

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Canova Medical

36A Alderley Road, Wilmslow, SK9 1JX

Tel: 01625529942

Date of Inspection: 13 December 2012

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✗	Action needed
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Canova Medical Limited
Registered Manager	Mr. Angelo Bandiziol
Overview of the service	Canova Medical is a provider of aesthetic and cosmetic plastic surgery treatments. Doctor's consultations and some aesthetic treatments take place at their Wilmslow premise. All cosmetic plastic surgery treatments take place within a hospital setting.
Type of services	Doctors consultation service Doctors treatment service
Regulated activity	Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Cleanliness and infection control	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
Information primarily for the provider:	
Action we have told the provider to take	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 December 2012, talked with people who use the service and talked with staff.

What people told us and what we found

We completed an unannounced inspection visit on 13 December 2012, to Canova Medical. We met and spoke with the registered manager during the course of our inspection, however on the day of the visit there were no patients at the clinic. Therefore following the visit as part of the inspection we spoke to people who used the service about the care and support they received.

One person said: "My care was absolutely perfect for me." They also told us they had opportunities to discuss the treatment had time to consider whether or not to go ahead and they were informed of any risks before they consented. One person told us: "The consultant was fantastic, I was treated with dignity and my views, concerns and fears were listened to and allayed." They also said: "I was treated as if I was their only patient and yet I knew there were others who were having surgery on the same day."

The people we spoke with told us they had no concerns they wished to raise. One person said: "I received good care before and after surgery. I had support from the nurse and the consultant and they were very helpful, in fact exceptional, I have no complaints."

We found that in two of the three staff records reviewed appropriate recruitment checks had taken place however in one staff files we found that appropriate checks had not taken place. This meant that Canova Medical could not always ensure that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 29 January 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The three records we looked at included various consent forms. We saw evidence that permission was sought to request medical information from the person's general practitioner. Consent was sought for any photographs to be taken pre and post treatment as well as consent for the surgery. The manager told us that the hospital maintained and held the theatre records.

The manager informed us that there was a cooling off period, during which time patients were advised to consider all aspects of their chosen treatment.

The patient records confirmed that the risks and benefits of the procedures had been fully discussed with people using the service.

One person who used the service told us: "I felt under no pressure to go ahead, nothing was hurried, I was listened to and the consultant explained everything like the procedure and after care and I felt fully involved in the decision making before I consented to go ahead."

We discussed the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLs) in relation to people receiving treatment at the clinic. We found that the manager had a good understanding of the implications of the MCA. The manager told us that the consultant plastic surgeon always completed the patient consultations at which people's medical history was discussed and documented to ensure they had a full understanding of their mental and physical health and wellbeing.

The manager told us he checked every patient file to ensure they were fully complete and that consents where appropriate were in place prior to booking the person's admission to hospital for their surgery.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The manager told us that they did not perform any surgical procedures at their Wilmslow premises. We saw that the clinic had a consultation and treatment room, which the manager told us, was used for pre and postoperative consultations and aesthetic treatments.

We saw from the records reviewed that people who used the service had surgery within a hospital setting. The manager told us that people had access to appropriate medical emergency services within the hospital setting. Following discharge from hospital people were informed that they should contact their own GP or attend their nearest accident and emergency in the event of any emergency. Otherwise, people attended the clinic for their postoperative follow up appointments with the consultant plastic surgeon.

We reviewed three patient records. We saw that people who used the service were asked about their medical history during their first consultation with the consultant plastic surgeon. They also discussed whether they had any previous surgical history and took any details about their medication. The manager told us they complied with the hospital admissions protocols such as ensuring that people had appropriate checks and investigations prior to admission.

We saw that the plastic surgeon and nurse completed documentation which included a body map which described the surgical site and situation. Within the surgery and treatment plan we saw records were held of any investigations or test results. Before the surgical procedure was carried out the plastic surgeon discussed the person's home circumstances with them, such as whether the person had a responsible adult to take them home after their treatment to look after them for a 24-hour period. The records also contained a copy of the record of any vital sign monitoring such as heart rate, blood pressure, respiration rate, and general wellbeing checks carried out during the procedure at the hospital.

The manager told us that the consultant plastic surgeon at the clinic updated the person's general practitioner about procedures that had been completed when consent had been obtained and where relevant.

One person who had used the service told us: "I received good care before and after surgery. I had support from the nurse and the consultant and they were very helpful, in fact

exceptional, I have no complaints."

We discussed whether the manager had completed any audits of the services they provided, such as reviews of any surgical complications following treatments that had taken place over a 12-month period. The manager told us their patients had not had any severe or moderate complications and evidenced that only a small percentage of people had had minor bruising or swelling. We saw that these were reviewed and monitored by the plastic surgeon at their postoperative reviews and had been resolved quickly and to people's satisfaction.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We saw that the doctors consulting rooms were clean. The registered manager told us that cosmetic surgery was carried out at a hospital and was not carried out on the premises. The practice had policies and procedures in place for the prevention and control of infection.

We looked in the treatment room. We saw that the room was airy clean and tidy with sharps items disposed of safely.

We saw that the hard surfaces were clear, looked clean, and the room was immaculately presented. The manager told us that staff used liquid soap and paper towels to prevent cross infection and promote good hand hygiene.

The manager told us they had a service agreement with an industrial waste specialist for the safe removal of any clinical waste such as sharps.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

Appropriate checks were not always undertaken before staff began work to ensure that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We reviewed three staff personnel files. Two of the three had complete records in place. The records reviewed included curriculum vitae outlining the skills and experience relevant to the roles applied for, references received prior to commencing work and medical health declarations, which had been completed prior to commencing employment.

We identified that the manager did perform checks to ensure that doctors had maintained their registration with their professional bodies, such as the General Medical Council (GMC) including the cosmetic specialist register. However, we saw no records of the checks in place in respect of one staff member, a qualified nurse employed on a session basis. The manager told us they would ensure they had a copy of the nurse's registration and would verify this with the Nursing and Midwifery Council (NMC). This was important, as in order to work as a qualified nurse the staff member must be registered with the NMC. The manager forwarded evidence of the nurses NMC registration to the Care Quality Commission immediately following the visit.

We observed that the necessary security checks were taken up before two of the three staff were employed. These checks included a Criminal Record Bureau police check and two staff references. However, we found there was no record of one staff members CRB or references. The manager informed us that they would ensure they obtained references and CRB checks, which would be held in the staff members personnel file and that until such time as these were received the staff member would not complete any sessions at the clinic.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager told us that Canova Medical gained feedback following people's treatment via testimonials. The manager told us that the testimonials were verified and reviewed to continually improve the service and to learn from comments. The manager told us that to date they had received only positive results from the testimonials and they had received no negative feedback or comments. We saw that people who had completed the testimonials for Canova Medical were happy with the outcome of the treatment they received. The manager told us they were in the process of devising new patient feedback questionnaires.

We saw that Canova Medical had a complaints procedure in place and that people were informed of this when they signed the organisations terms and conditions.

The manager told us they meet informally with the consultant plastic surgeon on a regular basis to discuss the service. The manager told us they would minute future meetings to evidence how they were developing the staff team and how they included their views.

We looked at the services accident and incident records and saw that there had been none in a 12 month period.

The manager had a general environment risk assessment in place which they reviewed regularly.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
	How the regulation was not being met: Appropriate checks were not always undertaken before staff began work to ensure that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 29 January 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
