

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

London Bridge Plastic Surgery

54 Wimpole Street, London, W1G 8YJ

Date of Inspection: 19 June 2013

Date of Publication: July 2013

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

Fees	✓ 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	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	London Bridge Plastic Surgery Limited
Registered Manager	Mr. Christopher Inglefield
Overview of the service	London Bridge Plastic Surgery provides a range of cosmetic surgery treatments to adults on a private basis. They are located in the Marylebone region of central London.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Surgical procedures 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
<hr/>	
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
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Fees	6
Care and welfare of people who use services	7
Cleanliness and infection control	8
Requirements relating to workers	9
Complaints	10
<hr/>	
About CQC Inspections	11
<hr/>	
How we define our judgements	12
<hr/>	
Glossary of terms we use in this report	14
<hr/>	
Contact us	16

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 carried out a visit on 19 June 2013, talked with people who use the service, talked with staff and reviewed information given to us by the provider.

We also looked at the results of recent patient feedback.

What people told us and what we found

Costs of treatment were made clear to people using the service. People that we spoke with confirmed this.

People that we spoke with described the service as "fantastic" and "amazing" and said that they had completed medical questionnaires. Written information was provided to people on how to look after themselves following surgery which included details on taking medications, eating and drinking, activities and exercise. The service also provided aftercare advice to people who would be looking after the patient at home.

People using the service told us that it was always clean. There was a policy and procedure in place for reducing the risk of infection.

Appropriate checks were undertaken before staff began work. These included staff's right to work in the UK, Disclosure Barring Service checks, their professional registration, Hepatitis B status and health checks to ensure that they were fit to work.

We saw the provider's record of complaints as well as details of their review and the actions taken in response to them. At the time of the inspection no recent serious complaints had been received.

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

Fees

✓ Met this standard

People who pay for a service should know how much they have to pay, what they are paying for, how to pay, and when to pay for it

Our judgement

The provider was meeting this standard.

The cost of treatment was made clear to people using the service.

Reasons for our judgement

Costs of treatment were made clear to people using the service. People that we spoke with confirmed this. Written information on guide prices for treatment was made available at the initial consultation. Following discussions with staff and a medical examination people were provided with a specific cost for their proposed treatment. This included a break down of what the costs were for each individual aspect of the treatment including the initial consultation, the procedure itself and follow-up appointments. Further information provided to people included details about when payments were due, any deposits to be paid and any separate hospital costs that may be incurred.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Before people's first consultation they were asked to complete a medical history questionnaire which asked appropriate questions about medical conditions and allergies. This was discussed with the doctors at the initial consultation. People would be seen by the doctor on the day of their surgery after their procedure had been completed, would be spoken to on the phone in the week after and then further follow-up appointments were arranged at the surgery as necessary.

People that we spoke with described the service as "fantastic" and "amazing" and said that they had completed medical questionnaires. We looked at the results of the patient feedback collected during 2012. The majority of people who responded described the service as "excellent" in terms of discussing the risks and side effects of treatment. When asked to rate their experience during their treatment or procedure the majority of respondents gave the service four or five out of five.

Written information was provided to people on how to look after themselves following surgery which included details on taking medications, eating and drinking, activities and exercise. The service also provided aftercare advice to people who would be looking after the patient at home.

There were arrangements in place to deal with foreseeable emergencies. Aftercare information featured contact details for the service outside of normal office hours. Staff had been trained in what to do in a medical emergency, and there was resuscitation procedure in place. The service had emergency drugs and equipment and regular checks were made on these to ensure that they were in date and in good working order.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. People using the service told us that it was always clean. On the day of the inspection the service was clean and tidy. There were hand washing facilities available in the clinical rooms. Alcohol gel and gloves were available throughout. There were appropriate facilities for the disposal of general waste and clinical waste, including sharp items. Nurses were responsible for cleaning patient contact surfaces between patients and an external cleaning company attended the service daily to do the general cleaning. There was a set list of cleaning tasks to be undertaken and checks were made to ensure that these all happened. The service only used single-use equipment and disposed of it appropriately after use.

The service conducted infection control audits to monitor the standard of cleanliness of the service. This covered appropriate areas such as hand hygiene, waste disposal and cleaning tasks. In the last audit in December 2012 no significant issues had been found. Senior practitioners also monitored the infection rates following procedures. There was an infection control policy and procedure in place.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective recruitment and selection processes in place. There was a recruitment policy and procedure in place. This included details around information required in applications and interview questions. Clinicians would be asked at interview about their approach to providing care and treatment as well as about specific clinical scenarios. The work of clinical staff would also be observed in their current place of employment.

Appropriate checks were undertaken before staff began work. These included staff's right to work in the UK, Disclosure Barring Service checks, their professional registration, Hepatitis B status and health checks to ensure that they were fit to work. Prospective staff were also asked to supply references.

The recruitment policy also stated that if concerns arose about a member of clinical staff they would be referred to their professional regulator as appropriate.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People had their comments and complaints listened to and acted on. There was a complaints policy and procedure in place. This covered details about recording and reviewing complaints, as well as responding to complainants. Details of this were included in the patient brochure. People could also provide feedback on the provider's website or using the patient feedback forms.

We saw the provider's record of complaints as well as details of their review and the actions taken in response to them. At the time of the inspection no recent serious complaints had been received.

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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