

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

Tonic Cosmetic Surgery Centre

34 Regent Street, Nottingham, NG1 5BT

Tel: 08452190018

Date of Inspection: 11 December 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Tonic Cosmetic Surgery Limited
Registered Manager	Ms. Kay Franklin
Overview of the service	<p>Tonic Cosmetic Surgery Centre Ltd, Nottingham is owned by Kay Franklin. They provide a consultation service without overnight beds.</p> <p>The location is registered to provide, Diagnostic and screening procedures.</p>
Type of services	<p>Doctors consultation service</p> <p>Doctors treatment service</p>
Regulated activity	Diagnostic and screening procedures

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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 11 December 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

People who used the service were given information to help inform their decisions. The clinic manager and surgeon told us that when people chose treatments they were presented with detailed information. This included information on treatments and the risks and benefits of the procedures. We spoke with two people who used the service who confirmed this.

Privacy and dignity was maintained for people who used the service. A chaperone policy and procedure was in place. People who used the service told us their dignity and privacy was protected at all times.

The provider had basic emergency procedures in place. Staff told us they understood how to care for people in an emergency.

People who used the service told us they were satisfied with the consultation they had received.

The clinic manager had received an appraisal in 2013. The provider had systems in place to ensure permanent staff had up-to-date appraisals and training.

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

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People who use the service understood the care and treatment choices available to them and were given appropriate information and support regarding their care or treatment.

Reasons for our judgement

The clinic manager told us prior to first appointment, people were sent information about the procedure they were interested in along with a letter outlining 'what would happen on the day of their appointment'. They were also sent the surgeon's qualifications and professional registration number. People were also sent a medical history form to complete which detailed the fact that they would be told of the probable results, risks and complications of the procedure by the surgeon.

We spoke with two people who had used the service and they told us they had received information on their chosen procedures along with a medical history form to complete. One person who used the service said, "The surgeon explained everything really well, I had a number of questions but did not need to ask any of them as he went through everything and repeated it if I looked confused".

We read a treatment record and saw evidence that demonstrated people had been provided with information on their procedure. We read another person's treatment record and saw that the surgeon had refused to carry out the chosen procedure on the grounds that it was not the right procedure for the person's medical condition. We also noted that the person had been given alternatives to surgery and advice on healthy living. This meant that people who used the service understood the care and treatment choices available to them and were given appropriate information and support regarding their care or treatment.

We observed that discussions about treatment occurred in the treatment room and were private and confidential. The service had a chaperone policy in place and we saw the clinic manager chaperone two people who were using the service when they were with the surgeon. Two people who used the service told us the chaperone was there throughout and their dignity and privacy was protected at all times during their consultation. This meant the service was treating people with dignity and respect.

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

Our judgement

The provider was meeting this standard.

People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan.

There were arrangements in place to deal with foreseeable emergencies.

Reasons for our judgement

The clinic provided a consultation service for people who wanted cosmetic procedures such as breast enhancement. Surgery was later conducted at one of two private hospitals in the locality. The clinic also provided non-regulated cosmetic services for people who chose Botox treatments for a range of reasons such as excessive underarm perspiration.

We spoke with the consulting surgeon who told us he obtained a full medical history and explained the procedure including the risks and benefits to the person who sought treatment. He said he gave the person time to think through whether or not to go ahead with the procedure. The surgeon explained that there was a 'cooling off' period and people who wanted to use the service would not be treated for at least three weeks to give them time to think carefully about the risks and benefits. We spoke with a person who used the service who told us, "The surgeon made more of the risks than the benefits and even went through the risks first".

We read the two available treatment records and saw completed medical history forms, which were signed and dated by the person who used the service and we read medical notes completed by the surgeon. Consent forms were not seen as these were completed just prior to the treatment being performed. This was confirmed by a person using the service who told us their consent to treatment was not sought. It was their understanding that they would consent if and when they went ahead with the procedure. This meant that people who use the service were given information and time to reflect on whether to go ahead with a procedure.

The clinic manager explained to us how she would deal with an emergency and told us they would call 999. We read the clinic policy for medical emergency which confirmed what the manager told us. The surgeon also explained he would commence basic life support in an emergency situation which further demonstrated staff understood the policy and the procedure. This meant there were arrangements in place to deal with foreseeable emergencies.

We then read the service's policy on resuscitation which outlined that advanced life support would be carried out by their surgeon if they were at the clinic. The surgeon told us he was no longer trained to carry out advanced life support. The policy further detailed that anaphylactic drugs were always on site along with oxygen. We did not see any oxygen in the treatment room. The provider may find it useful to update the policy on resuscitation to reflect the fact that only basic life support would be carried out.

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 seen in a clean, hygienic environment.

Reasons for our judgement

The clinic consisted of two rooms. One of these was used for consultation and the other was used as an office. The clinic manager told us the rooms were cleaned four times a week. We were unable to speak with the cleaner and there was no cleaning schedule or record of cleaning. We saw that rooms were clean and there were arrangements in place for the disposal of clinical waste. We were told that sharp instruments and needles were disposed of in a sharps bin. We saw the sharps bin and clinical waste bags in the consulting room. We read a service contract for the removal of clinical waste and saw it was in date. The service had a policy for the disposal of clinical waste and cleaning, disinfection and sterilisation. Gloves were available and one person who used the service told us the consulting surgeon had washed his hands before and after he examined them. This meant there were effective infection control arrangements in place.

We were told by the clinic manager that the registered manager was the infection control lead for the clinic. We read the infection control policy but it did not outline who the lead was and their responsibilities. We read a monthly clinical audit dated April 2013 that indicated, in the previous two months, post operative infections had been audited. The provider may find it useful to note that an infection control lead should be identified and their role and responsibilities outlined in the policy.

We read a hepatitis B antibody record for a member of staff dated 2004. We were not provided with evidence that the member of staff had current hepatitis B immunity. This meant that there were no effective systems in place to ensure staff had hepatitis B immunity and the provider may find it useful to obtain the most recent antibody record for all clinical staff.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

The service did have systems in place to ensure permanent staff were properly trained and supervised.

Reasons for our judgement

A surgeon, registered nurse, clinic manager and registered manager worked within the clinic. Not all staff were at the clinic when we visited. We were told by the clinic manager that the registered nurse carried out non-regulated activities such as Botox and other fillers.

We spoke with the surgeon about access to training and appraisal. He informed us he had conformed to his profession's continuing professional development requirements (CPD) and had accrued CPD points. He told us his appraisal was carried out through his NHS work. We asked the registered manager to provide evidence of the surgeon's CPD, training and annual appraisal. The provider did not have these records and relied on the surgeon to provide them for us. The provider may find it useful to note that records of all staff appraisals, supervision, CPD and training should be kept by the service and reviewed on a regular basis.

We spoke to the clinic manager who told us she had attended training in sales in 2013 and we noted she had attended training on safeguarding adults on 21st November 2012. The clinic manager told us she had regular supervision with the registered manager and we saw evidence of an appraisal dated 30th October 2013. We asked the clinic manager how she would raise concerns. She explained that she would talk to her manager and said she felt, "Massively supported by her manager." The provider had a policy and procedure in place entitled 'Workers Concerns' that outlined how to express concerns of poor practice.

This meant the provider did have a system in place to ensure permanent staff had been appraised regularly.

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.

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.

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