

Perfect Image Consultants Limited

Roberts House

Inspection report

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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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Summary of findings

Overall summary

Roberts House is operated by Perfect Image Consultants. The service provides surgical procedures to adults only.

We inspected the service using our focused inspection methodology.

The service was previously inspected in January 2022. As a result of this inspection we took urgent action to extend the suspension of the registration of the provider, scheduled to end on 19 April 2022.

This inspection was a focused follow up inspection to review if all areas of concern had been resolved and the risk of harm to patients had been removed.

We did not rate the service at this inspection; we were following up on concerns raised at our last inspection.

We found that:

- Not all policies reflected national best practice or were relevant to the service. Policies were not all identifiable as being related to the service, and some contained very little or poor detail.
- The policy for monitoring a deteriorating patient was not service specific and did not outline what staff should do when recognising someone becoming unwell.
- There were no clear processes in place for investigating incidents. It was not clear from the policy how investigations would be conducted or how learning would be shared with staff.

However:

- Staff had completed training in key skills and how to protect vulnerable patients from abuse or the risk of abuse.
- The service was able to provide a training matrix of staff's mandatory training.
- Clinical waste and rubbish bins were labelled appropriately with the correct colour bin liner.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inspected but not rated	

Summary of findings

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Summary of this inspection

Background to Roberts House

Roberts House is run by Perfect Image Consultants Ltd. The service opened in August 2009 and was registered with the Care Quality Commission (CQC) on 01 October 2010.

Roberts House is an independent healthcare service. The service performs both registered and unregistered activity. Roberts House is registered with the CQC for diagnostic and screening and surgical procedures to people over the age of 18. The regulated services that Roberts House provides include removal lipomas and drainage of cysts.

The service has had a registered manager in post since May 2011 who is now the only employed clinician performing regulated activity.

Following our comprehensive inspection in September 2021, the service was rated inadequate and we suspended the registration of the provider and placed them in special measures. We re-inspected the service in November 2021, January 2022 and again in April 2022 and found that the service had not made all the required improvements, therefore, we suspended the registration of the provider for a further six weeks.

How we carried out this inspection

The inspection was undertaken by a CQC inspector and a CQC inspection manager using our focused inspection methodology.

During the inspection we reviewed policies and other documentation, we spoke with two members of staff including the registered manager.

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>.




Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated
Overall	Inspected but not rated	Inspected but not rated	Not inspected	Not inspected	Inspected but not rated	Inspected but not rated

Surgery

Safe	Inspected but not rated 
Effective	Inspected but not rated 
Well-led	Inspected but not rated 

Are Surgery safe?

Inspected but not rated 

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

The service was able to evidence staff's completion of mandatory training including completion dates, modules and expiry dates. This was demonstrated within a staff training matrix. The mandatory training was relevant to the service and met the needs of patients and staff.

The registered manager informed us that they had been working with an external company to support with the development of documentation and training packages.

Safeguarding

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

The service was able to demonstrate staff had completed safeguarding training relevant to their role on how to recognise and report abuse. The registered manager, the only clinician undertaking registered activities, was able to demonstrate he was trained in level 3 adult safeguarding.

Environment and equipment

Staff managed clinical waste well.

The provider had taken action to improve the management of different types of waste produced in the carrying out of regulated activity. Bins were labelled and contained the correct colour coded bin liners for specific waste types. This was consistent with the services clinical waste management section within its infection control policy.

Assessing and responding to patient risk

The service could not demonstrate staff were able to identify and quickly respond to deteriorating patients.

The service was unable to demonstrate they could respond and effectively deal with a deteriorating patient. The service had a deteriorating policy, however, it was insufficient in its detail and not related to the deteriorating patient in the service provided. For example, it referred to in-patients in a hospital setting, which was not relevant to this service. This policy had not been reviewed or amended since it was highlighted at the previous inspection.

Incidents

The service did not have a clear protocol to manage patient safety incidents.

Surgery

The Reporting and Investigation of Accidents policy contained limited detail and no information on how investigations would be conducted, who was responsible for investigating, and what process would be followed. The lack of information provided in the policy could result in staff not consistently and effectively reporting incidents. It was not clear how any learning from incident investigation would be communicated within the service.

No incidents had been reported since the previous inspection.

Are Surgery effective?

Inspected but not rated 

Evidence-based care and treatment

The service could not demonstrate they provided care and treatment based on national guidance and evidence-based practice, as there was a lack of clear clinical policies and procedures.

Since the previous inspection the service had employed the use of an external agency to assist in updating and developing some of their policies. This work had not finished at the time of our inspection. All six policies we reviewed lacked detail. For example, five of the six were lacking a marked reference that the policy was associated with the provider. There was a lack of date, version control or sign off as approved. The Medicine Management policy was very limited and did not include any professional guidance, who had responsibility, the frequency of stock ordering, stock checks, audit or disposal. The Infection Prevention & Control policy contained reference to acute hospital specific information and failed to mention details of national colour coding of cleaning equipment.

Providers are required to have appropriate policies and procedures to support the safe and effective delivery of services. If staff are unable to follow up-to-date policies, then this could affect the quality of care delivered to patients as the service is unable to reference best practice and national guidance.

Patient outcomes

Staff did not monitor the effectiveness of care and treatment.

The service had developed an audit tool. This had not been tested out as services had been suspended and therefore no audits had been carried out.

Are Surgery well-led?

Inspected but not rated 

Leadership

The registered manager did not have clear understanding of their leadership responsibilities.

The registered manager ran the service as well as working clinically. Although there was some improvement from the previous inspections, they had still not addressed all of the concerns raised by the CQC

Some policies had been updated with the assistance of an outside company; however, not all were of a suitable standard.

Surgery

Assurance was not provided that actions had been put into place to mitigate potential risks.

Governance

On our previous inspection there was more than one clinical practitioner providing regulated activities. The registered manager told us he would be the only provider of regulated activities, once services resumed. Our previous concerns relating to the lack of staff meetings and opportunities for staff to discuss or learn from the performance of the service were not applicable at the time of this inspection. Informal discussions and emails were used to share information with staff working at the service, who provided unregulated activities. Some policies had been updated with the assistance of an outside company; however, not all were of a suitable standard.

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
Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ol style="list-style-type: none">1. Service users are or may exposed to a risk of harm from staff delivering a service or care based on out of date policies which do not reflect current national guidance.2. Service users are or may be exposed to a risk of harm from the lack of evidence-based policies and clinical guidelines to inform care delivery.3. Service users are or may be exposed to a risk of harm from a lack of oversight of clinical practice to ensure care meets best practice and is in line with expected service standards.