

Canova Medical Limited

# Canova Medical

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection at Canova Medical on 23 May 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### Our findings were:

#### Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

#### Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

#### Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

#### Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

#### Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

### Background Information

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Canova Medical provides cosmetic surgery consultations, pre-operative assessments and post-operative treatments.

### Our key findings were:

- The service had systems in place to keep people safe and safeguarded from abuse.
- Staff understood their responsibilities to raise concerns and report incidents.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out and there were regular checks on the environment and on equipment used.
- Clinical staff assessed patients' needs and delivered care in line with good practice guidance.
- People who used the service were given information to make an informed decision about their care and treatment.
- Appropriate medical assessments were carried out and detailed records of the outcome of these were maintained.

# Summary of findings

- An induction programme was in place and staff received specific induction training prior to treating patients.
- Staff had access to standard operating procedures and policies.
- The provider encouraged and acted upon feedback from people who used the service. Survey information we reviewed showed that people who used the service had given positive feedback about their experience. Feedback we received from people who used the service was positive.
- Information about how to complain was available.
- The provider had a clear vision to provide a safe, good quality service.
- There were systems in place to check on the quality of the service.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## 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 that this service was providing safe care in accordance with the relevant regulations.

- The provider had processes in place to keep people safe and safeguard them from abuse.
- Risks to patients were assessed and managed.
- Health and safety related checks were carried out on the premises and on equipment.
- Procedures were in place to ensure standards of hygiene were maintained and to prevent the spread of infection.
- There were sufficient numbers of staff to meet the demand of the service and appropriate recruitment checks were in place for all staff.
- There was minimal prescribing of medicines and no medicines were held on the premises.

### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- Peoples' needs were assessed and care was planned and delivered in line with good practice guidance.
- Systems were in place to ensure appropriate record keeping and the security of patient records.
- Arrangements were in place to ensure people agreed to the provider sharing information with their GPs if required. Requests for information from GPs were made, if required, to support the clinician in their assessment of people's needs and to support their decision making.
- Consent to care and treatment was sought in line with the provider policy.

### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- We did not speak to patients directly on the day of the inspection. However, we reviewed survey information. This showed that patients were happy with the care and treatment they had received.
- We reviewed CQC comment cards and these contained positive feedback about people's experiences of the service including; consultations, the quality of treatment, the environment, and the conduct and helpfulness of staff.
- Staff we spoke with demonstrated a patient centred approach to their work.

### **Are services responsive to people's needs?**

We found that this service was providing responsive services in accordance with the relevant regulations.

- Feedback from patients indicated that they had received timely treatments.
- The premises were equipped to meet people's needs. Alternative premises could be used for people who required disabled access.
- Information about how to complain was available to patients.
- The provider made improvements in response to feedback from people who used the service.

### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- The provider had a vision to deliver good quality care and promote good outcomes for patients.

# Summary of findings

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- There were systems in place to govern the service and support the provision of good quality care and treatment.
  - The provider encouraged and acted upon feedback from people who used the service.
  - Staff could also feedback about the quality of the operating systems through staff meetings.
  - Patient information was stored securely and kept confidential.
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# Canova Medical

## Detailed findings

### Background to this inspection

#### Background

Canova Medical is registered with the Care Quality Commission (CQC) to provide the regulated activity; Treatment of disease, disorder and injury.

Canova Medical is a provider of aesthetic and cosmetic plastic surgery treatments. Doctor's consultations and some aesthetic treatments take place at their Wilmslow premises. All cosmetic plastic surgery treatments take place within a hospital setting. Some of the services provided at the clinic do not fall within the regulated activities for which the provider is registered with CQC. For example, some of the anti-aging aesthetic procedures and laser hair removal do not fall within the regulated activities.

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

#### How we inspected this service

Our inspection team was led by a CQC Lead Inspector accompanied by a GP Specialist Advisor.

Before visiting, we reviewed information we hold about the service.

During our visit we:

- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.
- Viewed a sample of key policies and procedures.
- Spoke with the registered manager and consultant surgeon.
- Made observations of the environment and infection control measures.
- Reviewed CQC comment cards which included feedback from people who used the service.

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

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

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

#### Why we inspected this service

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

# Are services safe?

## Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

### Safety systems and processes

The provider had systems, processes and practices in place to keep patients safe and safeguarded them from abuse, which included:

- The premises were suitable for the service provided. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a range of health and safety related policies and procedures that were available to staff and kept under regular review. The provider had up to date risk assessments for areas of work and safety checks were carried out as required. For example, fire safety equipment and electrical equipment were regularly checked to ensure they were working properly.
- Staff recruitment procedures were in place to ensure staff were suitable for their role. Records showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service was provided to adults only over the age of 18 years. Arrangements for safeguarding adults were in place. Safeguarding policies were accessible to all staff and they outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Chaperoning was offered for all procedures and this was documented in records.
- The service maintained appropriate standards of cleanliness and hygiene. There were cleaning schedules and monitoring systems in place. The cleaning schedule was updated following our inspection to include more detail such as; the tasks, the frequency of cleaning and

who was responsible for carrying out the duties. Infection control audits were carried out. Systems were in place to ensure clinical waste was appropriately disposed of.

### Risks to patients

There were enough staff, including clinical staff, to meet demand for the service. The service was not intended for use by patients requiring treatment for long term conditions or as an emergency service.

Risk assessments had been carried out to identify areas of risk to patients and to ensure appropriate control measures were in place.

Quality assurance protocols were in place and a variety of checks were carried out at regular intervals. These were recorded and formed part of a wider quality assurance process overseen by the provider.

### Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff through the patient record system. This included assessment of needs, consultation notes, care and treatment planning, and consent to treatment.

Patient records showed that comprehensive assessments and treatment planning were in place.

### Safe and appropriate use of medicines

There was minimal prescribing carried out at this location and there were no medicines held on the premises.

### Track record on safety

A system was in place for recording, reporting and investigating serious events. There had been no serious events recorded.

### Lessons learned and improvements made

The manager told us they felt the service supported the requirements of the Duty of Candour and that a culture of openness and honesty was provided that resulted in staff feeling confident to report incidents or concerns.

The manager was able to give examples of how they had responded to feedback from people who used the service to ensure improvements were made.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective service in accordance with the relevant regulations.

### **Effective assessment and treatment**

The clinician assessed patients' needs and delivered care in line with relevant guidance and standards.

Comprehensive assessments were carried out prior to treatment options being provided and people were provided with information to help them decide on their course of procedure. Where there were any concerns about a person's needs the clinician wrote to their GP for further information or advice.

### **Monitoring care and treatment**

The provider had systems in place to monitor and assess the quality of the service including the care and treatment provided to patients. An annual audit of clinical procedures was carried out. The clinician underwent an annual appraisal.

People who used the service received after care to ensure their treatment met their needs and to ensure there were no avoidable complications. Feedback was sought from people who used the service.

### **Effective staffing**

The staff team was small and in the main consisted of the registered manager and consultant surgeon for the regulated activities for which the service was registered. However, general duties for some other staff also came under the regulated activities. For example staff duties to

ensure cleanliness, infection control and hygiene. Staff completed induction training which consisted of training in topics such as: Health and safety and fire safety. Staff were also trained in the different treatment pathways they were responsible for providing.

### **Coordinating patient care and information sharing**

When people who used the service underwent their initial assessment they were asked if they agreed that the provider could contact their GP if they felt with was required. People gave written consent to this. We saw examples whereby the clinician had written to GPs to seek further information or clarification of a matter.

The provider had a system in place to ensure the secure transfer of confidential information to the hospital site where the surgical procedures were being performed.

### **Supporting patients to live healthier lives**

People who used the service underwent a process of assessment prior to the provision of a procedure. We saw detailed records covering the findings of assessments and we heard examples of people being provided with advice and guidance to support their treatment and recovery.

### **Consent to care and treatment**

There was clear information available with regards to the services provided and the cost of these.

Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. The process for seeking consent was monitored through audits of records.

# Are services caring?

## Our findings

We found that this service was providing a caring service in accordance with the relevant regulations.

### **Kindness, respect and compassion**

All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received five completed comment cards all of which were very positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was professional and that staff were caring, friendly and treated them with dignity and respect.

People who used the service were asked to complete a survey asking for their feedback or to leave a testimonial. Patients that responded indicated they were very satisfied with the service they had received.

Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's client feedback results.

### **Involvement in decisions about care and treatment**

People who used the service were provided with two consultations prior to attending for any surgical procedures. Records indicated that treatment options were fully explored with people and this included discussion around potential risks and risk management.

People who used the service were provided with written information about the services offered.

People provided consent to different services and procedures through the course of their consultations and procedures.

Any referrals to other services, including to their own GP, were discussed with people and their consent was sought to refer them on.

### **Privacy and Dignity**

- The manager gave us examples of how the service was set up to protect people's privacy and dignity. For example, there was always a time frame between people attending so that people did not sit in the waiting area with other people.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- All patients were asked if they required a chaperone during procedures.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was providing a responsive service in accordance with the relevant regulations.

### **Responding to and meeting patients' needs**

The provider made it clear to the patient what services were offered and the limitations of the service were clear.

The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. All staff had been provided with training in equality, diversity and inclusion.

Discussions with staff indicated that the service was person centred and flexible to accommodate people's needs.

Individualised reports were provided to patients that were tailored to their particular needs. Patients were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.

### **Timely access to the service**

Patients booked appointments through a central appointments management team. Feedback we received

from patients was that the service was 'timely' and 'prompt'. Patients received the majority of results of their assessment and screening within an hour of having undergone the assessments.

### **Listening and learning from concerns and complaints**

The provider had a complaints policy and procedure and information about how to make a complaint was available for patients. The complaints information detailed that complainants could refer their complaint to the Independent Health Care Advisory Service if they were not happy with how their complaint had been managed or with the outcome of their complaint. The complaints policy contained appropriate timescales for dealing with a complaint.

There was a lead member of staff for managing complaints and all complaints were reported through the provider's quality assurance system. This meant that any themes or trends could be identified and lessons learned from complaints could be shared across the organisation. We found there had been no complaints made for over twelve months. The last complaint had been investigated and the patient had been provided with a timely response.

Complaints were discussed at staff meetings. Although there were few complaints received we did see evidence of learning as a result of complaints.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

We found that this service was providing a well-led service in accordance with the relevant regulations.

### **Leadership capacity and capability;**

The service is provided by Nuffield Health and as such is part of a large organisation providing a range of healthcare services nationally.

The provider had a range of reporting mechanisms and quality assurance checks to ensure appropriate levels of capacity were available at this location.

Processes were in place to check on the suitability of and capability of staff in all roles. Staff in a range of roles told us that managers were approachable, listened and supported them in their roles and responsibilities.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities and the limitations of these. Staff we spoke with felt well supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with good training opportunities linked to their roles and responsibilities and professional development goals.

### **Vision and strategy**

The provider had a clear vision to provide a high quality responsive service that put caring and patient safety at its heart. A business plan was in place and key performance indicators were in place linked to sustainability.

### **Culture**

The service had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process.

The provider had a whistleblowing policy in place and staff had been provided with training in whistleblowing. A whistle blower is someone who can raise concerns about the service or staff within the organisation.

An annual staff survey was carried out to seek feedback from staff. The results of this were collated and analysed to action improvements. Regular staff meetings were also held where staff could suggest improvements to the service.

### **Governance arrangements**

There was a clear organisational structure and staff were aware of their roles and responsibilities. There was a range of service specific policies that were available to all staff. These were reviewed regularly and updated when necessary.

There was a range of processes in place to govern the service in all aspects of service delivery including the clinical aspects of the service. A range of meetings were held including clinical meetings and systems were in place to monitor and support staff at all levels.

Systems were in place for monitoring the quality of the service and making improvements. This included the provider having a system of key performance indicators, carrying out regular audits, carrying out risk assessments, having a system for staff to carry out regular quality checks and actively seeking feedback from patients.

A designated 'Quality and Safety Committee' had oversight of matters relating to the safety and quality of the service. A range of clinical leads had oversight of clinical aspects of the service.

### **Managing risks, issues and performance**

There were arrangements for identifying, recording and managing risks and for implementing mitigating actions. Risk assessments we viewed were comprehensive and had been reviewed.

There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service.

### **Appropriate and accurate information**

Systems were in place to ensure that all patient information was stored and kept confidential.

There were policies and IT systems in place to protect the storage and use of all patient information. Business contingency plans were in place which included minimising the risk of not being able to access or losing patient data.

### **Engagement with patients, the public, staff and external partners**

Patients were actively encouraged to provide feedback on the service they received. This was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved. The provider's system for

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

analysing patient feedback provided a breakdown of patient experience of staff in different roles. The manager gave us an example of how patient feedback on their experiences of reception staff had triggered staff training for reception staff and the feedback had since improved.

## **Continuous improvement and innovation**

There was a focus on continuous learning and improvement at all levels within the service. The manager told us that the provider and staff at this location consistently sought ways to improve the service.

Staff were encouraged to identify opportunities to improve the service delivered through team meetings, the appraisal process and staff surveys.

The manager told us they felt the role of the physiologists was innovative and continuously developing. They described how the training for this role had been developed in line with recognition of changing health needs, changes to care pathways and the provision of holistic care and treatment.

The provider was in the process of reviewing information technology systems across the organisation to improve the effectiveness of access to, and sharing of, patient information.