

Mr Jan Jiri Stanek

Inspection report

Flat 19 Milford House
7 Queen Anne Street
London
W1G 8HN
Tel:

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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?

Requires Improvement 

Overall summary

This clinic is rated as Good overall. (This is the providers first inspection following registration with the CQC on 14 June 2019.

The key questions are rated as:

Are clinics safe? – Good

Are clinics effective? – Good

Are clinics caring? – Good

Are clinics responsive? – Good

Are clinics well-led? – Requires improvement

We carried out an announced comprehensive inspection at Mr Jan Jiri Stanek, Flat 19

Milford House, 7 Queen Anne Street, London, W1G 8HN on the 28 October 2021. The provider was registered for the regulated activity of treatment of disease, disorder or injury on 14 June 2019. This was the first announced comprehensive inspection of the clinic following CQC registration.

Mr Jan Jiri Stanek, provided is a private cosmetic clinic offering a range of cosmetic surgery and non-invasive treatments for adult patients. The clinic does not have any overnight beds; patients that required surgery or overnight beds were admitted to a private hospital.

The clinic was registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the clinics it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and clinics and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dr Jan Stanek provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. For example, body contouring, dermal fillers, Botox (with the exception of treatment for a medical conditions), chemical peels, skin laser. Therefore, we did not inspect or report on these clinics.

The staff explained the clinic sought feedback on the quality of clinical care patients received by providing questionnaires following appointments and through the clinic's website. The provider submitted seven completed questionnaires which were all positive about the clinic and the care and treatment they had received. We saw online feedback following registration differed, was one website had four reviews which were positive about the care and treatment, however another website had two negative reviews.

Our key findings were:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The clinic organised and delivered services to meet patients' needs.
- Patients could access care and treatment in a timely way.
- Following the inspection, the provider had implemented risk assessments, and staff had completed training. However, this meant the clinic was unable to demonstrate that these actions were embedded fully or that they would be sustained.

Overall summary

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Review the Intercollegiate document on safeguarding guidance for adults and children to check all staff have completed the required training.
- Staff should consider the benefits to the organisation and patients of recording their results when they take a COVID 19 lateral flow test.
- Adhere to the fire safety laws in full.
- Adhere to The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance in regard to staff training.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Clinics and Integrated Care

Our inspection team

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

Background to Mr Jan Jiri Stanek

Dr Stanek is the registered provider for the clinic. The provider is registered to carry out the regulated activity of treatment of disease, disorder or injury at Flat 19, Milford House, 7 Queen Anne Street, London, W1G 8HN.

Mr Jan Jiri Stanek is a private cosmetic clinic offering a range of cosmetic surgery and non-invasive treatments for patients over the age of 18 years. The clinic does not have any overnight beds; patients that require surgery or overnight beds are admitted to a private hospital.

The location staff consisted of Mr Stanek a cosmetic surgeon, a consultant physician, a self-employed practice nurse and an administrator.

The practice nurse was self-employed and carried out some procedures at the premises, which were not part of this inspection.

The consultant physician carried out some cosmetic procedures which were exemptions from regulation by CQC which relate to particular types of regulated activities and clinics and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dr Jan Stanek provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration, for example body contouring, dermal fillers, Botox (with the exception of treatment for a medical conditions), chemical peels, skin laser treatments. Therefore, we did not inspect or report on these clinics.

The clinics website states it carried out minor surgery, however this is no longer carried out at Flat 19, Milford House, 7 Queen, Anne Street, London, W1G 8HN.

The clinic registered with the Commission 14 June 2019 and the pandemic had affected the number of patients attending appointments.

Patients could contact the clinic 24 hours a day via the provider website. Consultations were available face to face, on an 'as requested' basis from Monday to Friday, with the exception of Tuesday when Dr Stanek was working at the hospital.

How we inspected this clinic

- Prior to the inspection information was requested from the provider.
- A site visit was carried out, where we spoke with staff, reviewed patients records and the clinic documents.
- Information was also submitted by the provider following the inspection.

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:

We identified a safety concern that was rectified soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the clinic, in terms of the quality and safety of clinical care are minor. (see full details of the action we asked the provider to take in the Requirement Notices at the end of this report).

Safety systems and processes

- The staff involved in the clinic, were a provider, a consultant physician, a practice nurse and an administrator. The provider had a Disclosure and Barring Clinic (DBS) check undertaken prior to the registration of the clinic. The administrator had a DBS carried out when they commenced working for the practice in 2019, and other staff had worked for the clinic for over ten years. (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).
- The clinic had a recruitment policy in place, last reviewed April 2020, which described the induction and probationary period for new staff. The administrator confirmed they had an induction when they commenced employment.
- The provider had safeguarding policies in place for both adults and children, which were last reviewed in March 2020. However, this did not include information to inform staff that the safeguarding alert should be made to the local authority where the patient lived.
- The provider submitted evidence to show for adult safeguarding had completed level four, the practice nurse level three, the receptionist level two. The consultant physician had completed recent training, but their certificates did not contain the level of training.
- The clinic did not provide treatment to people under the age of 18 years.
- The practice nurse explained they acted as a chaperone, and patients were asked if they needed a chaperone during their first contact with the clinic.
- At the inspection on the 28 October 2021, we saw the clinic was clean, and tidy. The provider was the lead for infection control, and the receptionist carried out a daily clean of the rooms and cleaned clinic rooms and the reception area between each client. A deeper clean was carried out weekly. The clinic had a system in place to manage clinical waste.
- In response to the pandemic the provider had implemented policies to manage the risks. Staff used a dividing screen and made available hand sanitiser in reception. Staff asked patients if they had symptoms prior to the appointment, displayed signage reminding patients about COVID 19 symptoms. Patients' temperatures were taken on arrival and the receptionist used a patient flow system to minimise the time spent in reception. The staff explained they carried out regular COVID 19 testing to check if they were carrying the infection but did not record the results. In addition, prior to surgery patients received information explaining the need to carry out COVID 19 tests and to isolate. Personal protective equipment was available.
- The clinic did carry out tests of bodily specimens, so did not have a spillage kit on the premises.
- We were provided with evidence that two out of the four staff had completed their training for the management and prevention of infectious diseases.
- At the time of the inspection, the provider did not have infection control, or COSHH (The Control of Substances Hazardous to Health Regulations 2002) risk assessments in place. Immediately following the inspection both risk assessments were carried out and submitted to the Commission.
- The premises were a refurbished flat in serviced building and had a completed electric hard wiring and a fire installation certificate and a fire risk assessment in May 2019, fire equipment was last checked in July 2020. Staff had completed fire warden training and an annual fire drill was carried out in February 2021. However, the provider did not provide evidence that they had reviewed this annually and we observed the premises did not have a fire evacuation plan on display.
- The provider had oversight of testing for legionella carried out by an independent contractor on 29 June 2021.

Are services safe?

- The provider submitted their own a premises risk assessment last reviewed 20 November 2020.
- The premises were newly equipped, and the provider had completed portable electric equipment testing in October 2021. The provider stated the clinic did not have any equipment that required calibration checks at the time of the inspection.

Risks to patients

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The clinic did not use agency staff.
- Staff had completed their first aid at work training in 2019, which include basic lifesaving skills and was valid for three years.
- The practice nurse explained they were aware of the side effects of sepsis and had received training.
- When there were changes to clinics or staff the clinic assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for the provider and the self-employed practice nurse.
- On the day of the inspection, the clinic held adrenaline only, to respond to medical emergencies and they put into place a risk assessment to explain this decision. Staff explained that patients completed a health questionnaire prior to the visit to ensure all patient were fit and well to be considered for surgery and attend the appointment.
- The clinic had oxygen on the premises and had a risk assessment demonstrating the mitigation to not requiring a defibrillator.

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 clinic had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The clinic 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 cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

- The clinic kept prescription stationery securely and monitored its use.
- The clinic does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- The consultants prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- We found medicine that required cold storage was appropriately stored.

Track record on safety and incidents

- Although, the provider had considered all risks in relation to safety issues, they had not completed some risk assessments, they completed and submitted these following the inspection.
- The clinic monitored and reviewed safety activity.

Lessons learned and improvements made

- At the time of the inspection the clinic had not experienced a significant event. Staff understood their duty to raise concerns and report incidents and near misses.

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong.
- 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 clinic had systems in place for knowing about notifiable safety incidents.
- The clinic acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

- We reviewed five patient records and found that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their clinic).
- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- A patient would contact the clinic by telephone or via the website. The receptionist would take brief details and ask the patient to complete a health questionnaire and a COVID consent form. In addition, they provided information about the clinic and the procedures and offered an appointment with the doctor.
- At the first consultation, the consultant would take a medical history and explain the procedure in detail, the possible side effects, the cost, and request their consent. A further consultation was made available if the patient required further information.
- Following the first consultation there was a cooling off period of 14 days for the patient to consider the information provided. A further patient health questionnaire was completed by the practice nurse prior to hospital admission.
- Following discharge from hospital, the patient was seen twice post operatively after seven days and three months. In addition, they could contact the clinic at anytime should they wish further advice or treatment.

Monitoring care and treatment

- The provider submitted surgical audits for procedures carried out in 2018 and 2019. In 2019, 92 patients had received surgery and had 207 procedures. The audit demonstrated two complications which were responded to by the clinic.
- The clinic had a quality assurance statement in place which explained how all incidents, complaints and patient feedback would be used to monitor the clinic and make improvements.

Effective staffing

- The provider was on the the General Medical Council (GMC) registered as specialist from general surgery from 1997 and were due their revalidation in 2025. To remain updated in their specialism, they explained prior to the pandemic they attended conferences, and used Journals and had the appropriate appraisals carried out by the hospital consultants where they carried out the surgery.
- The practice nurse was registered with Nursing and Midwifery Council and their revalidation was up to date. They had completed role specific training for tissue viability and breast surgery in 2018 and mandatory training of first aid at work. In addition, following the inspection they completed the prevention and management of infectious diseases, and safeguarding level three training.
- The receptionist had completed their emergency at work and fire training, and following the inspection completed their safeguarding adults training to level two.
- The consultant physician was registered with the GMC and had completed safeguarding and the prevention and management of infectious diseases training.
- We were provided with information that demonstrated the practice nurse and the receptionist had an annual appraisal.

Coordinating patient care and information sharing

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other clinics when appropriate.
- Before providing treatment, doctors at the clinic ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the clinic.
- The provider had risk assessed the treatments they offered.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other clinics.
- The clinic monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the clinic, staff redirected them to the appropriate clinic for their needs.

Consent to care and treatment

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

- The staff explained the clinic sought feedback on the quality of clinical care. For example patients received questionnaires following appointments and the clinic's website offered the opportunity to provide feedback..
- The staff explained the clinic sought feedback on the quality of clinical care patients received by questionnaires following appointments and through the clinic's website. The provider submitted seven completed questionnaires which were all positive about the clinic and the care and treatment they had received. We saw online feedback following registration differed, was one website had four reviews which were positive about the care and treatment, however another website had two negative reviews.
- The clinic gave patients timely support and information.

Involvement in decisions about care and treatment

- The clinic provided patients with information about the surgical procedures they offered.
- Patients were offered a cooling off period to provide them with time to consider their care and treatment.
- The staff explained they would not carry out surgical procedures without ensuring patients had the ability to give informed consent.

Privacy and Dignity

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

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 the service in response to those needs.
- The facilities and premises were appropriate for the services delivered.

Timely access to the clinic

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The provider explained how referrals and transfers to other clinics were undertaken in a timely way.

Listening and learning from concerns and complaints

- The provider had a system in place to enable patients to make a complaint. Staff told us that information about how to complain was available at the clinic. However, we saw that information about complaints was not on the clinic's website.
- Staff explained all complaints would go to the provider who responded to them.
- The provider stated they had not received a complaint since their CQC registration.
- The clinic informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The clinic had a complaint policy and procedures in place.

Are services well-led?

We rated well-led as Requires improvement because:

Following the inspection, the provider had implemented risk assessments, and staff had completed training. However, this meant that the clinic was unable to demonstrate that these actions were embedded fully or that they would be sustained. For example, infection control, and COSHH risk assessments, collation and response to client feedback and the recording of meetings.

Leadership capacity and capability.

- The provider was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.
- The provider was visible and approachable. They worked closely with receptionist and practice nurse to make sure they were inclusive.

Vision and strategy

- The provider had a vision and set of values to provide a high-quality service.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

- Staff felt respected, supported and valued. They were proud to work for the clinic.
- The clinic focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were positive relationships between staff and teams.

Governance arrangements.

- Staff were clear on their roles and accountabilities.
- At the time of inspection, the provider did not have a system in place to ensure that staff had complete the necessary training. For example, the receptionist and practice nurse had not completed adult safeguarding training, or infection control training, most of which were addressed following the inspection.

Managing risks, issues and performance

- At the inspection we found risk assessments for infection control, and The Control of Substances Hazardous to Health Regulations 2002 (COSHH) were not in place. In response the provider implemented these. This meant the process to identify, understand, monitor and address current and future risks including risks to patient safety required further improvements, and embedding to enable them to demonstrate sustainability. For example, the lack of a cleaning audits and the lack of data safety sheets for the COSHH risk assessment.
- The provider had oversight of safety alerts, incidents, and complaints.
- The provider had considered the possibility of any disruption to the clinic but did not have a business continuity plan.

Appropriate and accurate information

- The clinic submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Are services well-led?

- The provider had an information governance policy in place.
- The clinics website was not updated with current information about staff.

Engagement with patients, the public, staff and external partners

- The clinic encouraged and heard views and concerns from the patients but did not have a system in place to collate, analyse, identify any patterns which they may need to respond to.
- Staff could describe to us the systems in place to give feedback.
- The staff reported that informal staff meetings were held but these were not recorded.

Continuous improvement and innovation

- The provider has published work about cosmetic procedures.

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
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively as they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The service was unable to demonstrate that the newly implemented systems and risk assessments were embedded fully or that they were sustainable. For example, infection control, premises and COSHH risk assessment, client feedback, the recording of meetings.