

Star Clinic

Inspection report

Milton Hall
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (This service was previously inspected December 2013 but was not rated)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

Star Clinic is a private clinic specialising in plastic and cosmetic surgery related consultations, treatments and surgery based in Manchester

The Doctor is the registered manager. 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

We carried out an announced comprehensive inspection at Star Clinic on 22 September 2021 as part of our inspection programme and to provide a rating for the service.

Our key findings were:

At this inspection we found:

- The premises were used for pre-treatment consultations with patients and post-treatment follow up reviews and fit for purpose. Surgical procedures were undertaken at private hospitals and not on the premises that we inspected.
- There was an open and transparent approach to safety and an effective system in place to report and record incidents.
- There were well established governance and monitoring systems which were effectively applied.
- There were systems and processes in place to safeguard patients from abuse and staff were able to access relevant training to keep patients safe.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection.
- The clinicians were aware of current evidence based guidance and had the skills and knowledge to deliver effective care and treatment.
- All members of staff had and maintained the necessary skills and competence to support patients.
- The service had arrangements in place to respond to medical emergencies.
- Information about services and how to complain was available
- There was a clear vision to provide a personalised, high quality service.
- The provider had systems in place to monitor the quality of their treatment and make improvements where necessary.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Star Clinic

Star Clinic is a private clinic specialising in plastic and cosmetic surgery related consultations, treatments and surgery. Only patient consultations take place at the Star Clinic location. For patients who elect to have surgery, this is carried out within the surgical facilities at private hospitals where the doctor has practising privileges.

The provider is registered at:

Milton Hall

244 Deansgate

Manchester

M3 4BQ

www.starclinic.co.uk

Star Clinic has a consultation room, treatment room, a waiting room and bathroom facilities for patients to use.

The clinic is open from 9am to 5pm Monday to Friday. The team consists of the lead consultant surgeon and medical secretaries.

Star Clinic is registered with the Care Quality Commission (CQC) to provide the following regulated activity: Surgical procedures

The provider delivers regulated activities and has practicing privileges at private hospitals in Cheshire and Lancashire. These locations were not visited as part of this inspection.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider before the inspection.
- A short site visit
- Asking the provider to share details with people using the service to give feedback on care via the CQC website.

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.

Are services safe?

We rated the key question safe as Good because:

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

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard vulnerable adults from abuse.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The service had a policy to carry out Disclosure and Barring Service (DBS) checks for all staff. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control, this included regular audits and additional measures were put in place in line with government guidance following the COVID 19 pandemic.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- Clear risk assessments had been developed to ensure the service complied with the most up to date government guidance in relation to the COVID 19 pandemic.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong. However, there had been no incidents recorded at the time of the inspection.

- There was a system for recording and acting on significant events and incidents. The provider understood their duty to raise concerns and report incidents and near misses. There was a process to review and investigate if things went wrong. At the time of the inspection there were no examples of learning because there had been no incidents recorded.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated the key question effective as good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make informed decisions as to whether a person was suitable for surgery. It was evident the service would reject treatment that would be unsafe or unsuitable for any patient.
- A full explanation was given if the service deemed, they were unable to perform the procedure or if they thought the procedure was unsuitable for the patient.
- Patients had a minimum of two consultation prior to any procedure being performed which included a full medical history and detailed outline of the proposed procedure, risk and benefits.
- The surgeon kept up to date with current evidence-based practice and had established a peer group with five other surgeons as a means of sharing learning, keeping up to date and having discussions with clinical colleagues, and hospital management.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Some patients came back to the clinic for different procedures.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements and had access to peers and specialists in the field to review work and discussion of complex cases.
- The service made improvements through the use of completed audits. These included audits of patients record and consent forms, patient satisfaction survey and reviews.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The provider who undertook all procedures, was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, when surgical procedures were taking place with the independent hospital.
- Before providing treatment, clinical staff ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We were provided with examples of patients being signposted to other specialist services, or information requested from the patient's consultant, or GP where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP where appropriate. The clinic wrote directly to GPs, where appropriate outlining the procedures patients had received.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- We saw formal written consent was obtained for each procedure provided and included discussion around benefits, risks and any possible complications before any procedures were undertaken. Patients were asked if they consented to information, if appropriate, being shared with their GP and this was documented.

Are services caring?

We rated the key question caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The feedback forms asked questions about the quality of care received. The results were then reviewed. Feedback from patients was positive about the way staff treat people and this was consistent with the five-star reviews seen online.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were arranged for patients who did not have English as a first language.
- The provider had consent form officially translated into different languages for patients where required.
- Feedback sought by the provider and online reviews showed patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Patients were seen in the privacy of the consulting room to maintain privacy and dignity during consultations or treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- A chaperone was available at all appointments.

Are services responsive to people's needs?

We rated the key question responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- At the time of the inspection the service has not received any complaints.
- The service had complaint policy and procedures in place, and they had system in place to keep patients informed of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services well-led?

We rated the key question well-led as Good because:

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

Culture

The service had a culture of high-quality sustainable care.

- Openness, honesty and transparency were demonstrated, and the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Are services well-led?

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work, including the development of multi-disciplinary meetings with other surgeons to share learning and good practice.