Dr Frances Prenna Jones Clinic Limited

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Inspection report

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Overall summary

We carried out an unannounced focused inspection at Dr Frances Prenna Jones Clinic Limited on 11 June 2019 in response to concerns raised directly with CQC. This related to safety systems and processes, safe equipment and data protection. This report covers our findings in relation to the inspection on 11 June 2019. This focused inspection looked at the safe key question only.

CQC inspected the service on 31 July 2018 where no breaches of regulation were found. The inspection report suggested improvements regarding reviewing systems and processes for the quality improvement programme such as clinical audits. We checked these areas as part of this focused inspection and found this had been resolved.

Dr Frances Prenna Jones Clinic Limited provides cosmetic surgery to adult patients. 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 general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Dr Frances Prenna Jones Clinic Limited, the cosmetic services provided include Botox and skin peels. These types of arrangements are exempt by law from CQC regulation.

Therefore, at Dr Frances Prenna Jones Clinic Limited, we were only able to inspect the services provided relating to skin tags which fall under CQC regulation. At the time of inspection, no skin tag procedures had been undertaken since the last inspection on 24 May 2018.

The sole doctor is the registered manager. 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.

We spoke to one patient during the inspection who was satisfied with the service provided.

Our key findings were:

- There were safety systems and processes in place; however, they required effective monitoring.
- Staff had the information they needed to deliver care and treatment to patients.
- The service had systems for appropriate and safe handling of medicines; however, monitoring was required.

Summary of findings

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

- Ensure care and treatment is provided in a safe way for patients.

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

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

- Display a handwashing poster in clinical rooms.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Dr Frances Prenna Jones Clinic Limited

Detailed findings

Background to this inspection

Dr Frances Prenna Jones is a private aesthetic cosmetic clinic based at 33 Shepherd Street, Mayfair, W1J 7HY. Dr Frances Prenna Jones provides anti-ageing treatments to adults. Not all of these treatments, such as skin peels and Botox, are required to be regulated by the Care Quality Commission (CQC). However, the service also carries out the removal of skin tags and prescribes medicines which fall within scope of CQC regulation. The practice website can be found at www.drfrancesprennajones.com

Dr Frances Prenna Jones provides services for three days a week between 9am and 7pm. The clinic only treats adults and appointments are booked by remotely based staff in advance by telephone, email or in person. They see approximately 60 patients per week.

Patient facilities are provided on the ground and first floor. There is no lift and no entrance ramp facilitating physical access. However, this is made clear both on the website and when patients make appointments. Dr Frances Prenna Jones is the sole practitioner at the practice.

How we inspected this service

Before the inspection, we gathered and reviewed information from stakeholders. The methods that we used during the inspection included speaking to the provider, observations and review of documents.

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?

However, during the inspection, we looked at the questions relating to the safe domain which formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We received concerns relating to safe practices regarding some activities exempt from CQC regulation. This included Botox and skin peels activities. Therefore, these areas were not looked at during the inspection.

We also received concerns about poor safety and hygiene at the location, which included infection control processes in place at the practice. We did not find any evidence to support the concerns; however, in other areas, further improvement was required.

Safety systems and processes

- We observed the premises to be clean and tidy. We observed all areas where the provider was carrying out their activities were free of dust. This included the clinical rooms, the reception area and one patient toilet.
- There were systems for safely managing healthcare waste.
- We observed that sharps bins were in date and not over-filled.
- However, other infection control areas required monitoring. There was no handwashing poster displayed at the practice. Cleaning records provided were blank and the provider told us that they were disposed of once completed.
- We saw evidence of a water temperature gauge for monitoring Legionella risk but there was no evidence of a risk assessment having been carried out.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw evidence that a Portable Appliance Testing (PAT) had recently been carried out.
- The provider carried out appropriate environmental risk assessments, such as a fire risk assessment, 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; however, monitoring was required.

During the inspection, we identified a safety concern that was rectified on the day of inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, 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).

We received concerns relating to premises and unsafe reception area. At this inspection, we found that:

- There was no evidence that the reception area was unsafe. We observed the reception desk was situated on a raised surface; however, there was no evidence that this area was unstable or unsafe. The doctor was the sole practitioner based at the premises during opening hours, we found that they spent most of their working day in one clinical room from which they could access all relevant information.
- During this inspection, we also looked at emergency equipment. We observed that there was oxygen which was full and in date, although not monitored. When we looked at the defibrillator, we saw that it had not yet been set up or checked to ensure that it was in good working order. This was rectified on the day of inspection.
- The provider 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 that the GP had recently completed their basic life support update training.

Information to deliver safe care and treatment

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

We received concerns relating to insecure patient medical and personal records. At this inspection, we found that individual care records were written and managed in a way that kept patients safe.

- The provider told us that patient care records were now stored off-site, as provider was migrating to a new digital system. Patient care records, including their personal information were in the process of being scanned onto this new system. We observed that there were no paper records kept on the premises.

Safe and appropriate use of medicines

Are services safe?

The service had systems for appropriate and safe handling of medicines; however, monitoring was required.

- The systems and arrangements for managing medicines, including medicines and equipment minimised risks; however, monitoring was required. There was only adrenaline as an emergency medicine; however, a risk assessment had not been carried out to determine the range of medicines held.
- The pulse oximeter in place had not been calibrated despite being 18 months old.
- We observed the private prescriptions were securely stored.
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • There was no system in place to monitor the oxygen and emergency equipment. • The defibrillator had not been set up or checked to ensure that it was in good working order. • There was no risk assessment carried out to determine the range of emergency medicines held. • The pulse oximeter in place had not been calibrated despite being 18 months old. • There was no evidence of completed cleaning checklists. • There was no evidence of a completed Legionella risk assessment. **This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**