

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

## Star Clinic

Milton Hall, 244 Deansgate, Manchester, M3 4BQ

Tel: 08717054565

Date of Inspection: 12 December 2013

Date of Publication: January 2014

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

|  |   |                   |
|--|---|-------------------|
| <b>Care and welfare of people who use services</b> | ✓ | Met this standard |
| <b>Requirements relating to workers</b>            | ✓ | Met this standard |
| <b>Staffing</b>                                    | ✓ | Met this standard |
| <b>Complaints</b>                                  | ✓ | Met this standard |
| <b>Records</b>                                     | ✓ | Met this standard |

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | Star Clinic Limited   |
| Registered Manager      | Dr. Andrea Marando  |
| Overview of the service | Star Clinic is located in Manchester and provides a range of surgical and non-surgical cosmetic treatments for private fee paying adults. |
| Type of service         | Doctors consultation service  |
| Regulated activity      | Surgical procedures   |

## 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 |
|--|------|
| <hr/>  |      |
| <b>Summary of this inspection:</b>                 |      |
| Why we carried out this inspection                 | 4    |
| How we carried out this inspection                 | 4    |
| What people told us and what we found              | 4    |
| More information about the provider                | 4    |
| <hr/>  |      |
| <b>Our judgements for each standard inspected:</b> |      |
| Care and welfare of people who use services        | 5    |
| Requirements relating to workers                   | 7    |
| Staffing   | 8    |
| Complaints   | 9    |
| Records  | 10   |
| <hr/>  |      |
| <b>About CQC Inspections</b>                       | 11   |
| <hr/>  |      |
| <b>How we define our judgements</b>                | 12   |
| <hr/>  |      |
| <b>Glossary of terms we use in this report</b>     | 14   |
| <hr/>  |      |
| <b>Contact us</b>                                  | 16   |

## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 December 2013 and talked with staff.

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### What people told us and what we found

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We were not able to speak with any people who use the service because no treatments or services took place at the time of our inspection. We looked at a selection of quality survey responses from 12 people which showed that the feedback from people who use the service was generally positive.

We found that people who use the service received care and treatment in a way that met their needs and preferences. People were cared for by staff that had been through the appropriate recruitment checks. There were enough qualified, skilled and experienced staff to meet people's needs.

We found that there was an effective complaints system available, in case anyone wished to raise a complaint. People's medical records contained enough information to show how they were to be supported and cared for.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

During the inspection, we spoke with the registered manager, who was also the principal plastic surgeon. The registered manager told us they provided cosmetic treatments and services for private fee paying adults. The majority of people who used the service self-referred. The registered manager told us that approximately 134 people underwent surgical procedures and approximately 30 people received non-surgical treatments during the past year.

The clinic offered a range of cosmetic surgical treatments, including face and breast surgery. The clinic also offered non-surgical cosmetic treatments, such as Botox. The registered manager confirmed all surgical procedures were carried out at a number of private hospitals and procedures were carried out in line with their procedures. The clinic was only used to carry out consultations and for some minor non-surgical treatments.

When a person was first referred to the service, they underwent an initial consultation with the registered manager. During the consultation process, people were asked to sign consent forms, complete a medical history questionnaire and were given information and leaflets relating to the available treatment options. The registered manager also carried out a screening process to check that the person receiving treatment was physically fit to undergo surgery.

During the visit, we looked at three people's medical files. These were complete and up to date and included consultation notes, records of surgical procedures and follow up appointment records. The records we looked at showed that the treatment or procedures carried out were specific to each person and based on their needs and preferences.

The registered manager told us that if a person had a specific medical condition, such as heart problems, then written consent was sought from their General Practitioner (GP) and input from a cardiologist was sought before they could proceed with any treatments or services. We saw evidence of this in the medical files we looked at.

The registered manager told us that routine follow up appointments were carried out after a procedure. The records we looked at showed that people received routine follow up consultations to assess whether there had been any changes in their general health and well-being.

The provider had a number of emergency procedures in place, which identified and mitigated the risks arising from emergencies that could affect the provision of care.

The provider did not have a business continuity plan but there were number of emergency procedures in place, which identified and mitigated the risks arising from emergencies that could affect the provision of care. We saw that there was equipment in place to deal with medical emergencies, such as an emergency drugs pack.

The provider may wish to note that the drugs pack did not contain a number of items, including Aspirin 300mg tablets and Hydrocortisone Sodium Phosphate injection. The registered manager told us these items had been removed because they had expired but had not yet been replaced.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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The provider had a number of policies in place which provided staff with guidance relating to staff recruitment, conduct and disciplinary and grievance procedures.

The registered manager told us that during recruitment, they obtained at least two references and carried out full enhanced Criminal Records Bureau (CRB) disclosure checks (now known as Disclosure and Barring Service (DBS) checks) on new recruits before they commenced employment. Staff did not commence employment until the provider had completed the relevant checks.

During the inspection, we looked at one staff file, which showed that identification and disclosure checks had been carried out and references had been obtained before staff commenced employment. The registered manager told us that references were verified to confirm their authenticity. The staff files were stored and maintained on site by the registered manager.

The registered manager told us that if a new recruit had a prior conviction on their disclosure check, they would carry out an assessment to determine if the person was suitable for employment.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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The overall responsibility for the service was with the registered manager, who was also the principal plastic surgeon. The registered manager was supported by a medical secretary.

The medical secretary was based on site during weekdays and the registered manager carried out consultations on specific days. The registered manager told us they were adequately resourced to meet the needs of the people who use the service and had sufficient staff to cover for any absence.

The provider had arrangements in place with another consultant who could provide support for people using the service during periods of leave. A former staff member was also available to provide cover for the medical secretary during periods of leave or absence.

We looked at the registered manager's files, which showed that records such as general medical council registration certificates and indemnity insurance certificates were available and up to date.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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The provider had a complaints policy in place which outlined the process for reporting and investigating complaints. Copies of the complaints policy were displayed in the waiting area. The information provided in the complaints policy included contact details for external agencies such as the Care quality Commission (CQC).

The complaints policy stated that if a complaint was received, it would be acknowledged within two working days and investigated and responded to within 20 working days. The registered manager was responsible for reviewing and analysing complaints data to look for improvements to the service.

The registered manager told us that they had received one formal complaint during the past year. We looked at the complaints book, which included details of the complaint and saw that appropriate actions had been taken to address the concerns raised.

The provider sought feedback from people who use the service through annual quality feedback surveys, which were given to people using the service after their treatment had completed. We looked at a sample of 12 responses received during 2013 and the feedback received was generally positive.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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During the inspection, we looked at a number of paper based records, including people's medical records, correspondence letters, staff records and policies and procedures. These were complete and up to date, with no missing information and few documentation errors. The provider had processes in place for reviewing and monitoring records such as medical records, to ensure they were accurate, relevant, complete and up to date.

Paper copies of the provider's policies and procedures were available in the staff office. The policies were reviewed and updated on an annual basis by the registered manager, who had arrangements in place with an external consultancy to maintain and update policies and procedures.

We found that medical records and staff files were stored in lockable cabinets in the staff offices. The registered manager told us that access to confidential and personal records was restricted and monitored. The provider had policies in place for data protection and confidentiality that staff had to adhere to.

The registered manager was able to provide the records we requested in a timely manner. There was a policy in place for retaining and archiving records to ensure documents were retained in line with national guidelines. The registered manager told us they retained records for up to eight years and archived these at an external location. Access to the archived records was controlled and restricted.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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