

# B Matti Company Limited

## Inspection report

Flat 2  
30 Harley Street  
London  
W1G 9PW  
Tel: 02076379595

Date of inspection visit: 4 August 2022  
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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.** (Previous inspection January 2019, where the service was not rated.)

The service was rated overall as Good.

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

We carried out an announced comprehensive inspection at B Matti Company Limited,

Flat 2, 30 Harley Street, London W1G 9PW, to enable the Commission to provide a quality rating for the services provided.

The provider is an aesthetic (plastic) surgeon who offers consultations pre and post operatively for aesthetic surgery at private clinic rooms. The provider then performs the surgery within a designated hospital.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The lead clinician 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service used an online patient feedback service, where they had sought feedback prior to the inspection, they submitted ten reviews which were all five stars and made positive comments.

## Our key findings were:

- Systems and processes were in place to keep people safe. The service lead was the lead member of staff for safeguarding and had undertaken adult and child safeguarding training.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The provider assessed patients' needs, prior to their operation, and following the operation offered the patient's time to consider their decision to agree to surgery and informed patients about the cost of the procedures.
- The service obtained consent to care and treatment in line with legislation and guidance.

# Overall summary

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The service had an infection control policy and procedures were in place to reduce the risk and spread of infection.
- The service shared relevant information with other services appropriately and in a timely way.
- The service had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider **should** make improvements are:

- Consider carrying out further internal audits to ensure best practice and the safety of treatments.
- Check the risk assessment for the common areas in the building includes that the service stored oxygen on the premises.
- Encourage staff to complete their sepsis training.
- Continue to document internal staff meetings and review the service policies.
- Record the fridge temperatures as recommended in the manufacturer's instructions.

**Dr Sean O'Kelly**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who was supported by a GP specialist adviser.

## Background to B Matti Company Limited

The service B Matti Company Ltd is located at.

Flat 2

30 Harley Street

London

W1G 9PW

Website; [www.bm-plasticsurgery.com](http://www.bm-plasticsurgery.com)

The premises consisted of a reception room, consultation room and treatment room, with separate offices for non-clinical staff. The practice manager explained that disabled access was available using the basement entrance and the lift. The provider is the sole doctor, and they are supported by a practice manager, practice nurse and two administration staff members.

The provider is an aesthetic (plastic) surgeon who offers consultations pre and post operatively for aesthetic surgery at private clinic rooms. The provider then performs the surgery within a designated hospital. In addition, the service offered minor surgery carried out on the premises

and botulinum toxin, used for the treatment of increased sweating or acne.

The service is open from 9am to 5pm Monday to Friday and appointments with the provider were available on a Tuesday and Thursday. Later appointments could be made by prior arrangement.

### How we inspected this service

The methods that were used, for during this inspection were:

- A site visit to the location.
- Reviewing documents and records.
- Interviewing the lead clinician and staff.
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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 safe as Good because:

### Safety systems and processes

- The premises were a private flat and the provider had conducted proper safety assessments and policies for their premises and had oversight of the common areas risk assessments. These were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their training.
- The provider was the sole doctor in the service and was supported by a practice manager, a practice nurse, and an administrator. All had worked at the service for over fourteen years. All had a Disclosure and Barring Service (DBS) checks in place. (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).
- At the time of the inspection, the service held the immunisation status for the clinical staff only. Following the inspection, the manager arranged for the immunisation status of the two staff to be reviewed.
- The service had systems to safeguard vulnerable adults from abuse. The provider had reviewed their safeguarding policy in January 2022. With the exception of the provider who had their safeguarding level three training booked for 10 August 2022, staff had completed safeguarding training to the appropriate level and preventing radicalisation training. The provider did not see people under the age of 18 years. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The provider had made changes to respond to the pandemic and used single use surgical equipment. All staff had completed infection prevention and control training in the previous 12 months. In response to the soft furnishings in the waiting rooms and consultation room the practice implemented a risk assessment, which included a schedule of cleaning.
- 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 took into account the profile of people using the service and those who may be accompanying them. The provider had recently refurbished the bathroom and put in a new shower and implemented a running of the shower system twice a week to prevent legionella.

### Risks to patients

- When the service was closed, staff explained patients could contact the hospital where they had their operation, and they would be seen by the doctor at the hospital. For serious issues the hospital would contact the provider. For minor surgery carried out at the service, the staff gave patients an emergency contact number that was answered by a member of staff at the service.
- The nurse and provider informed us that to ensure patient continuity of care they did not take leave at the same time. When the nurse was unavailable, a nurse who had previously worked at the service full time, now worked in an ad-hoc basis to provide cover.
- The provider understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Staff had completed or were booked to complete their basic life support training.
- The service had oxygen and suction on the premises, and a first aid box, which the nurse checked weekly. The service had recently purchased a defibrillator and staff were awaiting training.
- The provider held some medicines to treat medical emergencies they were likely to face, and we saw that these were in date and stored appropriately. These included adrenalin, hydrocortisone, chlorphenamine for injection and glyceryl trinitrate (GTN).

# Are services safe?

- The provider had medical indemnity arrangements and public liability insurance in place to cover any potential liabilities that may occur.
- Although, staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention, they had not completed training in sepsis. Immediately following the inspection arrangements were made for staff to complete this.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

- 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.
- 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 ceased trading, and this was included in the services contingency plan.
- The provider only saw patients over the age of 18. To ensure this all patients were asked their date of birth and a full medical history was taken. If this did not confirm the age, further evidence of age and identity would be sought.
- The provider obtained patients NHS GPs' details, and with the patients consent would routinely contact the GP due to the risk of infections.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- Prior to and following the operation staff provided patients with written information about their pre and post-operative procedures and care.

## Safe and appropriate use of medicines

- The provider wrote patient prescriptions on headed notepaper. Staff kept the headed notepaper in a locked cabinet.
- The service stored medication in a secure cabinet and had a system in place to audit the medication.
- Any medication used, that required refrigeration, was stored following the manufacture's guidance. The provider had a fridge that held the botulinum toxin (Botox) and Proxymetacaine hydrochloride eye drops, solution. The nurse checked the average temperature weekly to ensure it was between two and eight degrees centigrade and followed the manufactures guidance. However, the manufactures guidance for botulinum toxin states there should be monitoring of the temperature of the refrigerator on each working day using a calibrated maximum-minimum thermometer or other approved monitoring device. Following the inspection, the service told us they had implemented a daily check and submitted a copy of the new form to record this on.
- The provider explained patients were provided with information about medicines they were prescribed, including the benefits, possible side-effects and what to do if they experienced an adverse drug reaction.
- The provider did not stock controlled drugs.

## Track record on safety and incidents

- The service manager was unsure if the risk assessment for the common areas in the building included that the service stored oxygen on the premises. The practice manager agreed to follow up the risk assessment to make sure this was included.
- 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

# Are services safe?

- The provider and the nurse understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and report them internally and externally where appropriate.
- 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 a system in place for knowing about notifiable safety incidents.
- The provider had not reported a significant event at the service in the last 12 months. However, the provider could clearly describe what actions they would take, and the service had a policy in place that instructed staff of the actions to take should an event occur.
- The provider had arrangements in place to receive and comply with patient safety alerts, recalls, and rapid response reports issued by the Medicines & Healthcare products Regulatory Agency (MHRA) and the Independent Doctors Federation. We saw evidence that the service reviewed patient safety alerts and considered which were applicable to the service.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We looked at the care records of five patients who had treatments carried out in the last 12 months and found the care and treatment provided was satisfactory. Clinicians had enough information to make or confirm a diagnosis. Patients were provided with the costs of the services and provided with time to make the decision about their care and treatment.
- Prior to any operation, the provider normally saw patients three times. At the first appointment the provider advised the patient of the process, procedure, and outcome. Then offered a second follow-up appointment in two weeks to allow the patient to have a 'cooling off' period. At the second consultation, the provider discussed the procedure again and confirmed the patient's decision to go ahead with the surgery. A third appointment was then carried out to agree the date and time of the operation. The patient would also have pre-operative tests carried out either at the consultation rooms on the premises or at the hospital where the operation would take place. The patient also received a letter summarising what had been agreed at the consultations.
- Following the operation and dependent upon the procedure undertaken, the nurse, or doctor saw patients within five to seven days to remove any sutures. The provider then offered patients a six-week, six month and annual review.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

## **Monitoring care and treatment**

- The provider routinely collected information about the outcomes of the patient's care and treatment. The British Association of Aesthetic Plastic Surgeons (BAPS) audit reviewed all the procedure the provider carried out each year. The data covered the type of procedure and whether the patient had any side effects from the operations.
- The service had a quality improvement and governance policy, which was last reviewed in January 2022. This described the importance of clinical audit to evaluate and measure the procedures used for treatment and care.

## **Effective staffing**

- All staff were appropriately qualified.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and were 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.
- The lead clinician was a member of Independent Doctors Forum, British Association of Aesthetic Plastic Surgeons, Chelsea Clinical Society, International Society of Aesthetic Plastic Surgeons and Rhinoplasty Society of Europe.

## **Coordinating patient care and information sharing**

- The provider liaised with an anaesthetist and the hospital to arrange the operations. Staff shared patient records with the appropriate clinical staff with the patient's consent.
- On discharge from the hospital staff confirmed the hospital provided them with a discharge summary.
- All referral letters, photographs, procedures and discharge information were given to the patient to be forwarded to the NHS GP.



# Are services effective?

- The provider informed patients about any test results by e-mail or by telephone if urgent.
- The service sought patient's consent to send all communications to their NHS GP if the patient was normally a resident in the U.K.
- Pathology results were sent to an independent laboratory, any abnormal results were followed up promptly.

## Supporting patients to live healthier lives

- Where appropriate, staff gave people advice so they could self-care.
- Staff asked patients who smoke to stop or cut down following the surgical procedure to aid wound healing.
- Staff discussed weight management with patients who had undertaken the procedure for the removal of fat by suction (liposuction).

## Consent to care and treatment

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The provider had made information and support available to help patients understand the care and treatment options and costs.
- The provider ensured all patients had a minimum of a two-week cooling off period to decide if they wanted to continue with aesthetic surgery following their first consultation.
- All patients signed consent forms for the operations at the practice and in the hospitals.
- The doctor understood and applied the legislation and guidance regarding consent. This included the Mental Capacity Act 2005.
- The provider did not see patients under the age of 18 years.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

- Feedback from patients was positive about the way staff treated people.
- 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**

- The provider ensured patients had time to review and consider the advice given; they offered three consultations prior to surgical procedures and ensured a cooling off period prior to surgery.
- The practice manager explained how they ensured patients were fully informed about the costs of the procedures following the initial consultation.
- The provider did not use an interpretation service, where necessary the provider was able to interpret themselves. In addition, relatives or friends often accompanied patients when their first language was not English.
- The service used an online patient feedback service, where they had sought feedback prior to the inspection, they submitted ten reviews which were all five stars and made positive comments. The comments included the service provided enough information about the procedures.

## **Privacy and Dignity**

- The premises protected patients' privacy and dignity.
- Staff recognised the importance of patients' dignity and respect.
- The practice manager explained the procedures they had in place to ensure patients confidentiality. For example, the service used secure e-mail.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs:**

- 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.
- The provider used the premises to carry out patient consultations prior to surgery. The provider offered the patient's the choice of two hospitals where the surgery could be carried out.
- The premises consisted of a reception room, consultation room and treatment room, with separate offices for the non-clinical staff. The practice manager explained that disabled access was available using the basement entrance and the lift.

## **Timely access to the service**

- The service was open 9am to 5pm each day and appointments with the provider were available on a Tuesday and Thursday. Later appointments could be made by prior arrangement.
- At the time of the inspection, the service did not have any waiting lists and a patient could be seen within 14 days.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

## **Listening and learning from concerns and complaints**

- The service had a complaint policy and procedure in place, which was last reviewed in July 2022. There was a complaints procedure, which was available in the main reception.
- The practice had not received any complaints in the last 12 months.
- When patients were unsatisfied with the provider's response to their complaint, the provider referred the complaint to the indemnity scheme.

# Are services well-led?

## We rated well-led as Good because:

### Leadership capacity and capability;

- The provider was a sole doctor, who was supported by a practice manager, a nurse, and administration staff.
- The provider was visible in the service and approachable.
- The provider understood the challenges to the service and what actions they had to take to address them.
- The service did not have a succession plan. This was because the service offered the provider's professional speciality in aesthetic surgery; if the provider retired this could not be replaced as the service was based on their reputation as a surgeon.

### Vision and strategy

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

- Staff told us they felt supported and respected by the provider.
- The practice manager and provider were open and honest. Staff understood the importance of being able to raise concerns without fear of retribution.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- All staff received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

- The provider had systems and staff in place to support the delivery of the service.
- The practice manager and provider had developed policies and procedures for the service. The service had a quality improvement audit in place to help ensure the quality of care.
- The provider and the practice manager were clear about their roles, understood their accountability, and said they worked well together.
- The provider and practice manager held regular informal team meetings; however, these were not recorded. Following the inspection, the provider put in place a set agenda to ensure the meetings were documented.

### Managing risks, issues and performance

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.

# Are services well-led?

- 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 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.
- The practice held current patient records in locked filing cabinets in the administration office.
- The provider had a business continuity plan in place to ensure the safe keeping of patient records in the event of the service having to close.

## Engagement with patients, the public, staff and external partners

- The service used an online patient feedback service, where they had sought feedback prior to the inspection, they submitted ten reviews, which were all five stars and made positive comments.
- The service was comprised of the provider, a nurse and two administration staff who worked and engaged together daily.

## Continuous improvement and innovation

- The provider was the United Kingdom secretary for ISAPS, (International Society of Aesthetic Plastic Surgery).

The provider explained they attended both conferences and carried out lectures, their most recent lecture was about face, eyes and nose surgery.