Dr Alexandra Chambers Medical and Aesthetic Practice

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Dr Alexandra Chambers Medical and Aesthetics Practice is a small independent hospital offering cosmetic surgery services to privately funded adult patients. The service has been registered with the commission since 2011.

The hospital was previously inspected by the Care Quality Commission (CQC) in April 2013. When the report was published in May 2013 we had concluded the location had met all of the standards inspected. On this occasion we inspected the hospital on 6 October 2016 as part of our independent hospital inspection programme. The inspection was conducted using CQC's comprehensive inspection methodology and was a routine planned inspection. The inspection focussed on the regulated activities of surgical procedures and diagnostic and screening. Procedures not currently subject to regulation were not part of the inspection.

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

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

The services provided by this hospital were cosmetic surgery and treatments.

We have not published a rating for this service. CQC does not currently have a legal duty to award ratings for those hospitals that provide solely or mainly cosmetic surgery services.

Our key findings were as follows:

• There were adequate systems to keep people safe and to learn from adverse events or incidents.

• The environment was visibly clean and well maintained and there were measures to prevent and control the spread of infection.

• There were adequate numbers of suitably qualified, skilled and experienced staff to meet patients' needs, and staff had access to training and development, which ensured they were competent to do their jobs.

• There were arrangements to ensure patients had access to suitable refreshments, including drinks.

• Treatment and care was delivered in line with national guidance and the outcomes for patients were good.

• Patient consent for treatment and care met legal requirements and national guidance.

• Patients could access care in a timely way, and had choices regarding their treatment day.

• Staff ensured patients privacy and the dignity of patients was upheld.

• The leadership team were visible and appropriate governance arrangements meant the service continually reviewed the quality of services provided.

However, there were also areas of where the provider needs to make improvements. The provider should:

- Make arrangements to store clinical equipment more appropriately.
- Check staff comply with the hospital policy and the infection prevention and control (IPC) requirement regarding the wearing of jewellery and nail polish.
- Consider attaching secure tags to checked resuscitation trolleys
- Consider further training for staff around drug cabinet security and checking for out of date medication.

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- Consider how to improve staff knowledge of mental capacity, dementia awareness and deprivation of liberty safeguards.
- Consider introducing a formal hospital risk register.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

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Background to Dr Alexandra Chambers Medical and Aesthetic Practice

Dr Alexandra Chambers Medical and Aesthetics Practice opened in 2010 and was registered by CQC in 2011. The hospital occupied two floors of a Victorian five storey building in Wimpole Street, London, an area known for the number of private independent hospitals and clinics.

Dr Chambers is the medical director and has also been the registered manager since 2011.

The hospital has one ward and is registered to provide the following regulated activities:

- Diagnostic and screening procedures (15 April 2011)
- Family planning (18 May 2011)
- Surgical procedures (15 April 2011)
- Treatment of disease, disorder, or injury (18 May 2011).

The hospital provided elective cosmetic surgical procedures which we inspected. Other cosmetic treatments, which are not subject to regulation and the associated consultations, were not inspected.

CQC have inspected the hospital on three previous occasions in 2012 and 2013.

Our inspection team

The team that inspected the service comprised a CQC lead inspector,one other CQC inspector and a specialist advisor with expertise in surgical theatre nursing. The inspection team was overseen by Nick Mulholland, Head of Hospital Inspection.

Why we carried out this inspection

We inspected the hospital as part of our independent hospital inspection programme.

How we carried out this inspection

To understand the patients' experiences of care, we always ask the following five questions of every service and provider:• Is it safe?• Is it effective?• Is it caring?• Is it responsive to people's needs?• Is it well-led?

We analysed information that we hold on the service prior to our inspection. During the inspection, we visited one ward. We spoke with six staff including; registered nurses, health care assistants, reception staff, medical staff and senior managers. We spoke with two patients. We also received 21 'tell us about your care' comment cards, which patients had completed prior to our inspection. During our inspection, we reviewed six sets of patient records.

Information about Dr Alexandra Chambers Medical and Aesthetic Practice

Dr Alexandra Chambers Medical and Aesthetic Practice opened in 2010. Since then the location has provided elective cosmetic surgical and aesthetic procedures to both male and female patients over the age of 18 and under 75 years. The hospital opened Monday to Friday

Summary of this inspection

and one Saturday per month. The facilities included two consultation rooms, an operating theatre used for surgical procedures, a single bed ward, one treatment room and various other non-clinical areas.

There were 1,496 patient appointments in the period July 2015 to June 2016. These appointments were for aesthetic treatments as well as cosmetic surgical procedures. In the same period there were 105 visits to theatre.

We do not currently have a legal duty to rate this service or the regulated activities it provides but we highlight good practice and issues the service providers should improve.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found there were systems to report and investigate safety incidents and to learn from these. Patient records were properly completed and patient risk mitigated by pre-admission testing and a robust assessment process. Theatre staff completed the World Health Organisation (WHO) surgical checklist during procedures and they had enough properly maintained equipment. However, the service needed to improve staff compliance with infection prevention and control (IPC) standards and drug cabinet security.

Are services effective?

Care was planned and delivered in accordance with current guidance, best practice and legislation by suitably skilled and competent staff. There was a programme of audit, which was used to assess the effectiveness of services and to maintain standards. Patients' pain was well controlled, and their nutritional needs were met. However, the service should consider improving staff knowledge of mental capacity, dementia awareness and deprivation of liberty safeguards.

Are services caring?

Patients were treated with kindness and respect. Patients gave positive feedback and said they were treated well by staff, and with compassion and dignity.

Are services responsive?

Services were planned to meet the needs and choices of patients, and the arrangements for treatment were prompt. There were arrangements to ensure the individual needs of patients were fully considered, assessed and met. Complaints were appropriately acknowledged, investigated and responded to in a timely way.

Are services well-led?

The service had a well-established leader, who had an excellent working relationship with their staff.

Staff understood what the values and purpose of the service were, and what was expected of them. They were committed to meet the requirements of their patients.

Patents and staff were encouraged to feedback on the quality of services.

The governance arrangements provided assurance of systematic monitoring of the quality of services.

Summary of this inspection

However, although risks were managed, a formal risk register was not in use to capture such information.

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are surgery services safe?

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

Incidents

- The hospital had not reported any 'never events' between July 2015 and June 2016. Never events are serious patient safety incidents that are wholly preventable and should not happen if healthcare providers follow national guidance on how to prevent them. Each never event incident type has the potential to cause serious patient harm or death and must be reported to CQC as a serious incident even if it did not result in harm to the patient. Any never event indicates a failure in measures to keep people safe from harm.
- The staff we spoke with were fully aware of how to report incidents. The incident was then investigated by the medical and managing directors. Information on the steps taken to rectify matters, and the final outcomes were fed back at regular bi-monthly meetings attended by all staff and the medical director.
- In 2015 a female patient, who had previously undergone cosmetic surgery without incident, had an unanticipated and rare reaction to a drug used during a mini face lift procedure. The patient was stabilised and transferred to another private hospital where she remained overnight as a precautionary measure. A root cause analysis was undertaken into the incident and properly documented. Learning from the incident was communicated to all clinical staff.
- From November 2014, registered persons were required to comply with the duty of candour, Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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. This means providers must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment,giving them reasonable support, truthful information and a written apology. The staff we spoke with had a good understanding of 'duty of candour'. The hospital staff acted according to the duty of candour policy in the clinical incident mentioned above. The patient and her partner were kept informed throughout, they received an apology. In addition their payment was refunded.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- The hospital, unlike NHS trusts, was not required to use the national safety thermometer to monitor areas such as venous thromboembolism (VTE). However, we saw evidence in patient's records we reviewed, which demonstrated 100% compliance with monitoring and reporting of VTE assessments during the period July 2015 and June 2016. The assessment of patients for the risk of VTE was in line with venous thromboembolism: reducing the risk for patients in centre NICE guidelines CG92.

Cleanliness, infection control and hygiene

- The hospital had a suitable Infection Prevention and Control (IPC) policy, and staff we spoke with were aware of the IPC lead. We saw evidence of yearly IPC reports by an independent external contractor and regular internal audits were conducted by the IPC lead. The staff had signed to confirm they had read the theatre IPC policy. Staff were updated on IPC matters at the regular bi-monthly staff meetings.

Surgery

- We examined the IPC audit which had been conducted in February, and the completed action plan dated August 2016. However, during our inspection we saw various items including a sharps bin and suction bottles stored on the floor in the prep room. This is not best practice for infection control and items stored on the floor had been mentioned in the report. We also saw a bowl which had been used to hold dirty swabs taken into the clean prep area and wiped with a disinfectant wipe without being washed.
- Personal protective equipment (PPE) was available to all staff, in line with Health and Safety Executive (2013) Personal protective equipment (PPE): A brief guide. All clinical staff except for one were observed to be bare below elbow, which enabled them to wash their hands fully before and after each patient contact. However, two members of nursing staff, including the IPC lead were observed wearing nail polish, artificial nails and multiple rings and one member of nursing staff was wearing a bracelet under their PPE gloves. Their patient had returned post operation for an out-patient heat lamp massage. Although gloves were worn at all relevant times this was non-compliant with both the royal college of nursing guidance and the hospital's own IPC policy. We were concerned best practice was not being reinforced, or poor practices were not subject to challenge.
- The main reception area which was shared with other clinics was visibly clean as were all of the rooms and areas controlled by this hospital.
- The in-patient ward, which consisted of a one bedded room, was visibly clean. Clean linen was stored in a cupboard within the room. There was a sink for hand washing but no ensuite facilities. Patients used the bathroom facilities which were based on the same floor but, a short walk away from the ward room. Disposable bedpans and male urinals were available for patients.
- The theatre and recovery room were both visibly clean. The theatre was cleaned by the nursing staff after each procedure in accordance with the hospital policy and there was a yearly contract in place for deep cleaning by an external company.
- We saw an indoor air quality report dated 25 January 2016, in which it was reported the theatre environment was compliant with health technical memorandum (HTM) 03-01. The microbial and fungal growth was reported as negligible after testing. HTM's
- HBN's give "best practice" guidance on the design and planning of new healthcare buildings and on the adaptation/extension of existing facilities, and are published by the Department of Health.
- There was a service level agreement with the sterile services department of a local NHS hospital and reusable medical devices were sent there for decontamination. There was also an autoclave, which could be used if required. This had been tested in January 2016 and Equipment designed for single use was also in use at the hospital.
- Waste was managed by staff in accordance with Department of Health (2013) HTM 07-01: Safe management of healthcare waste. Clinical and bodily fluids waste was stored securely in a locked storage area and was collected by a contracted disposal company fortnightly.
- Staff disposed of sharps, such as needles and glass ampoules in accordance with safe practices outlined in the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013; Guidance for employers and employees.

Environment and equipment

- The environment in which patients received their consultations, treatment and surgical procedures were suitably arranged to ensure their safety. There were separate clinical rooms, a designated minor procedure theatre with an adjacent preparation/recovery room. Separate areas were provided for storage of equipment, medicines and administrative purposes.
- Resuscitation equipment was accessible in the theatre. The resuscitation trolley was not sealed, but was checked weekly and our checks confirmed this. The theatre had equipment available to support patients who had difficulty breathing. The resuscitation trolley in the upstairs ward area was also checked weekly.
- There was an anaesthetic machine in the theatre which was serviced each year, although we were told it had been decommissioned and had not been used as the hospital did not perform procedures under general anaesthetic (GA). It was noted the hospital website offered rhinoplasty (nose reshaping), which would be carried out under GA but none had been performed between July 2015 and the date of the inspection. The staff were not able to show us the anaesthetic log book.

Surgery

- Staff we spoke with told us they had access to sufficient equipment required for their roles and procedures undertaken. Supplies were ordered in a timely manner to ensure continuous availability.
- Theatre equipment was maintained and serviced every six months under contract with an external company.
- An automatic external defibrillator (AED) is kept within the theatre and checked before each operation. An AED is a portable

Medicines

- All medicine storage units were visibly clean and lockable to prevent unauthorised access.
- The controlled drug (CD) cabinet we examined was compliant with CD regulations. The most hazardous drugs were securely stored to prevent unauthorised access.
- The CD cabinet was locked and secured to an outside wall. The key was kept separately by the nurse in charge. However, the drug cabinet in the recovery room was unlocked and the key was in the lock.
- Medication was prescribed by the medical director.
- In preparation for procedures in which opiates were given the antidote was also drawn up at the same time to facilitate a quicker response in an emergency. The same was also done as the reversal agent was drawn up when anaesthetics were given.
- The medicines policy prescribed for two members of staff to be present and sign the register when drugs were disposed of in the pharmaceutical waste bin.
- Fridge temperatures were checked daily and the results were recorded. In the ward room we found a syringe filled with an unknown clear liquid in a blue plastic tray, and an out of date adrenaline syringe in the resus trolley during our checks. When this was highlighted to the medical director both were removed immediately.

Records

- We looked at six sets of patient notes. The notes were legible, signed and dated and completed to a good standard. All patients had received detailed information regarding their surgery at pre assessment meetings and had signed a consent form.
- We noted patients having elective surgery had been screened for meticillin-resistant Staphylococcus Aureus (MRSA), Meticillin Sensitive Staphylococcus Aureus (MSSA) and VTE. They attended a pre-admission clinic, and had signed a consent form after a consultation with the medical director.
- As part of the pre-assessment process patients complete a comprehensive medical history questionnaire. Surgical patients were required to have a blood test and a pre-op assessment. Psychological health and suitability for the desired procedure were assessed during the initial consultation with the medical director.

Safeguarding

- There had not been any safeguarding matters reported to the commission during the year up to our inspection visit.
- The medical director was the safeguarding lead for the clinic and trained at level 3. The registered nurse was trained to level 2. All other staff were trained to level 1. Staff we spoke with were aware of safeguarding and what to do it they identified a concern.
- The hospital had a safeguarding policy titled 'safeguarding vulnerable adults'. Staff we spoke with were aware of its contents, and we heard evidence of patients having procedures postponed or refused pending contact with their GP's or referral for psychological care.
- We also saw a children and young person safeguarding policy titled 'safeguarding children' and again staff we spoke with were aware of its contents. Both policies had contact details should staff need to escalate a concern outside of the hospital. The policies reflected the guidance of the Care Act 2014 and the intercollegiate document 'safeguarding children and young people: roles and competences for health care staff 2014.

Mandatory training

- Clinical staff had completed their mandatory safety training within the last two years. Subjects they were expected to complete included resuscitation, infection prevention and control and manual handling.
- One member of clinical staff was certified in advanced life support (ALS) and two were certified in immediate life support (ILS).
- The registered nurse had not undertaken a UK course for venepuncture and cannulisation although she had received training for this in Poland. This had not been

previously recognised by the hospital but the medical director arranged for the nurse to attend a course on 22 October 2016, and we were provided with a copy of the certificate to confirm this.
- During our inspection we saw a staff training schedule and evidence confirming training undertaken in staff personal records.

Assessing and responding to patient risk (theatres, ward care and post-operative care)

- We saw evidence within the patient notes reviewed of risk assessments carried out relevant to the patient's needs.
- We noted that patients having elective surgery had been screened for MRSA, MSSA and VTE when they attended a pre-admission clinic. The hospital had strict criteria denoting which patients they would accept for surgery. Psychiatric testing was used as a method to identify patients who may have mental ill health.
- All the patients' notes reviewed contained a completed surgical five-point safety checklist based on World Health Organisation (WHO) guidance. The WHO checklist was launched in June 2009 and recommended by the National Patient Safety Agency (NPSA) for use in all NHS hospitals in England and Wales in 2010. Its use is now widely accepted as best practice as a tool to lower avoidable surgical mistakes. However, neither its use nor its format is mandatory for independent hospitals and WHO encourage modifications to suit local situations. In this hospital all of the surgical procedures were completed by Dr Chambers and her team.
- Surgical procedures carried out on-site were performed under local anaesthetic or conscious sedation. The anaesthetist was required to remain on-site until the patient was awake and oriented after each procedure where conscious sedation was used. The medical director also remained on-site. Conscious sedation is defined as 'a technique in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation. The drugs and techniques used should carry a margin of safety wide enough to render loss of consciousness unlikely'.
- If a patient had not recovered sufficiently to return home they were accommodated overnight in the hospital and a resident medical officer and nurse would care for them.
- The hospital did not provide high dependency or intensive care. In an emergency situation a transfer was arranged using the service level agreement with a local larger independent hospital where higher dependency support could be provided. This had only happened once during the period July 2015 and June 2016.
- In an emergency situation the standard 999 system would be used to facilitate the transfer of the patient to an NHS hospital.

Nursing and Medical staffing

- The theatre staffing levels were in line with those recommended by the Academy of Medical Royal Colleges' 'safe sedation practice for healthcare procedures October 2013'.
- The hospital had a small tight-knit team, with low staff turnover. The hospital did not use any bank or agency staff, preferring to cancel and re-arrange appointments for unexpected absences. The small surgical list allowed them to list procedures to suit patient's needs and staff availability.
- The hospital reported no staff sickness between July 2015 and June 2016.The anaesthetists with practising privileges were required to keep their skills and practices updated as part of their contract and we saw evidence of this within the personnel files.
- Should a patient require an overnight stay, it was agreed during the pre-operative consultation and arrangements were made with an agency for a resident medical officer (RMO) to work at the hospital along with the registered nurse. The RMO would have undertaken a two week induction and were required to become proficient in the hospital's emergency procedures and protocols, have training in infection control, anaphylaxis and resuscitation. The hospital arranged the same RMO when possible.
- The surgeon and anaesthetist provided out of hour's availability by telephone and in cases of emergency, were available to attend within 30 minutes.

Emergency awareness and training

- The hospital had a fire policy and procedures document, which clearly set out staff responsibilities to

minimise the risk of a fire and the required actions to minimise risk of injury to patients or staff in the event of a fire. The designated staff fire officers for each floor occupied by the hospital were identified in the document and an evacuation diagram was included. We also saw a major incident policy, which set out staff response should a major incident be declared in the vicinity of the hospital. Training around these subjects and practice fire drills were included in the compulsory training schedule.

- There was a backup generator and emergency power sockets where available in theatre in case of electrical failure or power cut.

Are surgery services effective?

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

Evidence-based care and treatment

- Nurses and surgeons delivered care in line with the relevant National Institute for Health and Care Excellence (NICE) and Royal College guidelines, such as the Royal College of Anaesthetists and the Academy of Medical Royal Colleges. The hospital protocols were based on national guidance that was used to deliver care to patients receiving cosmetic procedures, including 'professional standards for cosmetic surgery 2016' published by the Royal College of Surgeons.
- Hospital policies were benchmarked against those used in the NHS and NICE and GMC guidelines.
- There was a hospital program of audits undertaken, which included audits of cosmetic surgical outcomes and the completion of the WHO surgical checklist. The results of those audits showed a high level of patient satisfaction and 100% completion of the WHO checklist for surgical procedures which we confirmed during our inspection.
- The hospital managing director and Dr Chambers had a good knowledge of the results of the clinical audits, which enabled a swift response to any negative trend.

Pain relief

- During procedures, prescribed local and conscious sedation medication was administered for effective pain relief and its effects monitored. Patient's post-operative pain relief was discussed at the pre-operative consultation and any pain relief medication required would be provided for the patient to take home post procedure.
- Patients reported pain free procedures on our feedback cards and there were no recorded patient complaints involving pain or lack of pain relief.
- The Dr Chambers and the anaesthetist were available by mobile telephone out of hours for patients with post-operative concerns.

Nutrition and hydration

- The hospital scored 100% on their patient-led assessment of care environment (PLACE) audit for food. Hot and cold beverages were provided for patients and could provide light meals (outsourced) for surgical patients when required.
- Hydration was assessed by monitoring patient's fluid balance during surgery and other clinical signs. Patient's weight, height, and body mass index (BMI) calculation was part of the pre-assessment. Dietary advice was given to patients who had body sculpting procedures.
- The procedures undertaken at the hospital did not require patients to fast beforehand.

Patient outcomes

- The hospital reported 105 patient visits to theatre between July 2015 and June 2016. Information provided showed there were no returns to theatre and no re-admissions post discharge during the same period.
- Staff gave patients clear instructions about managing their surgical wounds and any follow up appointments that were required.
- At the time of our inspection the hospital had not yet submitted data to the Private Healthcare Information Network (PHIN) but had requested to be added to their database. PHIN is an independent, not-for-profit organisation working with the private healthcare industry on behalf of patients formalised by the Competition and Markets Authority. It aims to publish independent, trustworthy information to help patients make informed treatment decisions, and providers to improve standards, although at the time of reporting the ability to search their database was unavailable.

Competent staff

Surgery

- Staff we spoke with reported they received annual appraisals and opportunities for professional development. We were provided with an appraisal audit which confirmed this.
- The anaesthetists with practising privileges were required to keep their skills and practices updated as part of their contract.
- The personnel files were examined and disclosure and barring service (DBS) certificates were current for all staff.
- Dr Chambers is registered with the general medical council (GMC) and the British college of aesthetic medicine (BMAC). She was the founder and president of the British association of body sculpting (BABS). Dr Chambers is assessed by a member of the BMAC as part of her revalidation process.
- The managing director ensured that professional registration, fitness to practice, and validation of qualification were undertaken for all staff.

Multidisciplinary working

- The staff felt that because they were a very small team that they had excellent communication. Concerns were raised and responded to immediately.
- Regular bi-monthly team meetings were held, which supplemented the general day to day staff contact. The meetings were used to provide more formal feedback on previously raised issues, and to allow an open forum to raise new matters.
- The hospital was able to refer patients to an external psychiatrist if they thought the patient would benefit.
- There was a service level agreement between the hospital and a local larger independent hospital for transfers of patients that required high dependency care.
- The hospital used the services of an external complaints advisor who became involved if the internal procedures did not provide a satisfactory patient outcome.

Seven-day services

- The hospital did not provide a seven day a week service
- The surgeon and anaesthetist were available to patients post-operatively by mobile phone for any concerns

Access to information

- The hospital used a computerised patient records system, and authorised staff had access via their personal login details. Paper copies of documents including patient questionnaires, consent forms, operative notes and monitoring forms were kept in a fireproof centralised storage unit. Members of staff were able to request access to them if required.
- Staff had access to hospital policies, audits and the complaints folder.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Prior to any surgery all patients underwent an initial medical history assessment and completed a health questionnaire, to ensure they were fully conversant with details of their operation, and that there are no underlying risks to their mental and physical health.
- A two week cooling off period was adhered to for patients who were to have surgery which is generally recognised within the cosmetic industry as good practise. The latest guidance from the GMC which came into force in June 2016 states; 'The amount of time patients need for reflection and the amount and type of information they will need depend on several factors. These include the invasiveness, complexity, permanence and risks of the intervention, how many intervention options the patient is considering and how much information they have already considered about a proposed intervention.'
- The medical director, Dr Chambers, was the Mental Capacity Act (MCA) lead for the hospital and saw every surgical patient at consultation/assessment and for the procedure. It was assumed by the staff we spoke with that Dr Chambers would pick anything up during her interactions with the patients. The MCA was referred to in the hospital's consent and safeguarding policies but there was no specific MCA, dementia awareness or deprivation of liberty safeguards training.

Are surgery services caring?

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

Compassionate care

- The hospital did not collect Friends and Family test data; they felt that patients routinely wanted to keep the

information regarding their surgery private. Patients were however, invited to complete a feedback form at the time of their discharge. The hospital reported a 10% return rate.

- We observed staff with two patients during our visit. Staff were caring and considerate during the interactions we observed. Patient dignity was maintained at all times and the patients we spoke with felt that they had been "very well cared for" and that staff were "available when they needed them".
- As part of our inspection process we provided the hospital with posters advertising the forthcoming inspection and comment boxes and cards for patients and/or staff to complete. We received 21 completed comment cards which were all complimentary of the staff, Dr Chambers and the hospital. Typical of the comments were, "Professional friendly service. Advised thoroughly in consultation and treatment was quick and painless. 10/10!" and "Very clean and polite environment. Very helpful and always have my best interest at heart, would definitely recommend."

Understanding and involvement of patients and those close to them

- The patients we spoke with told us they felt involved in the decision making process regarding their procedures because everything was explained clearly and they had the chance to ask all the questions they wanted to.
- The patient co-ordinator gave support on non-clinical matters such as appointments and costs. The hospital's website provides information about the procedures that are carried out at the hospital.
- Clinical advice was provided by consultation with Dr Chambers.
- The hospital provided a chaperone on request for patients, and family and friends were permitted to attend consultations should the patient want them to.

Emotional support

- Support was provided before any surgical procedure by means of a thorough assessment process and free consultation with Dr Chambers. We were told roughly 30% of clients were not accepted as patients for various reasons including psychological concerns.

Are surgery services responsive?

Responsive services are organised so that they meet your needs.

Service planning and delivery to meet the needs of local people

- The hospital provided cosmetic procedures to adults over the age of 18 and less than 75 years. Young persons over 17 but not yet 18 occasionally were given consultations regarding possible procedures after they reached 18.
- The hospital managed their workload ensuring that they had sufficient resources to accommodate the patients booked in for surgery and treatment.
- The patient co-ordinator, responded to enquiries, or contacts made by patients by telephone or through the hospitals website.
- The hospital provided private elective surgery, admissions were planned in advance at times to suit the patients. The procedures carried out at the hospital rarely required an overnight stay but when it was required plans were put in place to accommodate this. Patients stayed overnight on 12 occasions between July 2015 and June 2016.
- All of the patient's pre-surgery assessments, consultations and the post-surgery care was carried out at the hospital, timings of these appointments were arranged in consultation with the patient for their convenience.
- The hospital offered a single point of contact for most of the tests that needed to be performed. They provided ultrasound scans, and took blood samples in their own clinic which simplified and streamlined the process for patients.
- For patient convenience the hospital stayed open late one night a week and Dr Chambers was available for consultations one Saturday per month. Dr Chambers told us, "By operating our own surgical theatre, we provide additional privacy, as well as reducing the exposure of patients to hospital-transmitted infections."

Access and flow

- The patients we spoke with told us they had not experienced any delays in setting operation dates and they were often able to choose a date.

Surgery

- Staff we spoke with confirmed surgery dates were arranged to take the 'cooling off' period into account.
- There were 1,496 patient appointments in the period July 2015 to June 2016. These appointments were for aesthetic treatments as well as cosmetic surgical procedures.
- There were no cancelled surgical procedures during the year to June 2016.
- Patients were discharged home with post-op care instructions, a discharge summary; any prescribed pain medication and pre-booked appointments for follow-up care.

Meeting people's individual needs

- Clinical staff provided patients with written information relating to their surgical procedure and patients had access to the patient co-ordinator and clinical staff, if required, to discuss any medical concerns. Patients could also have as many free consultations prior to their surgery as they required.
- The patient's discharge plan included advice specific to the procedure completed, as well as information relating to any pain relief or antibiotics patients were given to take home.
- The ward bedroom was on the first floor accessed by stairs and a wheelchair accessible lift for patients with mobility issues.
- The hospital staff had access to a translation service and had used it on occasion.

Learning from complaints and concerns

- In the year up to our inspection there had been five complaints raised directly to the hospital; two related to communication issues which were satisfactorily resolved. In one case the complaint was withdrawn after an explanation was given, the other was closed and hospital learning about notifying patients of appointment delays cascaded to staff. The other three related to patient dissatisfaction with the outcome of a cosmetic surgery procedure. Two of the patients were referred for a second opinion and the other patient was attending the hospital for regular reviews.
- As part of our inspection process the hospital was asked to comment on our analysis of the data they had provided. In relation to complaints the provider returned the following comment: 'As this hospital specialises in cosmetic treatments, complaints are primarily about cosmetic outcomes. This likely explains why this statistic is higher than the average of general independent acute hospitals.'
- The CQC states this caveat regarding our comparison data: 'benchmarking data is drawn from a small subset of Independent Healthcare locations and may not represent the sector as a whole.'
- From the hospital's patient feedback audit we noted suggestions by two patients were discussed at a staff meeting and some adjustments made to working practices. The patients were informed.

Are surgery services well-led?

Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Vision and strategy for this this core service

- The hospital reported 'The vision and strategy of the service is to provide a 'boutique' level of cosmetic surgery care by first providing excellence in communications, and then also delivering more medically quantitative, more informative consultations than any other cosmetic clinic in our area. This is combined with a fully integrated post-surgical aftercare service, and an excellent level of privacy and comfort in our facilities.'

Governance, risk management and quality measurement (and service overall if this is the main service provided)

•The hospital's governance team consisted of the medical director (Dr Chambers), the managing director and the senior nurse. The team provides an oversight of the hospital's activities and any issues were discussed at hospital team meetings.

•We saw evidence from the recorded minutes of the governance team communicating audit outcomes, announcing new audits, announcing upcoming staff training and reporting on the review of hospital's complaints process.

Surgery

- The hospital did not have a formal risk register. A risk register is a management tool that enables an organisation to understand its comprehensive risk profile. It is simply a repository for all risk information. When asked about the lack of a risk register, the managing director explained they were such a small close-knit team he became aware of a new risk as soon as it became apparent and was able to take action to negate it. That view was shared by Dr Chambers and the staff told us it happened in practice. For example we were told the equipment maintenance contract allowed for an engineer to attend of the day of contact.

Leadership / culture of service related to this core service

- Dr Chambers and the hospital managing director were both very visible and easily accessible. Staff we spoke with said they could talk to them whenever they needed too. Staff also reported they felt supported and listened to.
- One member of staff said that "notice was taken of what she said and that all the staff were very helpful".

Public and staff engagement

- Patients could access the patient co-ordinator either by telephone or email to ask questions about treatments or pre or post-surgery advice.
- The hospital participated in the 'realsafe' website and at the time of reporting had received 27 positive comments and Dr Chambers had contributed 310 expert answers to questions.
- The hospital uses a blog on its website to communicate with potential clients and others by providing useful information related to procedures offered. For example a blog entry entitled 'fat removal – what are the pros and cons' concludes, "Liposuction benefits people who would like to refine their silhouette, but cannot achieve the results they desire through dieting."
- Patients were able to leave feedback via the hospital website as well as by responding to the feedback form they were given after their follow-up appointments.

Innovation, improvement and sustainability

- The managing director described a unique vasa-liposuction algorithm used with the ultrasound machine which more accurately determined the fat levels and underlying musculature. The ultrasound results helped the clinician decide the optimum amount of fat to be removed. This allows for realistic discussions with patients to manage their expectations of the procedure and more accurate pricing.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- Make arrangements to store clinical equipment more appropriately.
- Check staff comply with the hospital policy and the infection prevention and control (IPC) requirement regarding the wearing of jewellery and nail polish.
- Consider attaching secure tags to checked resuscitation trolleys
- Consider further training for staff around drug cabinet security and checking for out of date medication.
- Consider how to improve staff knowledge of mental capacity, dementia awareness and deprivation of liberty safeguards.
- Consider introducing a formal hospital risk register.