VIE Aesthetics Ltd

Vie Aesthetics

Inspection report

Barnard House
78 London Hill
Rayleigh
SS6 7HP
Tel: 01268778615
www.vie-aesthetics.com

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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

Summary of findings

Overall summary

This was the first time we inspected and rated this service. 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. The service managed safety incidents well and learned from them.
- Staff provided good care and treatment, gave patients 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 and supported them to make decisions about their care and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their treatment.
- The service took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Managers ran the service well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We have not previously rated this service. We rated it as good. See the overall summary for details.

Summary of findings

Contents

Summary of this inspection

Background to Vie Aesthetics

Vie Aesthetics is operated by VIE Aesthetics Ltd. The clinic located in Rayleigh, Essex, is a purpose-built facility which has been designed to provide aesthetic medicine for adults.

In July 2020 the clinic registered with the Care Quality Commission (CQC) to provide regulated activities like thread lifts, slimming clinics, treatment for hyperhidrosis and migraines, and diagnosis and treatment of skin disorders such as rosacea.

Between November 2021 and November 2022, the service provided 54 treatments/procedures as part of their regulated activity. Of these, 39 were thread lifts, 11 were botulinum toxin treatments for hyperhidrosis and migraines, and 4 were for slimming clinic (national weight loss program prescription).

The clinic offered cosmetic procedures such as dermal fillers, rejuvenation treatments and other cosmetic treatments which are not regulated activities. Therefore, we did not inspect these procedures.

The clinic has a spacious reception area, a range of offices, consultation and treatment rooms, set out over three floors. The clinic has no inpatient beds.

The service has had a registered manager in post since 2020 and is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Services in slimming clinics

The service has not been previously inspected.

How we carried out this inspection

The team inspecting the service comprised a CQC lead inspector, a second CQC inspector and a nurse specialist advisor with expertise in surgery. The inspection was overseen by Zoe Robinson, Head of Hospital Inspection.

During the inspection, we visited all areas of the clinic, including consultation and treatment rooms. We spoke with 7 staff members including the medical director who is the CQC registered manager, the company CEO, business manager, therapists and reception staff. We spoke with 5 patients and reviewed 5 sets of patients' records. We also reviewed information relating to service activities, company policies, performance, and patient feedback, both during and following the 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.

Summary of this inspection

Outstanding practice

We found the following outstanding practice:

- Patient feedback was continually and overwhelmingly positive; patients felt truly valued and included, and said staff went the extra mile to provide a consistently high standard of care, from initial assessment to post-procedure review, and further advice and care following procedures.
- The service had strong leadership that supported their staff and created a culture supporting a patient focused team. Learning, research and innovation was encouraged at all levels in order to reach the highest possible standards and improve patient outcomes.
- There was a wide-ranging use of innovative technology which facilitated efficient service delivery. For example, environmental impact and awareness was integral to the service's current and future plans for expansion. The service had secured planning permission from the local council to install solar panels and be an energy efficient service. They also introduced new equipment to provide safe and effective care to patients.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

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. At the time of our inspection all staff had received mandatory training in safety systems, processes and practices.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory and statutory training was provided by a combination of e-learning and face-to-face training sessions, including adult basic life support, infection prevention and control, health and safety, safeguarding children and vulnerable adults, duty of candour, chaperone training and data protection.

Managers monitored mandatory training and alerted staff when they needed to update their training. Training was completed at the same time each year to ensure full compliance. Training was booked by the manager in advance of expiration to ensure staff were available.

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 training specific for their role on how to recognise and report abuse. Safeguarding children and vulnerable adults formed part of the mandatory training programme. All staff completed level 2 training for adults safeguarding and level 1 training for children safeguarding. Doctors and the nurse practitioner completed children safeguarding at level 2 or 3. This was in line with the recommendations from the Intercollegiate Document adult safeguarding: roles and competencies for health care staff (August 2018) and the Intercollegiate Document safeguarding children and young people: roles and competencies for healthcare staff (January 2019).

The service had a named safeguarding lead who was trained to level three safeguarding adults and children. All staff we spoke with knew who the safeguarding lead was and how to contact them.

Good

Surgery

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. We were told how staff would escalate any concerns to the safeguarding lead and local authority if necessary.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There was a safeguarding flowchart that staff used for easy reference on how to follow the safeguarding process. Staff had not had the need to raise concerns so could not give us any examples where they had done so.

Staff followed safe procedures for children visiting the service. The service did not provide care or treatment for children or young adults under 18 years old. Staff confirmed that whenever children or young adults attended, they were always accompanied by a parent.

The service had an up to date chaperone policy and notices were displayed within the clinic area that advised patients that a chaperone was available on request.

The service had a safeguarding children and vulnerable adult's policy including guidance on female genital mutilation (FGM). The safeguarding policy contained definitions of abuse, signs of potential abuse and the definition of FGM. The policy contained up to date contact details for the local authority and clear guidance on the process staff should follow if they suspect abuse or harm. Staff had access to the safeguarding policy.

Safety was promoted through recruitment procedures and employment checks. Staff had Disclosure and Barring Service (DBS) checks undertaken at the level appropriate to their role. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The service had domestic staff to clean all areas of the clinic. Equipment in treatment rooms were cleaned by the therapist or clinical staff, before and after any treatments.

The service performed well for cleanliness. Managers monitored the cleaning schedules and daily checks. The annual infection prevention and control (IPC) audit dated July 2022 showed 100% compliance in all areas including staff IPC training, compliance with policy, use of personal protective equipment (PPE), environmental safety and cleanliness. Audit findings were shared with the team.

Staff hand hygiene audits were completed monthly as part of the infection prevention and control internal audit. Results for August, September and October showed full compliance with hand washing, sanitising and the use of gloves where appropriate.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore PPE in line with national guidance. The provider informed patients of COVID-19 arrangements on the service website before the patient attended the clinic. This included the completion of a COVID-19 declaration which was completed before arrival and checked at the clinic.

Good

Surgery

Staff cleaned equipment, such as the trolleys and beds after patient contact and recorded this on a cleaning schedule. The service used single patient use instruments.

Patients were provided with written information about pre-operative skin preparation before their treatment as well as post treatment care requirements to promote healing.

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.

The design of the environment followed national guidance. The treatment rooms followed national guidance and all areas were well maintained.

The clinic rooms were arranged over three floors. There was a designated entry for patients with wheelchair access or unable to use the stairs. The ground floor provided disabled toilet facilities. The service had treatment rooms on the ground floor and all treatments can be provided on the ground floor for those who have mobility issues

Staff carried out daily safety checks of specialist equipment. Staff told us they received training in the use and management of equipment directly from the manufacturers and we saw evidence of these in their training records. We saw annual safety checks of equipment showing all equipment was safe to use.

The service had enough suitable equipment to help them to safely care for patients. Each clinical treatment room contained suitable equipment for the procedures completed in that area. Each room had a supply of sterile and single use equipment such as needles, syringes and dressings. We saw that sterile items were stored in easily accessible trolleys and all items were checked for expiry regularly.

There was a fully equipped adult resuscitation trolley in the main treatment room where delivery of regulated activities took place. The trolley included medications for anaphylaxis and an automated external defibrillator. Staff carried out daily safety checks of the specialist equipment including the resuscitation trolley.

Staff disposed of clinical waste safely. Sharps bins were labelled and used appropriately with no overfilled sharps' bins seen in the clinic. There was a service level agreement in place with an external company for a weekly collection of clinical waste. In the interim, waste was stored in a secure area external to the clinic.

The service employed an external contractor to carry out electrical systems maintenance, fire safety assessments, water checks and portable appliance testing.

Fire safety equipment was fit for purpose and in date. This included fire extinguishers, alarm system and emergency lighting. Practice fire drills were carried out regularly. Fire risk assessment was also carried out by an independent fire safety advisor. The service was fully compliant in line with current fire safety guidelines.

The service had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with national guidance.

The service had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Good

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. The service made sure patients knew who to contact to discuss complications or concerns.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Pre- operative consultations were carried out in line with national guidance. Risk assessments included the patient's suitability for the procedure, which included, medical history, general health, age, existing health concerns, medications and other procedures.

Psychologically vulnerable patients were identified and referred for appropriate psychological assessment in line with the Royal College of Surgeons Professional Standards for Cosmetic Surgery (2016). We reviewed five patient records and saw that risk assessments were completed for all patients with evidence that information recorded was reviewed by the doctor.

Staff knew how to identify deteriorating patients and there was a process in place to escalate unwell patients appropriately. The service used local anaesthetic for some procedures which were carried out by the doctor. The doctor was trained in advanced life support (ALS). In the event of an emergency, staff would call emergency ambulance services to transfer the patient to an NHS hospital.

Staff knew about and dealt with any specific risk issues. Managers told us patients who attended the clinic were generally very low risk. We saw that risks associated with treatments were discussed as part of the patient's initial consultation.

Staff shared key information to keep patients safe when handing over their care to others. Staff did not routinely share care with other providers; however, they would refer to a patient's GP if necessary and if the patient was in agreement with the information being shared.

Morning staff huddle included all necessary key information to keep patients safe. Staff told us daily huddles took place involving all staff to ensure key information was shared about the day ahead in order to keep patients safe. The service had a small core team who supported the doctor to carry out any treatments. The same staff were present throughout the treatment which prevented risks associated with handing over care.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough staff to keep patients safe. The service employed 16 permanent members of staff, including the medical director who was also the registered manager, the CEO, the business director, 4 beauty therapists and 5 receptionists. The service also had 3 doctors and a nurse practitioner that worked under practising privileges.

The manager accurately calculated and reviewed the number and grade of staff needed for each shift. Staff were available according to the procedures planned.

The manager could adjust staffing levels daily according to the needs of patients. In the event of any appointment cancellations, staffing could be rearranged. The manager could contact another member of staff to ascertain their availability in the event of staff sickness.

Good

Surgery

The service had low vacancy rates. The service was in the process of recruiting another receptionist at the time of our inspection. The service had low turnover rates.

The service did not use any bank or agency staff.

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.

Patient notes were comprehensive, and all staff could access them easily. The service had designed an electronic patient record which contained all patients details necessary. Records included, a copy of the patient's initial assessment, demographics, including allergies and next of kin contact details, planned treatment and any completed risks assessments (and blood test/ tests). Consent was clearly recorded within the record and signed by the patient and the doctor.

Following treatment, the records included details of the procedure, any observations, medicines administered, post treatment care and follow up appointments and/or treatment.

Patients were given a letter with details of the procedure completed, with the appropriate post treatment advice, with contact numbers and any follow up appointments. This was followed up with an email.

Records were stored securely. Paper records were scanned to form the electronic patient record. Staff had individual usernames and passwords to access the records securely.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. We reviewed the service's policy for the management of medicines and saw it was version controlled and had been modified in January 2022. The policy was comprehensive and gave information regarding: the prescribing, storage, and dispensing of medicines; antibiotics; record keeping; adverse drug reactions; and audits.

The use of local anaesthetic was weight based to ensure patient safety. The doctor administered medicines required for the procedure. Medicines were recorded in the patient notes. The service did not use any controlled medicines. The service only carried out procedures using local anaesthetic; no sedation was used. Staff had access to an anaphylaxis kit to be used in the event of an adverse reaction to medicine.

Patients on the weight management programme, who were prescribed weight loss treatments, were managed in line with prescribing, administration and monitoring requirements. These patients were supervised self-administering their first dose and baseline blood pressure monitoring and blood test was always recorded.

Staff completed medicines records accurately and kept them up-to-date. We reviewed five patients' records which detailed the dose of medicines, route and time of administration.

Staff managed all medicines and prescribing documents safely. Medicines were stored in cupboards within the treatment rooms. Medicines which are temperature sensitive were kept in medicine fridges. Staff checked the ambient and fridge temperatures daily to ensure medicines were stored in line with guidance.

Good

Surgery

The service carried out a quarterly medication audit. The audit included whether medicines were in date, stored appropriately and securely, whether there was appropriate stock of medicines and whether staff were recording doses and allergies on patient records. We reviewed the audit for quarter 1 and 2 of 2022. On the quarter 1 audit there was one non-compliant action for daily recording of fridge and ambient temperature which was documented in an action plan and followed through at the team meetings. Compliance for quarter 2 audit was 100%.

Staff learned from safety alerts and incidents to improve practice. We saw that any safety alerts were shared by the service manager with the wider team.

Incidents

The service had processes in place to manage patient safety incidents. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the team.

Staff knew what incidents to report and how to report them.They raised concerns and reported incidents and near misses in line with the service's policy.

The service had reported 27 incidents in the 12 months prior to our inspection (November 2021 to November 2022). We saw that these incidents were investigated appropriately and feedback from the incident shared with staff to facilitate improvement and learning.

The service had no never events or serious incidents from November 2021 to November 2022. Never Events are serious, largely preventable patient safety incidents that should not happen if all available preventative measures have been used.

Staff understood the duty of candour. They knew how to be open and transparent, and how to give patients and families a full explanation if and when things went wrong. 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. There were no incidents reported to meet the threshold for the duty of candour.

Are Surgery effective?

Good

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. The service met cosmetic surgery standards published by the Royal College of Surgeons.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. This included guidance from the Royal College of Surgeons (RCS) Professional Standards for Cosmetic Surgery (2016) and the National Institute for Health and Care Excellence (NICE). There was a process in place for policies to be reviewed regularly to ensure they were updated in line with national guidance.

Good

Surgery

We reviewed a selection of policies including the sepsis management, medicines management, infection prevention and control, and standard operating procedure and protocols for the medical team and saw that they were clear and accessible to all staff.

Staff assessed people's suitability for proposed treatments. During consultations, doctors reviewed and assessed each patient's medical history, general health, mental health and any previous cosmetic surgery. Expected outcomes and potential risks were discussed openly and honestly, in line with national guidance and professional standards.

Staff knew about and dealt with any specific risk issues including sepsis. We saw that risks associated with treatments were discussed as part of the patient's initial consultation. 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. There was no evidence of any patients being transferred for sepsis since the service opened.

The service had an audit programme which reviewed staff compliance with policy, this included infection prevention and control audits, medicines management and patient documentation audits. If non-compliance or the need for additional training was identified by the audit, this was addressed by managers and action was taken to ensure compliance or for staff to complete additional training.

Nutrition and hydration

All procedures completed by the service were performed under local anaesthetic and there was no need for patients to fast prior to treatment.

Due to the nature of the service there were no periods in which food would need to be provided. Staff told us they would provide water and hot drinks if requested.

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 and gave pain relief in line with individual needs and best practice. We saw pain scores being recorded within patient notes. Pain relief was given as required both during procedure and post procedure.

We saw patient record entries which detailed that medication was administered during and after procedures for pain management.

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations. Patients had 'before' and 'after' photographs taken to monitor the outcome of the procedure. The patient was asked for their expectations throughout the pathway. The patient had post procedure follow up to assess the outcome. All follow up appointments and the effectiveness of the procedures were recorded in the patient records.

We saw that patient satisfaction with outcomes was recorded as part of follow up visits. In addition, the service completed online feedback surveys which were displayed on the website. The feedback was consistently positive and showed that patients that responded rated it five stars.

Managers and staff used the results to improve patients' outcomes. The service continually looked at how they could improve treatments and outcomes for patients, with plans to implement new and improved treatments following research. We were given examples of how the team had taken on improved treatments to ensure better patient outcomes and measured satisfaction from patients treated. The service routinely audited patient outcomes and ensured that staff understood information from the audits. All patient outcomes were discussed with staff as part of team meetings, enabling them to understand overall satisfaction with 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 were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The medical director was general medical council (GMC) registered. The doctor maintained continuous professional development (CPD) and attended conferences to update their knowledge and skills. The doctor was also a Fellow of the Royal College of Physicians (FRCP), and a Member of the British College of Aesthetic Medicine.

At the time of our inspection there were two doctors and a nurse practitioner working under practising privileges.

There was an up-to-date policy in place for the granting and reviewing of practising privileges. The documents required before practising privileges were granted included evidence of current medical indemnity insurance in line with General Medical Council (GMC) guidance, immunisation status, appraisal records, Disclosure and Barring Service (DBS) check, and references.

Staff received role specific training to ensure that they were able to complete their roles. Any follow up competency assessments were completed either in house or by external training providers.

The doctors had the skills, competence and experience to perform the treatments and procedures they provided.

The reception and beauty therapy staff were given additional training to support the delivery of safe and effective care, which included chaperone training and basic life support training. The doctors were trained in advanced life support (ALS).

Training compliance and competencies of all the doctors and the nurse was checked by the medical director at the time of application for practising privileges and reviewed annually; we saw documented evidence of this in the staff records.

Managers gave all new staff a full induction tailored to their role before they started work. A local induction was completed for all staff, this included protected time to shadow staff and complete training sessions.

Managers supported staff to develop through yearly, constructive appraisals of their work. All appraisals were in date. We were told that this included a review of training completed, feedback from learning and a 360-degree review from peers.

As part of the annual practising privileges review, the medical director received the doctors' annual appraisal from their substantive NHS role.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We saw completed notes from meetings, which were shared with the team electronically.

Good

Surgery

Managers made sure staff received any specialist training for their role. Team members received training from source, for example, all equipment training was provided by the manufacturer and updated regularly.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The doctor was involved in the patient pathway from initial consultation to post procedure follow up. If a patient had any additional needs or requirements these would be shared with the team to provide a patient focused care pathway.

The doctor was the point of contact for the patient and would discuss clinical questions or concerns.

We saw the team worked well together and delivered care and treatment in a co-ordinated way. There were positive working relationships between all staff, and they told us they were all focused on providing the best care possible to patients. As the service was small, we were told the team communicated effectively. Morning briefings took place, attended by all staff, and we saw there was inclusive and supportive discussion.

Briefings included an overview of the planned procedure, medication likely to be needed and any potential risk.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. If the service had any concerns about a patient's mental health they would liaise with the patients GP or mental health team prior to agreeing to any treatment.

Seven-day services

Patients could contact the service seven days a week for advice and support after their procedure.

The clinic was open from 9am to 5pm Monday to Wednesday, from 9am to 8pm Thursdays, from 9am to 5.30pm Fridays and from 9am to 3pm Saturdays.

Staff informed patients of any post treatment care and how to escalate any concerns in and out of hours. Patients were given a phone number to call if they had any problems or concerns.

Patients could contact the service via the telephone, email, website or social media.

Health promotion

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

The service had relevant information promoting healthy lifestyles. The service created blogs for their social media accounts which included advice on self-care, healthy diet and other useful information.

Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle. This was evidenced in the patient records we reviewed. For example, as part of the weight management patient pathway, patients were advised on the importance of a healthy lifestyle to maintain healthy weight and signposting to an application to support patients with their weight management programme.

Good

Surgery

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 and ensured that patients gave consent in a two-stage process with a cooling off period of at least 14 days between stages. They understood how to support patients.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff understood their responsibilities regarding consent. The doctor had consultations with the patients before they carried out any treatment and explained the expected outcomes and ensured the patient understood these and any potential risks before agreeing to go ahead with procedures. We saw detailed preprocedural information was given to patients, which included managing expectations, risks and potential complications.

Staff clearly recorded consent in the patients' records. Patients who were booked for cosmetic surgery were given a two-week cooling off period before undergoing the procedure, in case they wanted to change their mind. This was in line with national guidance.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. There was an up-to-date consent policy for staff to follow. Staff could tell us how they would access relevant policies, and who they would contact for further advice or support.

Are Surgery caring?

Good

Compassionate care

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

There was no regulated activity on the day we inspected so we spoke to five patients who consented to speak to us following our inspection. All these patients had attended the service in the last year. They told us; the care they received was professional, they felt well informed and would not go anywhere else.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. The service had a person centred culture. Staff were motivated and inspired to provide care that was kind and promoted patient's dignity. Care was taken to ensure privacy throughout the treatment pathway.

Patients said staff treated them well and with kindness. We spoke with five patients and saw over 20 reviews which were all positive about the service, all confirmed that they had been treated well and that staff were professional and understanding. The service subscribed to an independent feedback service and we reviewed comments posted on its website. Feedback was consistently positive, where patients said staff made them feel at ease and communicated with them throughout the procedure.

Good

Surgery

Staff followed policy to keep patient care and treatment confidential. Patients told us that their privacy and dignity were always protected. All patients were escorted into consultation rooms to discuss treatments which prevented discussions in communal areas.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients told us they felt their assessments had been well planned and they were not rushed or pressurised into choosing particular treatments or procedures; the doctor took time to explore the most appropriate individual options, offer alternatives, and were honest about expectations and outcomes.

Patients we spoke with told us that staff worked hard to ensure their experience was comfortable and positive. Staff provided reassurance, information and support throughout their episode of care; they actively encouraged patients to ask questions throughout their procedure.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients told us that staff listened to their concerns and responded to their needs. Patients said they were made to feel safe and comfortable during the procedure.

Staff supported patients who became distressed in an open environment, and helped them maintain their privacy and dignity. All staff we spoke with had a clear focus on patient care and aimed to provide the highest standard of care possible to all patients at the clinic.

Staff demonstrated empathy when having difficult conversations. Staff spoke to patients with compassion and empathy when discussing the treatments or expected outcomes.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Patients told us they were supported at all times from the very first stage of consultation, and the support given to each patient was timely and tailored to their individual needs. The support continued after their treatment as all patients were given a telephone number they could contact if they had any queries or concerns. The team could refer patients for mental health support if they had any concerns about their emotional wellbeing.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Patients told us they had time to consider their treatment and that the risks and benefits were clearly explained. All those we spoke with said communication and documentation from the clinic had been excellent.

The clinic had a clear process to inform the patient of the treatment, expected outcomes, alternatives and the cost involved.

Good

Surgery

Staff talked with patients, families and carers in a way they could understand. The patient feedback we reviewed consistently stated that staff communicated effectively with them.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Questionnaires were automatically sent to patients following treatment and they contained free-text boxes along with questions, enabling patients to provide comments if they wished. The clinic subscribed to an independent feedback service which we saw was well utilised by patients who had attended.

Staff supported patients to make informed decisions about their care.

Are Surgery responsive?

Good

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. There was a system for referring patients for psychological assessment before starting treatment, if necessary.

All treatments were personalised, and staff took time to ensure that the patients' thoughts, considerations and wishes were taken into account. Staff completed personalised communications which were always written detailing the individual's options. All patients had an individual treatment plan.

The service was flexible, provided informed choice and ensured continuity of care. Managers and staff planned and delivered care in a way that reflected people's needs, and patients told us they had been given choices of appointment times and consultation methods to suit them.

We saw detailed discussions took place between the doctor and patients prior to them making any decisions; this included information about how the procedure would be performed, cost, and any potential risks or complications. Doctors would also explore the possibility of other options or not performing a procedure at all, if they felt this was more appropriate for the patient. All patients said they had been fully informed and supported at all stages of treatment.

Facilities and premises met the needs of a range of people who used the service. There was ample car parking available for patients. The service was accessible to patients who used mobility aids, with accessible bathroom and treatment room facilities.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed and the clinic had access to a telephone translation service.

Staff had access to communication aids to help patients become partners in their care and treatment. Procedures were clearly explained to patients, with diagrams used where appropriate.

Access and flow

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

Good

Surgery

The service provided cosmetic surgery for self-funded patients.

The doctor completed the initial consultation, collecting past medical history, medications, and expectation of the treatment. If a patient decided to book a procedure, the service ensured it was booked after a minimum of 14 days to allow a cooling off period. Patients would book an appointment for a time and date that suited them.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Once patients had been accepted for treatment, they were able to book themselves into the clinic. The manager tracked consultations and appointments to ensure that treatments were completed in a timely manner, and enabled cooling off periods.

Managers and staff worked to make sure patients did not stay longer than they needed to. Staff told patients the time they should expect to be at the clinic in advance of the procedures.

There were processes in place to manage repeat attenders, and the team would not accept patients for repeated treatments within specific time frames for each procedure.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. Staff told us appointments were rarely cancelled, however, if they were next available slots would be offered.

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 a system for referring unresolved complaints for independent review.

Patients knew how to complain or raise concerns. There were clear processes in place for feeding back to the clinic. Staff prompted patients to complete satisfaction surveys post procedure. The service used an online feedback forum. All feedback was monitored by the manager, and responses made. We saw that the online reviews were positive.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. Patients could complain verbally or in writing; verbal complaints received were often dealt with quickly and informally. Written complaints received a response in writing, with an acknowledgment sent within three working days of receipt and a full written response within 20 working days wherever possible. Patients would be offered a meeting to discuss any potential solutions and would be kept informed of the progress of the investigation.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The clinic received very few complaints and managers told us those received were dealt with quickly and to the patient's satisfaction. In the last 12 months prior to our inspection, the service received no formal complaints.

Good

Surgery

Unresolved complaints could be escalated to the Independent Sector Complaints Adjudication Service (ISCAS) to which the clinic subscribed should a complaint require further intervention. It had not been necessary for them to utilise this service at the time of our inspection.

Managers shared feedback from complaints with staff and learning was used to improve the service. Lessons learnt would be discussed at team meetings. Staff we spoke with confirmed this.

Are Surgery well-led?

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 patients and staff. They supported staff to develop their skills and take on more senior roles.

The service was led by the company founder and chief executive officer (CEO) and they were supported by the medical director who was the CQC registered manager. All had significant previous experience and understood the priorities of the service and any issues which may affect it. There was a clear organisational structure with defined lines of responsibility. All staff we spoke with were clear about their roles and accountabilities.

The medical director was a member of the British College of Aesthetic Medicine and a Fellow of the Royal College of Physicians (FRCP).

During our inspection, we saw the management team were visible, supportive and had good working relationships with staff. They told us they encouraged an open culture and actively sought staff feedback and opinion. Managers held regular staff meetings in order to communicate and engage with staff regularly.

All staff spoke very highly of the management team and felt they were always approachable and actively involved in all aspects of the service. Staff told us they were encouraged to develop their knowledge and skills and were supported to attend training courses.

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 sustainability of services.

The service had a vision for what it wanted to achieve which was based on “celebrating the beauty of life”, by offering “safe, cutting-edge, effective, and affordable anti-ageing skin treatments and non-surgical medical and cosmetic solutions by highly skilled doctors.”

The service’s vision was underpinned by its values; excellence, safety, care, innovation and responsibility.

The strategy to achieve the vision was for the service to expand. At the time of our inspection the service had identified a new location in London and building was underway to open the new sites in 2023. The service was also in the process of getting other healthcare professionals on board, which would support sustainability of the service, with scope to grow.

Good

Surgery

Staff were aware of the vision and worked to meet the requirements of the service.

Culture

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

All staff we spoke with told us they felt respected, supported and valued. Managers told us they operated an 'open door' policy and were always happy for staff to discuss, challenge and raise ideas. Staff corroborated this and said they always felt comfortable discussing ideas and raising concerns; they felt confident any issues would be responded to positively and dealt with appropriately.

Managers encouraged feedback, and all external feedback from patients was responded to; we saw only positive comments about the culture of the service. Staff were encouraged to share their ideas and were given opportunities to learn and develop. Two members of support staff had recently left the service to pursue personal development goals and managers were proud the service had encouraged and provided motivation for this. Another member of staff, who started work as a receptionist, was supported by managers to complete their training in beauty and aesthetics and now works in the service as a beauty therapist.

The service is registered with Investors in People and in 2021 and has received the gold award. Staff survey for the award highlighted that 100% of survey responses strongly agreed that 'Management communicates organisation's ambition" and managers support everyone to do their best. People were empowered with high levels of support and clarity of expectations.

Managers told us they took time to recruit staff who they felt would be the 'right fit' and shared the ethos of the service to provide a high standard of patient care. Clinic values were shared during staff induction and regularly through communication and discussions.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. 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.

There was a defined governance structure within the service and staff at all levels were clear about their roles, responsibilities and accountabilities.

Staff had regular meetings. We saw that meeting minutes followed a set agenda which included details of performance, updates on risks, training and any feedback from patients or audit outcomes. The whole team could access minutes which were stored in a shared electronic file and a printed copy available on the staff notice board.

Performance was monitored through an audit programme which included clinical and non-clinical areas such as infection control audit and environmental audit. All audits had an action plan so that any discrepancies could be actioned and monitored. Audit outcomes assisted in driving improvement within the service and providing staff with feedback on performance.

Good

Surgery

The service held monthly medical team meetings which were chaired by the medical director. We reviewed minutes and saw they were well attended. There was discussion of relevant topics, such as best practice, practising privileges, risks and complications, infection control, audits and sharing of lessons learned from incidents and complaints. The meeting had a set agenda and attendees took actions from the meeting to address any issues identified.

The service policies were all clear, comprehensive and easily accessible, and processes described were all relevant to the service.

Staff at all levels were clear about their roles and responsibilities and what they were accountable for. The service had an in-date practicing privileges policy to ensure any new staff were compliant with the requirements. We found all staff files complied with the Schedule 3 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Management of risk, issues and performance

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

The service had a risk register which detailed risks associated with the clinic and business continuity. Risks, actions, mitigations and designated responsibilities of staff were recorded clearly. We saw that the risks identified were reviewed regularly and any mitigations recorded. All risks were rated according to likelihood and impact, and actions to reduce risks were documented.

The service had a business continuity plan in place. This provided instruction and guidance for staff to manage and communicate unexpected events. For example, in the event of severe weather or a fire which could impact on the business being able to provide its usual service.

The service had a planned programme of clinical and internal audit. Audits were completed for infection prevention and control, medicines management, environmental audit and health and safety audits. All audits had an attached action plan to document any non-compliance and ensure action was taken to ensure future compliance.

Risks and performance were discussed regularly at team meetings and took into account issues highlighted by incidents, complaints and other occurrences. All staff were involved, could contribute, and were aware of actions.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff had access to the organisation's computer systems and could access latest guidance and communication about changes for the service.

Information Governance and confidentiality were included as part of the staff induction training programme, which ensured that staff were aware of the requirements of managing patient's information and that information was managed in line with the General Data Protection Regulations (GPDR).

Computer terminals were locked during the inspection or manned to prevent unauthorised access to patient information.

Good

Surgery

The clinic had a website and managers were responsible for ensuring all information was kept up to date. Information on the website relating to the clinic, its staff, and treatments offered as well as patient feedback to enable patients to complete their research about the service.

The service collected and monitored information regarding patient outcomes, and this was under continual development in preparation for expansion and changes to service provision. Patient feedback was a vital part of maintaining quality and improving services.

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.

Managers and staff routinely gathered feedback from patients, and it was welcomed at all stages of their treatment journey. This was used to maintain quality and improve services. The clinic subscribed to an independent feedback service which we saw was well utilised by patients who had attended. We saw feedback provided was positive, but even so, patient comments were used to make improvements. Managers told us they frequently received thank you cards and emails from patients.

Staff completed a 360-degree feedback as part of the staff appraisal process. Communications between the whole team were open and positive, with all staff feeling engaged and valued. All team members were actively involved in meetings and briefings.

The service provides weekly training meetings to all staff. Training is led by the medical director or external trainers including product or equipment providers.

The managers publish a weekly staff bulletin which had key updates including any actions from any incidents or complaints.

The service also produces and publishes a magazine which is dedicated to sharing inspiring patient stories, news and innovations. All staff get involved in producing the magazine and external experts are invited to write articles. The magazine was available as a print copy or can be downloaded from the service's website.

The service engaged regularly with other organisations and similar service providers, including for the purposes of joint clinical governance and training. The medical director was an active member of several external organisations specific to the service which allowed information sharing, discussions around best practice, and promoting service development.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

Staff of all levels were supported to learn and develop, and managers encouraged them to suggest further training they wished to pursue.

There was a focus on continuous learning and improvement throughout the service with patient experience at the forefront. Learning was regularly shared in the weekly team meetings.

Good

Surgery

The clinic used a wide range of technology to assist and improve service delivery and patient care, which included the electronic patient record system used at each stage of the consultation, treatment and follow-up process.

The medical director and another doctor in the service were embarking on a research project to gather data on the correlation between patients receiving botulinus toxin injections for various indications and their subsequent emotional status.

Innovation is one of the values of the service. Managers told us that environmental impact and awareness was integral to the service's current and future plans for expansion. There was a wide-ranging use of innovative technology which facilitated efficient service delivery. For example, environmental impact and awareness was integral to the service's current and future plans for expansion. The service had secured planning permission from the local council to install solar panels and be an energy efficient service. They also introduced new equipment to provide safe and effective care to patients.