

Regency International Clinic Ltd

# Regency Clinic - City of London

## Inspection report

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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Insufficient evidence to rate



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



# Summary of findings


## Overall summary

We did not rate the service on this occasion.

- Equipment was always securely stored.
- Clinical areas were clean.
- The medications audit policy was now embedded in to practice.
- Suitable checks on the automated external defibrillator were in place.
- Plans to measure patient outcomes were now embedded into practice.
- Risk management was embedded into practice and governance processes.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inspected but not rated 	See the summary above for details.

# Summary of findings

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# Summary of this inspection

## Background to Regency Clinic - City of London

Regency Clinic – City of London is an independent healthcare provider offering a range of one-stop rapid gynaecology services and day case operations such as female genital surgery, trans-cervical fallopian tube unblocking, colposcopy, hysteroscopy and diagnostic ultrasound.

It is operated by Regency International Clinic Ltd. The clinic provides surgical and outpatient services. All surgical procedures are carried out on a day case basis. The clinic has an operating theatre that is also used for diagnostic imaging and a recovery area with two beds for day case patients.

Following an inspection in February 2022, the provider was rated inadequate and the concerns identified resulted in the service being urgently suspended using our powers under Section 31 of the Health and Social Care Act 2008. They were also placed into special measures. We followed up on those concerns by inspecting them again on 8 June 2022. Because all of our concerns had not been resolved we extended the period of suspension for a further four weeks.

This inspection was carried out on 12 July 2022. Its purpose was to follow up on the specific issues we identified during an inspection on 8 June 2022.

## How we carried out this inspection

This inspection was carried out by one CQC inspection manager and one CQC inspector. We interviewed the registered manager and lead consultant. We reviewed documents including training records, policies and risk assessments. We visited all parts of the service including the theatre and recovery areas. We reviewed equipment and checked on cleanliness and hygiene.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.




# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inadequate	Requires Improvement	Insufficient evidence to rate	Requires Improvement	Inadequate	Inadequate

# Surgery

Safe	Inspected but not rated 
Effective	Inspected but not rated 
Well-led	Inspected but not rated 

## Are Surgery safe?

Inspected but not rated 

### Cleanliness, infection control and hygiene

**Staff used control measures to protect patients from infection. The premises were visibly clean.**

During an inspection visit on 8 June 2022 we found there was no cleaning schedule or anything that could identify what needed to be cleaned or how often. We found that while clinical areas were generally clean, some surfaces in 'recovery area 2' were dusty, suggesting the area had not been properly cleaned for some time. The provider was unable to demonstrate how the service ensured that cleaning was up to the hygiene standards expected within a clinical area.

At this inspection the cleaning contract had been modified to incorporate itemised detail of what would be cleaned in each area as part of the contract. For instance, recovery areas included chairs, sinks and machines to be cleaned on a daily basis. We also found that recovery area 2 was now clean.

### Environment and equipment

**The service had suitable equipment to help them to safely care for patients. Staff carried out daily safety checks of specialist equipment.**

During an inspection visit on 8 June 2022 we identified that the resuscitation trolley was located in the corridor between recovery areas where patients had access and was not tamper proof. This meant the service was not assured that the resuscitation equipment was safe and secure. At this inspection the provider was able to demonstrate that a tamper proof resuscitation trolley was due for delivery on 10 August 2022. Manufacturing delays meant the trolley could not be delivered within 7-10 working days of the order as initially stated.

During an inspection visit on 8 June 2022 we identified that the resuscitation equipment checklist did not reference the automated external defibrillator or what checks were needed to assure it was safe for use. At this inspection the weekly checking procedure for the automated external defibrillator (AED) detailed seven checks to ensure it was safe for use including escalation in the event that the AED light was flashing red, indicating the battery was low. This was now incorporated into the checklist in place for all resuscitation equipment.

### Medicines

**The service used systems and processes to safely prescribe, administer and record medicines.**

During an inspection visit on 8 June 2022 we found that a patient specific medication recording chart and medications audit policy had been produced. However, a checklist, or audit tool stating what needed to be checked during the audit had not. This meant that the proper and safe management of medicines was not currently assured.

# Surgery

At this inspection the provider presented us with a prescription audit tool and had used it to carry out a retrospective audit of the most recent 10 prescriptions. The audit results included an 'actions required' column which captured relevant learning.

## Are Surgery effective?

Inspected but not rated 

### Patient outcomes

#### Staff monitored the effectiveness of care and treatment.

Following our inspection visit on 8 June 2022 we were provided with evidence of how the service planned to measure the success rates of procedures that will be carried out. However, we were not assured that processes were effective because it had only just been produced and was not yet embedded in to practice or wider governance processes. In addition, there were still no current plans to monitor do-not-attend rates.

At this inspection, to demonstrate the 'Clinical Audit Project Plan Selective Salpingography and Tubal Cannulation' document had been embedded in to practice, a retrospective review of 10 cases had taken place, using an audit tool which reflected the good practice principles set out in the document. To demonstrate the 'Clinical Audit Project Plan Audit of Vaginal wall surgery' document had been embedded in to practice, a retrospective review of 10 cases had taken place, using an audit tool which reflected the good practice principles set out in the document.

Regarding 'did not attend' (DNA) rates, a 'did not attend' (DNA) policy had been produced to address how the service worked with follow up appointments, responded to DNAs and how it could offer remote appointments to patients. It also stated that DNA rates would be reviewed at monthly clinical governance meetings.

The provider reported that most patients came for one-off appointments, with a small number recommended to return for post initial treatment. Most were referred back to their GP with a follow up letter. If a patient was offered a follow up appointment and did not attend (DNA) it was reported that the service would contact the individual with any action dependent on individual risk assessment. Follow ups had been considered within the two newly implemented audits.

## Are Surgery well-led?

Inspected but not rated 

### Management of risk, issues and performance

#### Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact.

Following our inspection visit on 8 June 2022 we were provided with further information regarding the risk assessment audit toolkit we had been shown on our visit. The additional information focused on ongoing and current risks that were identified during an earlier inspection on 28 February 2022, such as backup generator, advanced life support certification and deteriorating patient risk. However, we were not assured the processes to monitor risks were effective because they had only just been produced and were not yet embedded in to practice or wider governance processes.



## Surgery

At this inspection the provider was able to demonstrate that the risk register had been updated with progress of ongoing risks. Governance meetings occurred on a monthly basis where the risk register would now be routinely reviewed and updated. An agenda was provided to demonstrate it was a core subject for discussion.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.