

Regency International Clinic Ltd

# Regency Clinic - City of London

## Inspection report

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Date of inspection visit: 08 June 2022  
Date of publication: 02/08/2022

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 not always securely stored.
- Some clinical areas were not clean.
- Although a medications audit policy had been produced an audit tool had not.
- Suitable checks on the automated external defibrillator were not in place.
- Plans to measure patient outcomes were not embedded into practice and governance processes.
- Risk management was not embedded into practice and governance processes.

### However

- The service had suitable back up facilities to help them to safely care for patients.
- There were arrangements in place for deteriorating patients and escalating them appropriately.
- Staff followed systems and processes to record prescribed medicines safely.
- Safety checks were carried out on resuscitation equipment.

# 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.

## 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.

The purpose of this inspection was to follow up on the specific issues we identified during an inspection on 28 February 2022. Due to the concerns we identified at that inspection, we suspended the service's registration for a set period of time using our powers under Section 31 of the Health and Social Care Act 2008.

Due to concerns highlighted in this report, we served notice to the provider using our powers under Section 31 of the Health and Social Care Act 2008, suspending their registration for a further four weeks.

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>.

## Areas for improvement

We wrote to the provider and served notice using our powers under Section 31 of the Health and Social Care Act 2008 to suspend their registration for a further four weeks.

### Action the service MUST take is necessary to comply with its legal obligations:

- The service must ensure that suitable checks take place for the automated external defibrillator.
- The service must ensure that resuscitation equipment is tamper proof.
- The service must ensure that a cleaning schedule is in place and identifies how the service meets hygiene standards expected of clinical areas.
- The service must ensure that a medicines audit tool is in place

## Summary of this inspection

- The service must ensure that processes to monitor patient outcomes and do not attend rates are embedded into practice and governance processes.
- The service must ensure that risk monitoring is embedded into practice and governance processes.

# 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

**Control measures to protect patients, themselves and others from infection were not properly in place. Some parts of the premises were not visibly clean.**

There was nothing to identify what needed to be cleaned or how often. Although most areas were clean, there was dust on some high surfaces.

During an inspection visit on 28 February 2022 we identified there was no oversight of the contractors used by the service for cleaning. At this inspection we were provided with a document that showed service review meetings would be held every 12 months at least or more frequently if requested by the service. However, there was no cleaning schedule or anything that could identify what needed to be cleaned or how often. We found that clinical areas were generally clean. Although most of the spaces were 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.

Due to lack of cleaning checks and other concerns highlighted in this report, we served notice to the provider using our powers under Section 31 of the Health and Social Care Act 2008, suspending their registration for a further four weeks.

Cleaning logs were located in the correct locations.

During an inspection visit on 28 February 2022 we identified cleaning records were displayed in the wrong rooms. At this inspection we found cleaning logs located in the correct locations which meant it was clear when rooms were last cleaned.

### Environment and equipment

**The design, maintenance and use of facilities kept people safe.**

A backup generator had been installed and was safe to use.

During an inspection visit on 28 February 2022 we identified there was no backup generator in event of the loss of power to both lighting and equipment used during procedures. At this inspection we found that a backup generator had been installed. We were provided with evidence from the authorised installer stating it had been tested and was safe to use.

Clinical areas were clear of all clutter.



# Surgery

During an inspection visit on 28 February 2022 we identified excessive storage of items located between theatres and the recovery area, including extra equipment and cardboard boxes piled on top of each other. Dust was collecting in some areas and the amount of storage presented a potential fire hazard. At this inspection we found the areas between theatres and recovery were now clear of all clutter, clean and dust free.

Oxygen cylinders were securely stored.

During an inspection visit on 28 February 2022 we identified that oxygen cylinders were not securely stored - both in the recovery room and theatre, which did not comply with Health and Safety Executive HTM02 guidance. At this inspection we found both oxygen cylinders securely stored; one cylinder was secured on to the resuscitation trolley. The second was secured in an appropriate rack attached to the wall in theatre/operating room.

Although resuscitation equipment was in place, the checklist did not reference the defibrillator and was not securely stored.

During an inspection visit on 28 February 2022 we identified that the foam padding and fabric on the suitcase containing resuscitation equipment had perished which had produced a fine dust that covered the equipment, some of which was not packaged properly. At this inspection we found that all resuscitation equipment was now in place, stored on a trolley, packaged, sealed, clean and free from dust. However, the 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.

During an inspection visit on 28 February 2022 we identified that checks were not being completed on resuscitation equipment. At this inspection we found that an equipment checklist was now in place that included date, signature and designation, faults and action to be taken. This was located alongside an itemised list of all resuscitation equipment that needed checking.

However, the equipment checklist did not reference the automated external defibrillator or what checks were needed to assure it was safe for use. The automated external defibrillator (AED) unit operated with a battery pack. We were not satisfied that checks were specific enough to ensure the AED would be safe for use if needed.

Due to equipment not being tamper proof, quality of checks to the AED not being sufficient, and other concerns highlighted in this report, we served notice to the provider using our powers under Section 31 of the Health and Social Care Act 2008, suspending their registration for a further four weeks.

## Assessing and responding to patient risk

### Staff had acted to improve systems to support patients at risk of deterioration

The deteriorating patient folder had been updated.

During an inspection visit on 28 February 2022 we identified that the deteriorating service user policy did not specify the contact details for the nearby NHS Hospital or what staff should do if a healthcare professional was not available on site. At this inspection we found that the provider had worked on putting in place a service level agreement with the local NHS trust in the event of a medical emergency. We were provided with evidence to show this was in the process of being ratified. The deteriorating patient folder had been updated and now provided staff with details of who to contact if a patient deteriorated and a healthcare professional was not available on site. Staff had also been trained in lone working.

## Surgery

The lead consultant had now undertaken Advanced Life Support training and staff had been trained in the use of the defibrillator.

During an inspection visit on 28 February 2022 we identified that the lead consultant had only completed basic life support training and was yet to complete Advanced Life Support (ALS). At this inspection we found that the lead consultant had undertaken ALS training. However, they needed to pass the cardiac arrest simulations test (CAS test); the practical part of the test which was booked for September 2022. In mitigation of this we were provided with a letter that indicated the assessors were happy with the competence and understanding shown by the lead consultant to deliver life support, acknowledging that he had passed the theory. We were also provided with records that demonstrated all staff had been trained in the use of the automated external defibrillator (AED).

### Medicines

**The service had improved systems and processes to safely prescribe, administer and record medicines but more improvement was needed.**

New patient-specific medication recording charts were in place

During an inspection visit on 28 February 2022 we identified that local anaesthetic batch numbers were not noted in the medicines stock list or within service users notes. This meant in event of any recall of medicines, it would not be possible to deduce which batch of local anaesthetic service users received. At this inspection we found that the new patient-specific medication recording chart now allowed for recording of the anaesthetic batch number.

Although a new audit policy had been produced, a checklist, or audit tool stating what needed to be checked had not.

During an inspection visit on 28 February 2022 we identified that the service were not completing prescription audits which meant there was no oversight of whether prescriptions were being completed in full. At this inspection we found that an audit policy had been produced, which referenced different good practice resources. A new patient specific medication recording chart had been produced. However, a checklist, or audit tool stating what needed to be checked during the audit had not. We were told this was to be created when the service resumed activity. This meant that the proper and safe management of medicines was not currently assured.

Due to the lack of a medicines audit tool and other concerns highlighted in this report, we served notice to the provider using our powers under Section 31 of the Health and Social Care Act 2008, suspending their registration for a further four weeks.

## Are Surgery effective?

### Patient outcomes

**Further improvement was needed to effectively monitor care and treatment.**

We were not assured the processes to monitor safety and quality performance were embedded.

During an inspection visit on 28 February 2022 we identified that the service were not monitoring performance or success rates of the procedures they were carrying out such as unblocking fallopian tubes or vaginal wall procedures. Neither

# Surgery

were they measuring the do-not-attend rates. At this inspection we were told this remained a work in progress, and following inspection we were provided with evidence of how the service planned to measure success rates of procedures that will be carried out. However, we were not assured the processes to monitor safety and quality performance was effective because it had only just been produced and was not yet embedded in to practice or wider governance processes. For instance, how it would be evaluated or acted on. In addition, there were still no current plans to monitor do-not-attend rates.

Due to processes not being embedded and do not attend rates not being measured, along with other concerns highlighted in this report, we served notice to the provider using our powers under Section 31 of the Health and Social Care Act 2008, suspending their registration for a further four weeks.

## Are Surgery well-led?

Inspected but not rated 

### Management of risk, issues and performance

#### **More work was needed in managing relevant risks and actions to reduce their impact.**

We were not assured that the risk processes were embedded.

During an inspection visit on 28 February 2022 we identified that the risk register was not completed fully and had gaps such as risk owner, date of review and expected date of completion. We also found that not all risks were on the register. At this inspection we found that the provider had introduced a risk assessment audit toolkit. It contained tabs indicating different elements of risk assessment audit such as health and safety, human resources, environment, safeguarding, medication and Covid. It had individual scoring for each element being assessed. However, we were not assured that the service was measuring current and ongoing risks to the service such as risks associated with the backup generator, advanced life support certification and deteriorating patient protocols.

Following the inspection, we were provided with further information regarding the risk assessment audit toolkit. It contained assessments of risk on the core elements of the risk assessment audit toolkit and also information about ongoing and current risks identified during our inspection which took place on 28 February 2022, such as backup generator, advanced life support certification, deteriorating patient risk; all with actions, timelines and review dates stated. However, we were not assured the processes to monitor risk were effective because they had only just been produced and were not yet embedded in to practice or wider governance processes. For instance, how it would be evaluated within the governance structure or acted on.

Due to risk processes not being embedded, along with other concerns highlighted in this report, we served notice to the provider using our powers under Section 31 of the Health and Social Care Act 2008, suspending their registration for a further four weeks.