Regency International Clinic Ltd

Regency Clinic - City of London

Inspection report

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Date of inspection visit: 13 October 2021
Date of publication: 14/01/2022

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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services well-led?	Inadequate

Summary of findings

Overall summary

Our rating of this location improved. We rated it as requires improvement because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills and understood how to protect patients from abuse. Staff assessed risks to patients and had aligned procedures to act on them including consistent use of the 10-day pregnancy rule. The World Health Organisation safer surgery checklist had been modified for use in the service though this had not yet been embedded.
- Managers had introduced new systems to monitor the effectiveness of the service and make sure staff were competent. This included a Radiation Protection Supervisor who had undergone relevant training and a formalised induction process for all staff. Staff had access to radiation monitoring badges and mechanisms were in place to monitor their readings.
- Leaders did not always run services well using reliable information systems. A robust audit schedule to monitor performance of the service had been introduced though this had not yet been embedded. The service now had a named Radiation Protection Adviser who was on the RPA 2000 register. Staff were clear about their roles and accountabilities.

However:

- Leaders had not run services well and did not have reliable embedded information systems or support for staff to develop their skills.
- We found evidence of poor governance which included the service not having clear ratification processes for the updating of policies.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Requires Improvement 	Our rating of this service improved. We rated it as requires improvement. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Regency Clinic - City of London

Regency Clinic – City of London is operated by Regency International Clinic Ltd. The hospital/service opened in September 2013, having previously offered services under a different owner and in a different location. It is a private clinic in London. The clinic offered services on self-referral or referral from other private clinics.

The clinic has a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. 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 clinic provides surgical and outpatient services; the main service is gynaecology. 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.

The service was inspected in August 2021 to follow up a requirement notice issued in February 2018 under Regulation 12 Safe care and treatment of the Health and Social Care Act 2014 stipulating that the provider must review their policies to ensure there is consistency with the pregnancy rule so that patients that may be pregnant are safe from risk. During the August 2021 inspection we found evidence that this requirement notice had not been met as well as other concerns resulting in the urgent suspension of the service under a Section 31 Notice of Decision and an inadequate rating. The concerns raised in the Notice of Decision have now been addressed to the point that the suspension has now been lifted.

The main service provided by this hospital was surgery. Where our findings on surgery – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service.

How we carried out this inspection

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

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure that an effective policy ratification process is in place to ensure policies are updated to be aligned with national standards and guidance for care and treatment published by recognised organisations.
- The service must ensure that any links to external sources within policies are kept up to date.
- The service must ensure that the World Health Organisation safer surgery checklist is fully embedded.
- The service must ensure that the new formal induction process is fully embedded.
- The service must ensure that the audit schedule to monitor performance within the service is followed.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires Improvement	Requires Improvement	Not inspected	Not inspected	Inadequate	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Not inspected	Not inspected	Inadequate	Requires Improvement

Requires Improvement

Surgery

Safe	Requires Improvement
Effective	Requires Improvement
Well-led	Inadequate

Are Surgery safe?

Requires Improvement

Our rating of safe improved. We rated it as requires improvement.

Mandatory training

The service had systems in place to ensure that all staff completed and stayed up to date with mandatory training.

Staff kept up-to-date with their mandatory training. Following our inspection, we reviewed the mandatory training records of all three clinical members of staff and found that all three had up-to-date training.

Managers had introduced systems to monitor mandatory training accurately and alert staff when they needed to update their training. Following the inspection, we were provided with a training matrix that identified what training staff had to complete and how often this needed to be completed. During the inspection managers told us that the tool they were using to monitor mandatory training provided alerts when due for renewal to the manager who would use this information to follow up with staff. However, the manager told us that this was a new system and was optional for the regular bank and agency staff that made up the majority of clinical staff within the service.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse.

Nursing staff received training specific for their role on how to recognise and report abuse. Following the inspection, we reviewed the safeguarding training of the bank nursing staff at the service and found they had completed Safeguarding Adults Level 3 and that this was in date.

Medical staff received training specific for their role on how to recognise and report abuse. Following the inspection, we reviewed the safeguarding training of the permanent consultant and bank radiographer and found that the consultant had completed Safeguarding Adults Level 3 and this was in date. Following the inspection, we reviewed the safeguarding training of the bank radiographer and found they had completed Safeguarding Adults Level 3 and this was in date.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. We spoke with the permanent consultant at the service and asked if they knew how to recognise signs of suspected female genital mutilation (FGM). The consultant demonstrated an awareness of FGM and told us they had undertaken an accredited course in difficult conversations to facilitate sensitive discussions around abuse with service users when required.

Staff had access to the services safeguarding policy via the policy folder. This was updated in August 2021 however, links to additional information directed to pages on the internet that no longer existed.

Requires Improvement

Surgery

Environment and equipment

Staff had access to necessary equipment.

The service had enough suitable equipment to help them to monitor staff radiation exposure. Staff had not had access to Radiation Protection Badges between April and August 2021 following a failed shipment, however a new shipment had been delivered in September 2021. Staff were now able to monitor the levels of radiation they were being exposed to in order to prevent harmful levels being reached and we were told what processes were in place to audit and report on these results.

Assessing and responding to patient risk

Staff took measures to remove or minimise risks to patients.

The service was now compliant with the 5 steps to safer surgery, World Health Organisation (WHO) surgical checklist. The service had introduced a modified version of the WHO surgical checklist for surgery and radiological interventions. However, due to the suspension of the service these checklists had not yet been embedded.

During the previous inspection we found a repeated breach of a discrepancy between two policies regarding the procedure of how enquiries were made of individuals of childbearing potential for radiation procedures. This was a concern as the service was performing procedures on service users who were trying to become pregnant and exposures to a foetus at early gestation poses a risk. During this inspection we found this had been addressed. The document entitled rules for image guided procedures now used the 10 day pregnancy rule which aligned with the procedures for x-ray imaging document which also used the 10 day pregnancy rule; therefore, there was consistency.

Following the inspection, we were told that staff completed risk assessments for each patient on arrival, using a recognised tool which included questions on pregnancy where relevant, and reviewed this regularly, including after any incident. Service user information leaflets had been updated to now highlight the importance of notifying the service if they could be pregnant.

Nurse staffing

Managers had created an induction checking process for new starters including permanent, bank and agency staff.

The service relied on bank and agency nurses to deliver services. The service did not have any permanent nursing staff and relied absolutely on bank and agency nurses.

Managers had taken steps to ensure all bank and agency staff had a full induction and understood the service. Since the last inspection, a formal induction process for bank and agency or permanent staff at the service had been created and management had created a declaration sheet staff would sign to confirm they had read and were working in line with local guidance and policies. At the time of this inspection, owing to the suspension, clinical staff had not been on site since the previous inspection, so the formal induction and policy signing had not been completed.

Medical staffing

Managers had created an induction checking process for new starters including both permanent and locum staff.

The service had high turnover rates for medical staff. We were told that since 2018, a permanent radiologist, permanent obstetrician and permanent GP had stopped working for the service but had not been replaced.

The service relied on bank and locum staff to deliver services. The service had one permanent clinical member of staff, the medical director and owner, who was a gynaecologist and led surgical care but relied on bank and agency staff to fulfil all other roles.

Requires Improvement

Surgery

Managers could access locums when they needed additional medical staff. Managers told us they had access to locum/ agency staff, however bank staff who worked at the service regularly were preferred and used in most cases.

Managers had taken steps to make sure locums had a full induction to the service before they started work, however this had not been fully embedded at the time of inspection. A formal induction process for temporary or permanent staff at the service had been created and management had created a declaration sheet signed by staff to assure themselves that staff were working in line with local guidance and policies. However, at the time of inspection, owing to the suspension, clinical staff had not been on site since the previous inspection, so the formal induction and policy signing had not been completed.

Are Surgery effective?

Requires Improvement

Our rating of effective improved. We rated it as requires improvement.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers had planned checks to make sure staff followed guidance although at the time of inspection these had not yet been implemented.

Staff had recently updated policies to follow when planning and delivering care. During our inspection, we reviewed all policies at the service; we were told that these had undergone a recent ratification process bringing them in line with best practice and national guidance. However, following the inspection we attempted to access links to further guidance within the Safeguarding policy and found that these web pages had been closed down in 2020 which had not been identified during the updating of the policy.

We asked the manager of the service about the process for reviewing and updating policies. The manager told us the process for reviewing policies when approaching their date for renewal but could not explain how processes would be updated if national guidance was changed before then. The manager showed us an index sheet at the front of the policy folder which detailed when policies were due for renewal and which staff were responsible for these being updated and kept in line with national guidance. However, some staff responsible for updating policies were temporary staff and while the registered manager would take responsibility for this if they were to no longer work for the service, it was not clear how up to date specialist knowledge would be incorporated.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were qualified with the right skills and knowledge to meet the needs of patients. The service had a trained Radiation Protection Supervisor as required under The Ionising Radiations Regulations 2017.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Following the inspection, we saw evidence of a team meeting that had taken place in August 2021 and were told these would be held quarterly moving forward.

Requires Improvement

Surgery

Managers made sure staff received any specialist training for their role. During the inspection we were told the manager had taken on the Radiation Protection Supervisor role and saw evidence they had undergone specific training to carry this out and understood the role. We were told that the locum radiographer had also been booked onto this course.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff followed national guidance to gain service users' consent.

Staff had new processes in place to gain consent from service users for their care and treatment in line with legislation and guidance. Managers ensured that a cooling off period was applied between a patient requesting and receiving cosmetic treatment. This was in line with the Professional Standards for Cosmetic Surgery issued by the Royal College of Surgeons.

Are Surgery well-led?

Inadequate

Our rating of well-led stayed the same. We rated it as inadequate.

Governance

Leaders had not always operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Leaders had updated 28 out of date policies during the suspension period following our previous inspection. However, information included within some of these policies had not been updated including two links to further guidance within the Safeguarding Policy on the now closed Foreign Commonwealth Office website. Therefore, we were not assured that leaders at the service were operating an effective policy ratification process.

Managers told us that all staff had access to physical copies of policies and when asked we were told that management had introduced an annual declaration list that both temporary and permanent staff would sign to assure themselves that they had been read and understood. However, during the suspension period clinical staff had not been on site and as such this had not yet been completed.

The manager of the service was now aware they were the named Radiation Protection Supervisor for the service and had undertaken the necessary training to carry out the role in September 2021.

The manager was aware of the Radiation Protection Adviser and associated roles and responsibilities. The Radiation Protection Advisor named by the manager was on the RPA 2000 register and was consistently referred to in documents. During the inspection the manager told us that the regularity of meetings with the Radiation Protection Advisor and Medical Physics Expert had not yet been finalised. However, following the inspection we were told that these would take place twice a year.

Regular governance meetings were not yet being held and there had been no documented discussions around the performance of the service in the last six months. However, we were told that these would be introduced following the lifting of suspension.

Requires Improvement

Surgery

Management of risk, issues and performance

Leaders and teams had introduced systems to manage performance. They were designed to identify and escalate relevant risks and issues or identify actions to reduce their impact.

There was a systematic programme of clinical and internal audit to monitor quality or operational processes. Following the inspection, we requested the audit schedule that had been completed over the past year. A comprehensive future audit programme was provided; however, we were told that only an infection prevention and control audit had been completed in the last year and this was completed following our August 2021 inspection.

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.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (2) (b) (c), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 (2), Safeguarding service users from abuse and improper treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	S29 Warning Notice Regulation 17 (2) (a) (f), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.