

# The Battersea Clinic Limited

## Inspection report

Unit 1a, Exchange Point  
177 Battersea Park Road  
London  
SW8 4LR  
Tel: 02077514055

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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?		Good	

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of The Battersea Clinic Limited on 9 February 2023. The Battersea Clinic Limited first registered with CQC in February 2022. This was the first CQC inspection of this location under the current CQC inspection methodology.

The registered manager is the anaesthetic director and medical director for the company. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Battersea Clinic Limited provides a range of surgical and non-surgical treatments, for example HydraFacial and dermal filler which are not within CQC scope of registration, therefore we did not inspect or report on these services.

## Our key findings were:

- *The service provided care in a way that kept service users safe and protected them from avoidable harm.*
- *Service users received effective care and treatment that met their needs.*
- *Staff dealt with service users with kindness and respect and involved them in decisions about their care.*
- *The service organised and delivered services to meet service users' needs. Service users could access care and treatment in a timely way.*
- *The way the service was led and managed promoted the delivery of high-quality, person-centre care.*

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

- Undertake 2 or more cycle clinical audits to ensure a continuous cycle of measuring performance and implementing improvements.
- Revisit risk assessments and registers regularly so that open actions can be closed and any new risks identified and addressed.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

# Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection GP specialist adviser.

## Background to The Battersea Clinic Limited

The Battersea Clinic Limited is located at 25 Patcham Terrace, Battersea, London SW8 4EX. The Battersea Clinic Limited is an independent provider of medical services. They describe themselves as a day centre for non-surgical and surgical services as well as consultations and treatments.

The service website can be accessed through the following link: <https://realclinic.uk/>

The Battersea Clinic provides services and treatment for cosmetic, ophthalmology and plastic surgery for people aged 18 and over.

The clinic is open from 8am to 6pm Monday – Friday, with patients sometimes staying as late as 10.30pm if they were recovering from day surgery. The clinic rarely opens on weekends but will make allowances on a case by case basis.

### How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Spoke with the registered manager/medical director and the CEO/surgical director face to face.
- Spoke with staff (clinical manager, operations manager and front of house lead)
- Reviewed files, practice policies and procedures and other records concerned with running the service.
- Reviewed a sample of service user records.
- Looked at information the service used to deliver care and treatment plans.

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:

*The provider had systems and procedures which ensured that users of the service and information relating to patients were kept safe. Information needed to plan and deliver care was available to staff in a timely and accessible way. In addition, there were arrangements in place for the management of infection prevention and control and reliable systems in place for appropriate and safe handling of medicines.*

## Safety systems and processes

### The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were reviewed and communicated to staff including bank staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard vulnerable adults from abuse.
- We saw evidence of a health and safety risk assessment dated January 2022 with a review date set for January 2023, however we did not see evidence of the reviewed risk assessment. The risk assessment seen had documented measures taken to reduce risks and all risks had been scored as medium or low.
- After the inspection the provider sent us an updated health and safety risk assessment, where the date of assessment was the same as the one submitted during the inspection, January 2022, but the date of next review had changed to January 2024.
- We saw evidence of a premises risk assessment with a last review date of November 2021 with mitigating actions documented and assigned to a staff member. At the time of inspection, the status of all of these risks was 'open' and we did not see evidence that another risk assessment had been completed since November 2021.
- After the inspection the provider sent us an updated premises risk register, where the date of assessment was the same as the one submitted during the inspection, November 2021, but the last review date had been recorded as January 2023.
- The provider also showed us meeting minutes from a clinical governance agenda dated January 2023 which documented that the risk register had been discussed.
- The provider told us that they regularly review their risk register and despite their best efforts many of the risks identified on the risk register could be mitigated but not eradicated and it is for this reason that they were recorded as being open.
- The service did not see patients under the age of 18.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 provider told us that all required DBS checks were in place and provided DBS certificate numbers for the relevant staff.
- The provider told us that all staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns, however a member of staff we spoke to gave the wrong names for the safeguarding leads at the service. The provider told us that staff who acted as chaperones were trained for the role and had received a DBS check.

# Are services safe?

- We saw a safeguarding policy dated February 2022 with a named lead and a safeguarding pathway. We saw evidence of the last adult safeguarding training dates for staff. During the inspection, we noted that some non-clinical staff had not been trained to the correct level of safeguarding for their role. After the inspection, the provider told us that all of these staff had completed their level 2 children safeguarding training.
- We did not see evidence of a training matrix during the inspection but after the inspection one was provided. The training matrix provided showed 2 clinical staff had not completed their infection control training which the provider told us was due to the module of e-learning being under maintenance and this would be completed once the module was back online.
- The provider also showed us a document which detailed which mandatory training staff were required to complete and how often.
- There was a system to manage infection prevention and control. We saw evidence of a legionella risk assessment dated January 2022 with actions documented. All risks had been identified as low or medium. We also reviewed an infection control audit dated February 2023 which showed the clinic had achieved 97% overall compliance, with learning points, recommendations and an action plan documented.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw evidence of a portable appliance testing (PAT) and calibration certificates dated February 2023. Three items had failed calibration testing. After the inspection the provider told us that these 3 items were no longer in use.
- There were systems for safely managing healthcare waste. The service had a large separate area where both clinical and non-clinical waste were securely stored. This area was kept locked and the provider told us that clinical waste was collected weekly.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## Risks to patients

### There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role. We saw evidence of an induction checklist.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. We saw evidence of a sepsis quick reference guide available to staff.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- The service had 2 working defibrillators onsite and 9 to 12 large oxygen cylinders in use at any one time, with a back of supply of oxygen cylinder stored in an outside storage space.
- We reviewed a sample of emergency medicines, including opiates and found them all to be in date. The service had a system in place to notify staff when a medicines expiry date was near and there was checklists in place where staff would sign to confirm they had completed necessary checks. We looked at two of three fridges and found them to be within the required temperatures, with data loggers used and saw evidence that temperatures were checked and recorded daily.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

## Information to deliver safe care and treatment

# Are services safe?

## **Staff had the information they needed to deliver safe care and treatment to patients.**

- 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.
- We reviewed a sample of patient consultation notes and found no concerns in the way these were documented. The consultation notes contained a sufficient amount of clinical information and consent was clearly documented, along with if a chaperone was offered and used. We found that adequate assessments of a patient's condition were recorded, advice had been given to patients and a treatment plan had been completed.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

## **Safe and appropriate use of medicines**

### **The service had reliable systems for appropriate and safe handling of medicines.**

- The service had systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service prescribed Schedule 2 controlled drugs. Controlled drugs were both kept and dispensed from the premises. Controlled drugs were stored securely and we saw evidence of records kept when prescribing. There were sufficient arrangements in place for the destruction of controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients.

## **Track record on safety and incidents**

### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## **Lessons learned and improvements made**

### **The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service had recorded 9 incidents in the last 12 months.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, after a patient fall the documented lesson learnt were to remind the patient that help and support was available at all times after surgery, both verbally and by pressing the nurse call button.

## Are services safe?

- 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 service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. The provider gave an example of a recent alert involving a national shortage of a general anaesthetic medicine and the measures that were taken to mitigate the associated risks, including ordering an alternative medicine and communicating regularly with the pharmacy to ensure that it was ordered as soon as it came back into stock.



# Are services effective?

## We rated effective as Good because:

*The provider had systems and procedures which ensured clinical care provided was in relation to the needs of patients. Staff at the service had the knowledge and experience to be able to carry out their roles. The service had a programme of quality improvement and audits to help drive improvements.*

## Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).**

- 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. The provider told us that they follow the Royal College of Surgeons standards in addition to standards from the Royal College of Anaesthetists and Royal College of Ophthalmologists and the 4 lead consultants also currently work in the NHS.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. All medicines were prescribed and dispensed at the service and all necessary documentation was in place.
- The service told us that they used the latest technology and high quality equipment to provide the best care and treatment for their patients. They showed us machines called bair huggers, temperature management system used to maintain a patient's core body temperature which were offered to patients after surgery to keep them warm whilst they were in recovery.

## Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The provider told us that they request feedback after each consultation and a link for patients to give feedback was available on their website.
- We saw evidence of clinical audits including; preoperative and intraoperative ophthalmic medication prescription, controlled drugs record book and peripheral cannulation.
- We looked at a medical assessment form audit carried out in August 2022 which aimed to ensure health care professionals appreciate and understand the importance of the medical assessment form adherence and completion. The audit found that in the 6 months from March to August, the service had failed to meet the expected standard of 100% compliance each month across all 5 questions asked, with the lowest being 0% compliance in March for 2 out of 5 questions and the highest being 100% compliance for 2 out of 5 questions in both June and August. An action plan was put together and disseminated to staff including making certain fields on the form a required field and changing the format of the form so it was easier to track and monitor and easier for patients to complete.
- The provider also kept a spreadsheet measuring a series of quality indicators across plastic surgery and ophthalmology broken down into years and quarters. Some of the indicators included consultation cancellations and those patients who did not attend (DNA), same day operations cancelled, returns to theatre, infections, complaints and incidents.

## Effective staffing

# Are services effective?

## **Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. We saw evidence of interview notes and induction checklists completed.
- We looked at four staff contracts and found that 2 had been signed and dated by the employee but not the employer. After the inspection the provider told us that these contracts had been signed.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided time and training to meet them. The provider told us that up to date records of skills, qualifications and training were maintained and we were provided with a staff training matrix to evidence this after the inspection.

## **Coordinating patient care and information sharing**

### **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health.
- 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 service.
- The provider had risk assessed the treatments they offered.

## **Supporting patients to live healthier lives**

### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care. The provider had implemented an on call rota system where one clinician is available 24 hours a day, 7 days a week. There was also a 6 week wound care service available to patients who had attended for plastic surgery, run by nurses, where patients could call or message to ask for guidance, advice and information.
- Risk factors were identified and highlighted to patients.

## **Consent to care and treatment**

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- 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.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## **We rated caring as Good because:**

*The service treated patients with kindness, respect and dignity. The service involved patients in decisions about their treatment and care. Staff we spoke with demonstrated a patient-centred approach to their work and were able to describe how lessons were learnt and actions were taken when things went wrong.*

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received following consultation and on the day of surgery. They used bespoke feedback forms with results amalgamated and presented at clinical governance for continuous improvement.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available to help patients be involved in decisions about their care.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Online materials were made available to service users.

## **Privacy and Dignity**

### **The service respected patients' 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.
- Patients' medical records were securely stored electronically.

# Are services responsive to people's needs?

## We rated responsive as Good because:

*The provider was able to provide patients with timely access to the service. The service had a complaints procedure in place, and it used patient feedback to make adjustments and improve quality of care.*

## Responding to and meeting people's needs

**The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs. The provider had a contract in place with a high street food chain to provide food for their patients. They decided on the company after researching local food offerings and due to their clear and stringent allergen and dietary reporting and standards.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The premises was accessible for all patients, including wheelchair users, with a ground floor treatment room, a lift and an evacuation chair and mat.

## Timely access to the service

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, diagnosis and treatment. Staff told us that the average waiting time for an initial consultation was one week.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. The provider told us that emergency slots could be made available on a case by case basis.

## Listening and learning from concerns and complaints

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- We saw evidence of a management of complaints pathway, a complaint form and a complaint review form. We saw evidence that the service informed patients of further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. We looked at one complaint in detail, where the patient had identified several areas of dissatisfaction. The complaint was clearly documented, with the action taken at the time, learning points and further action required, with the patient offered an apology.

# Are services well-led?

## We rated well-led as Good because:

*Service leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that patients would receive the best care and treatment. There were good systems in place to govern the service and support the provision of good quality care and treatment. Staff reported that the service supported and ensured the wellbeing of its staff.*

## Leadership capacity and capability;

### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders told us at the time of inspection that they did not believe there were any challenges they faced to providing good quality care and treatment. Staff we spoke to told us that the main challenge they faced was being a new service and not knowing how well they were doing in relation to similar services.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

### The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The provider had a documented set of aims and objectives, including;
  - Give our patients the best possible care, by understanding and exceeding their expectations
  - To maintain the highest ethical and professional standards
  - To support our staff growth and development to enable them to exceed patient expectations
  - To respond to the needs of our patients and staff
  - To encourage ambition, continuous improvement, enterprise and innovation
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

## Culture

### The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

# Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. We saw evidence of completed appraisals for staff. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

### **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. We saw a risk register dated November 2021, where risks had been identified and mitigations actions documented. However at the time of the inspection the status of all these risk remained open and there was no evidence that there had been a further review of the risks on the register.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit seen had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- There were regular staff meetings. Staff reported they were able to raise concerns. The provider told us that they ad hoc multi-disciplinary team meetings, however they had regular clinical governance meetings and were able to have regular check ins due to the size of the team.
- The service used performance information to monitor and manage staff.
- The service had information technology systems. All clinical records were completed on the computer.
- There were robust 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?

## Engagement with patients, the public, staff and external partners

### The service involved patients and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the patients and staff and acted on them to shape services and culture.
- The provider had plans to develop the service and had identified their priorities for the future which included collaborating more with NHS services.
- Staff could describe to us the systems in place to give feedback.

## Continuous improvement and innovation

### There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on learning and improvement. Staff we spoke to told us of learning opportunities for career progression they had been put forward for and the help and support they had received.
- The service made use of reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. Staff told us that they felt they excelled in all aspects of patient care and the fact that they had received one complaint in 12 months was an example of this. They told us safety was at the forefront of everything they did and they always strived to lead by example in this area.
- The provider told us that 2 senior members of clinical staff had been involved in research related to the effective and safe organisation and running of health care.