managers ran the service well and had a clear vision and strategy for the service.

# Summary of findings

## Contents

### Summary of this inspection

Background to London Medical Aesthetic Clinic - 1 Harley Street

Page

5

Information about London Medical Aesthetic Clinic - 1 Harley Street

5

---

### Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

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# Summary of this inspection

## Background to London Medical Aesthetic Clinic - 1 Harley Street

London Medical Aesthetic Clinic - 1 Harley Street is operated by Medical And Aesthetic Clinic Limited. The service's main activity involves non-surgical cosmetic treatments which are not subject to regulation by the Care Quality Commission. The clinic also provides pre and post-surgical care made up of surgical consultations as well as post-operative follow up of patients. Surgical procedures were not performed at this clinic. Instead, these were performed at other clinics and hospitals which are not part of this service, but where the consultant had practising privileges. Practising privileges are a well-established system of checks and agreements whereby doctors can practice in hospitals without being directly employed by them.

The service opened in 2008, and primarily serves the communities of London and the south east areas. The clinic also accepts patients referrals from outside this area. The service now specialises exclusively in SmartLipo surgery which is a laser-assisted minimally invasive technique for removal of excess body fat. Smartlipo is a minimally invasive, laser-assisted lipolysis procedure that targets trouble spots like the abdomen, thighs and neck, and eliminates fat. Facilities at the clinic include include one treatment room, one admission/recovery room, one consulting room and a reception area. The service has no overnight beds. We were told the service sees between 150 to 200 patients a year. The service has had a registered manager in post since May 2008. The service was previously inspected in 2017 and was not rated as the CQC did not have the powers to do so at the time. However, breaches of regulations 17- Good Governance; staff were not trained at an appropriate safeguarding level and regulation 18 – Staffing; staff were not trained in Mental Capacity Act were found during that inspection. We followed up on these concerns with this inspection. We found these concerns had been addressed with significant improvements which are reported in more detail in the following report.

### What people who use the service say

Patients we spoke with were all very positive about the service they received and the staff who provided it. Patients we spoke with told us they were offered emotional support during their ultrasound procedure.

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 29 July 2021. The purpose of this inspection was to check what improvements had been made to the service since our previous inspection in February 2017 and also to rate the service. We used the cosmetic surgery inspection framework methodology for the inspection.

The team that inspected the service comprised of a lead inspector and a specialist advisor. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection for London.

To get to the heart of service users' 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.

We spoke with five members of staff including administrative staff, managers, lead surgeon and nurses. We also spoke with two patients and reviewed six patient's records.

# Summary of this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Outstanding practice

We found the following outstanding practice:

- The service had an app which allowed patients to feedback their post-operative experiences 24 hours a day. This was regularly reviewed by the clinical coordinator who identified themes and personal needs and escalated them accordingly.
- Specialist dieticians provided highly individualised care and nutrition plans that took into account patients' country of residence, cultural and religious needs. Where patients lived outside of the UK, dieticians meticulously researched the local equivalent of UK brands of products to recommend these to patients. Staff researched how patients could access these items, provided nutritional summaries of them and made adjustments where they contained ingredients the patient could not eat due to their beliefs.
- The consultant led a post-discharge support programme (PDSP), that was based on a holistic model of care. This meant the service provided support for improved physical health and wellbeing, as well as for psychological health. The PDSP had an international scope. Patients who were discharged to countries outside of the UK had access to this by a video link.
- We found that staff went above and beyond their duty to accommodate patients' individual and differing needs in different ways, for example the manager demonstrably and persistently encouraged and empowered staff to develop professionally by facilitating opportunities and providing the resources needed for personal and professional development.
- We found that staff maintained a culture of friendly professionalism, support and respect for each other at all levels throughout the clinic.
- We noted staff demonstrated a consistent approach to providing highly individualised care that contributed to emotional wellbeing and a positive change for patients.

## Areas for improvement



### Action the service SHOULD take to improve:

- The service should agree with the building leaseholder to implement the recommendations identified in the facilities risk assessment and allow to re-decorate the premises.

# Our findings






## Overview of ratings

Our ratings for this location are:

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

Good 

# Surgery

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

## Are Surgery safe?

Good 

We had not previously rated Safe at this location. We rated it as good.

### Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff, and all staff had completed the mandatory training. Training modules included health and safety, general data protection regulation, fire safety awareness, infection prevention and control, COVID-19, manual handling, mental capacity act, duty of candour, and basic life support training.

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw training records used to monitor mandatory training for each member of staff. These were managed effectively and identified key training modules, completion dates and outstanding training for each person in the team.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received safeguarding training specific for their role on how to recognise and report abuse. There was a named safeguarding lead who had completed level 3 safeguarding training for adults and children (only adults were seen at the clinic). Staff knew how to identify adults at risk of or suffering significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and whom to inform if they had concerns.

To ensure patients were safeguarded, the provider undertook suitable recruitment checks to confirm staff qualifications, experience, and if they were of a good character. The provider maintained regular disclosure and barring service checks on staff and had arrangements to be informed of any issues related to their professional conduct.



# Surgery

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

The service controlled infection risk well, including taking appropriate measures to reduce the risk of COVID-19 transmission. Staff followed infection control principles including 'Bare below the Elbow' guidance, and wore appropriate personal protective equipment (PPE) such as gloves and aprons whilst delivering care, in line with the service policy. We observed all staff following correct use of PPE and required hand washing and the use of hand sanitizer gel. Staff disposed of PPE in clinical waste bags. Staff told us they had no problems with accessing the PPE required to do their work safely and reduce the risk of infection.

The service used systems to identify and prevent surgical site infections, with none occurring in the last 12 months. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. Staff only used disposable instruments for procedures. A cleaning company employed by the service cleaned the premises daily with regular scheduled deep cleaning. The aesthetic technicians cleaned and sanitised medical aesthetic equipment after each procedure. The common areas of the building, for example corridors, were cleaned daily and sprayed with disinfectants fortnightly. Cleaning schedules were in line with infection prevention and control policies and procedures.

The provider carried out audits for infection control and medical records and these audits followed guidelines from the Infection Prevention Society and information governance processes.

## 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.**

Access to the clinic was by means of an intercom buzzer system. Staff escorted patients from the waiting area to the clinical consultation room. The treatment rooms were well-equipped and included couches and trolleys for carrying the clinical equipment. There was appropriate emergency equipment in the clinic including resuscitation equipment and a defibrillator. The service had systems to ensure emergency equipment was checked daily and during the inspection, we saw that staff were compliant with emergency equipment checks. We checked a range of consumable items from the resuscitation equipment and noted they were all in date. The emergency other equipment seen at the clinic had all been serviced.

The service had processes in place to ensure equipment was maintained and tested for electrical safety, to ensure they were fit for purpose and safe for patient use. However, we did not see any portable appliance test stickers on some of the equipment in the clinic. During the the follow up visit, we were told and we saw this had been addressed.

The service had suitable facilities to meet the needs of patients. They could separate waiting areas to support social distancing guidance and provide a separate entrance and exit from the clinic to avoid mixing.

Staff disposed of clinical waste and sharps safely. The clinic conducted a quarterly audit of clinical waste and sharps disposal. Equipment used on the treatment room was clean and labelled to indicate it was disinfected and ready to use. Disposable equipment was easily available, in date and appropriately stored.

# Surgery

## Assessing and responding to patient risk

### **Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

Patients seen in the clinic were usually medically fit and awaiting aesthetic cosmetic surgery, which meant instances of deterioration were rare. However, processes were in place to respond to a deteriorating patient, including to stabilise the patient and arrange a transfer to the local NHS hospital emergency department. All registered nurses had up to date immediate life support (ILS) training and pre-operative nurses had completed advanced life support (ALS) training. Healthcare assistants (HCAs) and non-clinical staff held basic life support (BLS) training and completed the national RADAR course on joining the provider. RADAR is a practical simulation course that trains staff to identify and respond to clinical deterioration.

Staff had access to emergency medicines and equipment, such as a defibrillator or access to oxygen should a patient experience breathing difficulties.

Staff reviewed individual risks for each patient before admission, using a standardised tool, and reviewed this on the day when the procedure was undertaken. It included the risk of a venous thromboembolism (VTE). VTE is a condition in which a blood clot forms most often in the deep veins of the leg, groin or arm known as deep vein thrombosis.

Staff shared key information to keep patients safe when handing over their care to others. Staff arranged follow up calls with the initial call arranged on the day after the surgery to ensure aftercare arrangements were reviewed, and the patient's questions answered.

The clinic's 'admission pack' included information on available out-of-hours support. An allocated staff was available to answer queries when clinic was not operational. The main consultant and clinic manager were named as a second point of contact in the event of an emergency.

## Medical, Nurse and therapist staffing

### **The service had enough medical, nursing and therapy 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. The surgeon was registered with the General Medical Council and was a member of The Royal College of Surgeons. The consultant was also a member of the British Association of Medical Aesthetic. We saw records and qualifications that assured the surgeon had the right skills, training and experience to provide the right care and treatment to patient's undergoing SmartLipo cosmetic procedure.

The service had enough nursing, therapist and support staff to keep patients safe. The service only used substantive staff. The clinical team consisted of a lead therapist, an aesthetic technician and an auxiliary assistant. We reviewed staff records and found that all staff had completed their disclosure and barring checks, reference checks and checks of qualifications. Managers made sure all staff had a full induction and understood the service.

## 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.**

# Surgery

Information governance training was mandatory for all staff working at the clinic. All staff had completed this training, meeting the clinic target of 95%.

Patient notes were comprehensive, and all staff could access them easily. A mix of paper and electronic patient records were in use. Electronic records had secure access through a password system. Paper records were stored in locked cupboards behind the reception area, which prevented unauthorised access. Staff used standardised paper records to record pre- assessments, pre-operative checks, information about the procedure, and a record of the sterile items used. Post-operative checks were also recorded, along with discharge information and discharge summary.

We reviewed six patients notes and found that they were all fully completed, clear and up to date. The service also carried out a record keeping audit every three months selecting 25 random patient's records, auditing compliance with legibility, consent, physical examination, treatment plan, treatment notes, surgical checklist, observational operative notes and discharge time. The most recent audit dated March 2021 showed the majority of the parameters were 100% compliant. Of the parameters that did not meet the 100% compliance target, these were highlighted for learning and future monitoring. Any outstanding actions and learning opportunities would be disseminated to staff in order to share the learning.

## Medicines

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

Although the clinic did not involve a pharmacist to review storage arrangements and management of medicines, staff followed systems and processes when safely prescribing, administering, recording and storing medicines. It included weekly stock checks, to ensure medicines needed were available and within its expiry date. No controlled drugs were in use at the clinic. We observed the stock was well arranged and medicines were within its expiry date. The provider told us that they had arranged for regular medicines management audits to ensure they were fully meeting professional guidance and to prevent any potential mismanagement.

Medicines were only managed by clinically trained member of staff and administered as prescribed for use by individual patients. The provider told us all staff had a formal training for medicines management.

## Incidents

### **The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.**

The service had a system to manage patient safety incidents. Staff we spoke with knew how to recognise and report incidents and near misses. All staff were aware what the term 'Duty of Candour' (DoC) meant. The DoC 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. Managers ensured actions from patient safety alerts were implemented and monitored. There had been no reportable incident at the clinic during in the past year.

# Surgery

## Are Surgery effective?

Good 

We had not previously rated Effective at this location. We rated it as good.

### **Evidence-based care and treatment**

#### **The service provided care and treatment based on national guidance and evidence-based practice.**

We saw that policies and procedures were in date with guidance from National Institute of Health and Care Excellence (NICE), Department of Health (DoH), Royal College of Surgeons and the World Health Organisation (WHO). Staff were able to access these in both paper format and online. Staff had access to computers in the clinic.

Treatment pathways for SmartLipo followed NICE guidelines and RCN peri-operative guidelines.

Policies and procedures were ratified by the management team. The most recent management team minutes in March 2021 showed that a recent policies on data security and information governance had been reviewed.

Since our last inspection, care pathways had been audited and updated to include national guidelines.

### **Nutrition and hydration**

#### **Staff gave service users enough food and drink to meet their needs and improve their health. They informed service users of their nutritional and hydration needs prior and post surgery.**

The service only carried out day procedures. In cases where a patient was at the service for prolonged periods of time, the manager said they would provide sandwich and refreshments. The provider informed us that there were no procedures carried out under general anaesthetic, therefore there were no starve times prior to a procedure. The service provided pre and post-operative advice regarding the management of a healthy diet and supporting nutritional intake prior to the procedure.

Specialist dieticians provided highly individualised care and nutrition plans that took into account patients' country of residence, cultural and religious needs. Where patients lived outside of the UK, dieticians meticulously researched the local equivalent of UK brands of products to recommend these to patients. Staff researched how patients could access these items, provided nutritional summaries of them and made adjustments where they contained ingredients the patient could not eat due to their beliefs.

### **Pain relief**

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it.

# Surgery

Staff prescribed, administered and recorded pain relief accurately. The clinic monitored the use of pain-relief medicines after patients discharge to prevent oversubscribing and adequate pain control.

In March 2021, the service undertook an audit of postoperative pain and the use of pain medicine which indicated that the use of pain control medicines was adequate.

## Patient outcomes

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

Staff monitored the effectiveness of care and treatment through the use of clinical audits. We saw examples of recent clinical audits that had been completed at the clinic and these included cleanliness and documentation audits, as well as clinical topics such as post-operative care and recognition of sepsis. Results of these audits and any learning were shared with staff in team meetings, safety briefings and emails. The audit report showed the service was compliant with the its processes and patient outcome.

The Royal College of Surgeons does not require providers of SmartLipo procedures to submit to Quality Patient Reported Outcome Measures (Q-PROMs). Surgeons checked their outcomes individually and managers told us they were in the process of developing a comprehensive audit programme for the service.

## Competent staff

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

Staff told us they had received an appraisal in the past 12 months to assess their continuing professional development (CPD) needs and set realistic and achievable goals. Data showed that 100% of all staff had completed an appraisal in the last year.

Newly recruited staff had induction and orientation programme, which included mandatory training. We saw evidence from staff files that staff had completed their induction and were given protected time to read the service policies and staff handbook.

Senior staff demonstrably and persistently encouraged and empowered staff to develop professionally by facilitating opportunities and providing the resources needed for personal and professional development.

Staff were supported by the manager to maintain their professional skills, competencies and experience through internal and external training and study days. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

## Multidisciplinary working

### **Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

# Surgery

There was an ethos and culture of multidisciplinary (MDT) working in all aspects of the service. Staff spoke highly of this and said it was a key element of their work. For example, one member of the team said, “There’s never been a situation in the clinic when we’ve felt alone. There’s always help and expertise around.”

Staff held regular and effective staff meetings to discuss patients and improve their care. The doctor, nurses, therapists and other staff worked well together to ensure information related to patient’s care was shared and to promote good clinical outcomes delivery.

A consultant participated in regular clinical meetings at the hospitals he had practicing privileges to strengthen collaborations, reputation and work ethics.

## **Seven-day services**

### **Key services were available seven days a week to support timely patient care.**

The service was open 5 days a week. However, aesthetic cosmetic surgical procedures were only carried out on days when operating lists were in place.

## **Health promotion**

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

The service gave relevant information on promoting healthy lifestyles to their patients. Staff assessed each patient’s health when contacting the service and provided support and advice to any individual to live a healthier lifestyle.

## **Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

### **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients’ consent.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. This was clearly recorded in the patient notes. Staff recorded consent in the patients' records. The provider audited consent records monthly to ensure these were accurate and fully completed. The audit showed that 100% compliance with patient consent. All patients were consented before treatment.

There was a cooling period of two weeks minimum between the initial consultation and the surgery taking place to allow patients for a potential decision change. This was in line with the professional standards for doctors carrying out cosmetic procedures as set out by the Royal College of Surgeons.

Staff made sure patients consented to treatment based on all the information available. Information regarding the cosmetic surgical procedure, risks and alternative treatments were offered to patients to make informed choices.

Staff clearly recorded consent in the patient’s records. All six records we reviewed had accurately dated and signed consent. Additionally, the service’s audits indicated 100% compliance with signing of consent and respecting the two-week cooling-off period.

# Surgery

Staff gained consent from patients for their care and treatment in line with legislation and guidance. As an example, consent was obtained in a two-stage process with a cooling-off period of at least two weeks to allow the patients to reflect on their decision the provider's policy stated that any person unable to give consent would be declined treatment.

## Are Surgery caring?

Outstanding



We had not previously rated Caring at this location. We rated it as outstanding.

### Compassionate care

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

Staff cared for patients with compassion. Feedback from patients confirmed that staff consistently treated them well and with kindness. We observed all staff treating patients with dignity, respect which showed they were truly respected and valued. We saw patients' privacy and dignity being consistently maintained during the inspection, we noted that all patients were cared for in an individual rooms, here were curtains that could be pulled round the treatment couch for additional privacy and patients informed us that they had adequate privacy. This was in line with the National Institute for Health and Care Excellence (NICE) Quality Statements 02,13, and 15.

We observed staff introducing themselves to patients and explaining their role during our inspection. This was in line with the recommendations in the NICE quality standards for patient experiences in healthcare. Staff took the time to interact with patients who used the service and those close to them in a respectful and considerate manner. They showed an encouraging, sensitive and supportive attitude to patients who used services and those close to them.

The service provided each new patient with a holistic needs assessment (HNA) which assessed any additional physical and mental health needs. At this assessment the cultural, social and religious needs of the patient was taken into consideration.

We spoke to eight patients during the inspection. They told us they were very happy with the service they received. Some of these patients used the service on previous occasions, and confirmed they received a good standard of care at each consultation. Examples of the comments we reviewed during the inspection included: "Extremely helpful and brilliant advice given", "Very friendly staff", and "I've had smartlipo few times and I've always had excellent treatment".

The service actively sought the views of patients. We saw 25 feedback and comment forms that indicated consistently high levels of patient satisfaction with the care and treatment received. Examples of the comments we saw included: "Really good thorough examination and treatment. "felt unrushed despite being anxious", "very friendly service" and "very professional service". Patients we spoke with told us they felt staff went the extra mile and the care they received exceeded their expectations. This information was reviewed regularly by the provider and collated in a way that helped to identify trends and themes. The feedback was found to be overwhelming and consistently positive.

# Surgery

Patients emotional and social needs were highly valued by staff and were embedded in their care and treatment. Staff recognised and respected the totality of patients needs. Patients informed us that staff went the extra mile for them and sat with them during treatment. One patient that we spoke with informed us that she came to the service specifically because she heard the care was “excellent” and that it “did not disappoint”

Patients were respected and valued as individuals and were empowered as partners in their care and treatment. There was a strong, visible person-centered culture. Staff were highly motivated and inspired to offer care that promoted people’s dignity and privacy. The 2019 patient experience survey captured patient feedback on the quality of staff and services. 98% of patients rated the service received from the consultant as excellent. And 96% rated the service received from ancillary staff as excellent. The response rate of the patient experience survey was 90%.

We saw multiple signage displayed which indicated chaperones were available for all appointments and treatments at the clinic. We noted that staff providing chaperone support had the required training to do so.

## **Emotional support**

### **Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

Staff provided emotional support to patients to minimise their distress.

Staff took time to ensure patients were given sufficient information to be able to make decision about their care and treatment.

Staff involved patients in decisions about their care and treatment. During the inspection, we saw staff interact with patients which provided assurance and the emotional support during their pre and post operative assessments. We noted staff demonstrated a consistent approach to providing highly individualised care that contributed to emotional wellbeing and a positive change for patients.

The service had a referral protocol for psychological support. The consultant could refer patients to this service if needed. The service also ran emotional wellbeing workshops and signposted patients where appropriate to the service. We saw some feedback from the sessions and all patients responded positively to the session. One patient said “it was good to listen to other participants thoughts, experiences and issues”.

Staff provided emotional support to patients to minimise their distress. For example, patients with anxiety were provided with one-to-one support. Support included giving patients as much time as they needed to discuss their concerns and talking in a calm and reassuring way. Staff were very patient, kind and provided anxious patients with the reassurance they needed.

Patients were given time to ask questions after their treatment and its effectiveness and staff provided the required information in a way that was easy to understand. We observed staff treating all patients compassionately and empathetically and would not rush patients who were nervous prior to or during the procedure. The care staff provided was patient centered and patients clearly appreciated this.

## **Understanding and involvement of patients and those close to them**



# Surgery

## **Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.**

Patients told us they felt involved in planning their care. Patients were active partners in their care. Staff made sure that patients and those close to them, felt able to ask questions about their care and treatment. They gave patients sufficient time to ask questions.

The service enabled a family member to remain with the patient for their assessment to provide the necessary support, if this was necessary after they had been screened. We found that staff went above and beyond their duty to accommodate patients' individual and differing needs in different ways, for example non English speaking patients had their consultation in the language of their choice.

Staff were also able to adapt the language and terminology they used when discussing the procedure with the patient themselves. The service provided cosmetic aesthetic surgery to a range of patients and was therefore important for staff to ensure they always made sure they used appropriate language which the patient understood. For example, staff used plain language to gather further information from a patient following their consultation.

The consultant led a post-discharge support programme (PDSP), that was based on a holistic model of care. This meant the service provided support for improved physical health and wellbeing, as well as for psychological health. The PDSP had an international scope. Patients who were discharged to countries outside of the UK had access to this by a video link.

Staff were fully committed to working in partnership with patients. Staff provided clear explanations about the procedures and encouraged patients to ask questions. Patients told us they were provided with sufficient information before and during their appointments. For example, we saw the consultant summarising the findings of the post-operative assessment and providing follow up advice for example: GP appointment for follow up, in line with best practices guidelines, or no follow up necessary.

Patients were provided with a copy of their assessment. Comments we reviewed showed patients were given enough time to ask questions and be involved in their care. An example included: "The staff were always considerate and helpful and take time to explain the procedures and results".

Specialist dieticians provided highly individualised care plans that took into account patients' country of residence, cultural and religious needs. Where patients lived outside of the UK, dieticians meticulously researched the local equivalent of UK brands of products to recommend these to patients. Staff researched how patients could access these items, provided nutritional summaries of them and made adjustments where they contained ingredients the patient could not eat due to their beliefs.

The service actively sought patient opinions and feedback. The feedback was consistently complimentary and used to improve the service. Feedback and comments were routinely sought and used to improve the service. Feedback and comment cards we reviewed were entirely positive and very complimentary.

# Surgery

## Are Surgery responsive?

Good 

We had not previously rated Responsive at this location. We rated it as good.

### **Service delivery to meet the needs of local people**

#### **The service planned and provided care in a way that met the needs of the service users.**

Patients' individual needs and preferences were central to the planning and delivery of the service. The services were flexible and provided choice. The service provided invasive SmartLLipo cosmetic surgery for patients at their convenience. We observed patients being offered different appointment times to meet their social and work-life commitment.

Managers planned and organised services, so they met the needs of the patients. Facilities and premises were appropriate for the services being provided. The facilities at the clinic reflected the profile of the service and were designed to ensure a good patient experience. The service had systems to help care for patients in need of additional support or specialist intervention.

We saw that the service made provisions to meet patient needs through access to magazines and newspapers. The clinic environment was appropriate and patient-centered. There was a comfortable seating area, cold water facilities, availability of hot beverages and toilet facilities for patients and visitors. Patients were seen promptly and could book the next available appointment with ease and flexibility. Staff told us that patients were seen promptly following referral and there were no waiting lists.

### **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 clinic environment was spacious and had a relaxed and homely feel. There was wheelchair access to the clinic environment using a mobile ramp and a lift which were suitable for people with reduced mobility.

The consultant told us that patients' treatment plans were tailored to meet their individual needs. There was no "one-for-all" approach, each patient was treated as an individual. The provider's service policy stated that only those patients who were mentally competent and able to give informed consent were offered treatment.

The service had an account set up with a language line to provide video, face-to-face, or telephone translation and interpretation services on demand.

Follow up appointments were given to patients in a timely manner during clinic consultation and we saw that staff accommodated patient preferences and commitments.

# Surgery

The provider planned and provided services in a way that met the needs of local people and responded to market forces. The service opening hours reflected service demand and patient appointment choice. The provider was planning to deliver a seven-day service and one stop cosmetic aesthetic service in the coming months.

Other developments to meet local needs included the development of a same day, one stop cosmetic aesthetic treatment pathway. This was being introduced in collaboration with local consultants who identified a need for such a service.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were well managed.**

There were no 'wait times' for treatments at the clinic. Staff told us that patients could be seen at a time that suited them. The service only offered day surgeries. Even though there were no wait time, staff monitored patients flow and made sure patient's could access services when needed and received treatment within agreed timeframes. We reviewed patients records and noted that important time frames such as the cooling-off periods and follow ups were respected and maintained. Managers and staff worked to make sure patients did not stay longer than they needed to. There were no cancelled appointments, treatments and operations at the clinic. They were supported by an administration team who were tasked to contact patients and support them through their treatment journey. We were told if patients had their appointments or cosmetic procedures cancelled at the last minute, the service made sure they were rearranged as soon as possible. Staff supported patients when they were discharged and during their after care. We observed how staff supported patients post-surgery providing information and advice relevant to their procedure and also encouraging them to contact the service should they have any questions or concerns.

The clinic ran on time and staff informed patients when there were disruptions to the service. During inspection there were no delays observed and patients were seen on time or before their scheduled appointment.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received.**

Information was provided to patients on how to report concerns and make a complaint. There was a complaint leaflet at the entrance and the waiting area of the clinic for patient to take away if they wanted to make complaint or raise a concern. The complaint leaflet was also included in the information folders in the reception area. We noted the service had an information paragraph for patients who were unhappy with how their complaint was handled and directed them to the Independent Sector Complaints Adjudication Service (ISCAS). This is the recognised independent adjudicator of complaints for the private healthcare sector.

Patients knew how to complain or raise concerns. The service complaints policy was always available for patients to access.

# Surgery

## Are Surgery well-led?

Good 

We had not previously rated Well-led at this location. We rated it as good.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for service users and staff. They supported staff to develop their skills.**

There was a clear senior management structure within the clinic. Lines of accountability and responsibility in the clinic were coherent and staff were clear of their roles and how to escalate problems. Staff felt well supported by the registered manager and felt able to approach the manager with concerns.

All staff we spoke with were passionate about providing empathic care. There was a strong team spirit, with all levels of staff, from nurses to consultant, reporting feeling valued.

We found managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service. Staff we spoke with said the registered manager was accessible, visible and approachable

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on quality and sustainability of services. Leaders monitored progress.**

The clinic vision was written at the top of their website as “Enhancing ... But Preserving Natural Beauty”. Managers told us that their vision was to be the “leading medical aesthetic clinic providing best SmartLipo service” and to continue to provide high quality care and treatment to patients both nationally and internationally. Their other vision was to provide high quality, safe private care at an affordable price.

Staff and managers told us that the vision and values were developed with input from all staff throughout the service and to encourage people to be more accountable to the vision of becoming the best.

The service values were underpinned by effective communication, patient safety, comfort and transparency. The service had a statement of purpose which outlined to patients the standards of care, treatment and support services it would provide.

### Culture

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

# Surgery

Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff felt respected, and that they could approach any member of staff and challenge practice or behaviour if necessary.

Staff told us they felt supported and valued by colleagues and senior managers. Some of the staff we spoke with had worked for the provider for many years and enjoyed working at the service. We found that staff maintained a culture of friendly professionalism, support and respect for each other at all levels throughout the clinic.

The service's culture encouraged openness, honesty and improvement. Staff told us they were able to raise issues or concerns they had with their managers. Staff told us there was a no blame culture when incidents happened, and the team supported each other at team meetings and during supervision.

Managers and staff we spoke with said they felt empowered to raise concerns and address any issues the service faced, openly and honestly. Staff we spoke with had a strong commitment to their jobs and were proud of the team working, positive impact on patient care and experience, and improvements they had made to the service since the last inspection.

Staff felt the regular face to face interaction and the closeness of the team allowed for good and honest conversations. We saw all clinical staff had appraisals and these were reviewed regularly. The registered manager also had updated appraisals from an external appraiser in the form of a responsible officer. We heard from staff and managers about opportunities for staff learning and support for training needs. There was a strong emphasis on the safety and well-being of all staff. Managers and staff worked collaboratively and shared responsibilities to resolve issues quickly.

## Governance

**Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

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

Leaders operated effective governance processes throughout the service. There were processes for ensuring safe care and high standards were upheld. There was a defined governance and risk management structure at the clinic. The clinic held a range of clinical governance meetings on a quarterly basis. There were regular staff meetings and the medical advisory committee (MAC) meetings. Clinical issues, patient feedback, staffing, complaints and incidents were discussed and reviewed at the MAC meetings.

The medical advisory committee (MAC) oversaw clinical governance issues, key policies and guidance and monitored patient outcomes.

## Management of risk, issues and performance

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

# Surgery

The service placed importance on the quality and accessibility of information provided for patients. Where information was provided to an individual or named patient, staff attached their business card with their mobile phone number and e-mail address.

The service had clear risk processes and systems in place for managing performance, identifying and mitigating risks. They had developed a risk register and service action plan which were reviewed regularly at governance meetings. There were three risks on the risk register and action plan which included staff training, medical devices and the clinic's website. The risk register reflected what we found during the inspection. The risk register and risk assessments reviewed had clear lines of accountability and responsibility for actions to be taken.

Risks were identified and logged on the clinic's electronic risk register, which was monitored with action plans in place. The register recorded the level of risk and the target level of risk. We saw evidence of the risk register being updated on regular basis and discussed at governance meetings. Each risk had a risk owner responsible for ensuring that the risk was managed and mitigated.

The service had carried out a health and safety risk assessment of the service, staff and environment since the outbreak of the COVID-19 pandemic. The risk identified for staff on the risk assessment was anxiety and stress due to the pandemic. This risks were mitigated with an action plan for staff.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service. This included the steps to be taken if there is potential disruption, such as fire or telecommunication system failure. The service had back-up generators which were regularly maintained and tested.

## Information Management

### **The service collected reliable data and analysed it. The information systems were integrated and secure.**

Staff could find the information they needed, in easily accessible formats, to understand performance, and make decisions and improvements. The information systems were integrated and secure. Staff were aware of their responsibilities of data or notification submissions to external organisations as required.

All initial patient contacts were recorded on a computerised system. All notes from the day of treatment were recorded on paper patient notes, which were tailored to each specific treatment. Once treatment was completed, these notes were scanned onto the patient record and the hard copy was stored appropriately. The information systems were integrated and secure. All staff had received information governance training. Notifications were consistently submitted to external organisations as required.

The service had arrangements to ensure the availability, integrity and confidentiality of identifiable data. Records and data management systems were in line with data security standards. The service provided mandatory general data protection regulation (GDPR) training to all staff. The service also had up to date and relevant policies to support this, such as their Consent and GDPR policy. The service audited their notes and patients records for completeness and compliance with the service policies. We were told that electronic notes were stored on a secure cloud based system that was only accessible to staff and was password protected.

## Engagement

# Surgery

## **Leaders and staff actively and openly engaged with service users to plan and manage services. They collaborated with partner organisations to help improve services for service users.**

Managers and staff actively and openly engaged with patients and staff to plan and manage services. All patients were asked to complete a provider feedback questionnaire about their experience. Patients were also encouraged to provide feedback via search engines, review websites, social media account and email. These feedback were audited, shared with staff and used to drive improvement. There was a group on a virtual messaging platform that all staff were part of to aid better staff communication and engagement.

The service used social media as a medium of engaging with patients and their relatives and display screens around the clinic encouraged people to leave a review or ask questions using this method. Patients typically had pre and post-surgery outpatient care at the clinic and surgery at a different hospital or clinic where the consultant had practicing privileges. Patient feedback indicated they were consistently satisfied with communication between the two sites and the continuity of care.

Patients were provided with a patient survey on admission to their pre and post-operative visit. They were able to fill it in and post it to the clinic. The service employed a company to analyse and report on their patient feedback survey. The report was sent to the registered manager, who addressed any issues raised by the report. Senior staff we spoke with were aware of latest trends of patient feedback and gave us examples how change was implemented to achieve improved patient experience, for example one feedback was the use of footwear covers in the clinic, and this was implemented, and all visitors to the clinic had to put footwear covers on.

## **Learning, continuous improvement and innovation**

### **Staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.**

Improvements were driven by patients' feedback. All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.