

Mike Comins (Hans Place Medical Practice)

# Hans Place Practice

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection at Hans Place Practice on 22 November 2012. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Hans Place Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 18 April 2018 in response to a concern raised with the commission regarding the safety of the theatres and access to them. This report covers our findings in relation to the concern.

### **Our findings were:**

#### **Are services safe?**

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

### **Our key findings were:**

- There was a system to manage infection prevention and control.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- The practice held emergency drugs, oxygen, and a defibrillator that the nurse checked daily.
- The provider and nurse had completed their basic life support and infection control training in 2017.

There were areas where the provider could make improvements and should:

- Review the practice's risk assessments and protocols to ensure they include the information regarding the evacuation of the theatre.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

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# Hans Place Practice

## Detailed findings

### Background to this inspection

Mike Comins (Hans Place Medical Practice) is the provider of Hans Place Practice, located at

43 Hans Place

Knightsbridge

SW1X 0JZ.

The practice is open 9am to 5pm Monday to Friday.

The premises are located on the ground floor consisting of a reception area and consultation room. The practice also has a theatre suite located in the basement.

The provider is the individual doctor and a nurse and reception staff supports them. The practice has granted practicing privileges to an anaesthetist who supports the provider if the patient chooses to be conscious sedated

during the procedure.(Conscious sedation is the administration of the sedatives and analgesia that results in the patient becoming drowsy and sleepy, pain free, and sometimes amnesic such the patient will have very little recollection of the procedure. Communication is possible if necessary during the operation because even though the patient is completely relaxed and unconcerned, the patient is not unconscious at any point in time.)

The provider offers medical aesthetic surgery, treatments, including body sculpting, and vaser liposuction.

The inspection was carried out on 18 April 2018. The inspection was by a CQC inspector, supported by an anaesthetist and a theatre nurse specialist advisors.

During the inspection, we visited the premises, spoke with the provider, the nurse, and the anaesthetist and reviewed policies and procedures.

# Are services safe?

## Our findings

### Safety systems and processes

There was a system to manage infection prevention and control.

- The nurse and doctor explained how they complied with infection prevention and control policies. Such as decontamination, hand hygiene and clinical waste. Staff explained how they followed guidance regarding prevention and treatment of surgical site infections. This included skin preparation and management of the post-operative wounds. Staff carried out daily and monthly infection control audits. Staff demonstrated a clear decontamination pathway. There was clearly marked dirty and clean areas. The practice used both single use and reusable instruments. Decontamination and sterilisation of instruments was managed in a dedicated facility offsite, the facility was responsible for cleaning and sterilising all re-usable instruments and equipment used in the practice. We saw posters displayed which outlined what action must be taken if a member of staff sustained a sharp injury. The provider and the nurse had completed their infection control training. Arrangements for managing waste and clinical specimens kept people safe.
- An anaesthetist worked at the practice under practicing privileges. The anaesthetist explained they held their own indemnity insurance and training record. The anaesthetist informed us they had completed their advanced life support course, following the inspection they provided evidence of completion of their annual basic life support training. (The granting of practicing privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or practice, in independent private practice, or within the provision of community services.)

### Risks to patients

- The practice's consultation rooms were located on the ground floor and the theatre suite was located in the basement area. The theatre suite consisted of a small

waiting area and patient changing lobby (with locker), a surgical theatre with examination couch, positive flow air conditioning, surgical hand washbasins. There was a dirty utility with a separate clean utility room. In addition, a separate room was used when patients were recovering from surgery. The main access to the basement was by steps from the ground floor reception area, alternative access was available externally. In the event of an emergency, the practice had an evacuation chair that could be used to assist a patient to the ground floor. However, this was not included in the practice's health and safety risk assessments or policies.

- The practice held emergency drugs, oxygen, and a defibrillator that was checked daily.
- The provider and nurse had completed their basic life support training in 2017.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The provider explained the practice would call the emergency services, which was documented in the practice's emergency protocol.

### Safe and appropriate use of medicines

- The provider explained all procedures can be carried out using local anaesthesia alone, patients can choose to have moderate sedation to help with pain and anxiety on top of the local anaesthesia but not instead of. Most patients were treated without moderate sedation. The anaesthetist used sedative medicines fentanyl and midazolam and in addition propofol. Following the inspection the provider submitted information to show that they had installed an anaesthetic machine. and the provider had completed the safe sedation course. The provider explained the practice recorded pre and post-operative observations to check whether the patient had recovered from the anaesthetic.
- The practice held and managed controlled drugs (CD) in accordance with CD legislation.