Regency International Clinic Ltd

Regency Clinic - City of London

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

Summary of findings

Overall summary

Our rating of this location went down. We rated it as inadequate because:

- Staff lacked training in key skills, did not understand how to protect patients from all types of abuse, and did not manage safety well. Staff did not always accurately assess risks to patients and act on them.
- During the inspection, we reviewed policies which were inconsistent regarding the pregnancy rule which was a concern as the service were performing procedures on service users who were seeking to get pregnant. The service did not have oversight of these inconsistencies despite a requirement notice issued in August 2018 following the previous CQC inspection which required they address this.
- The World Health Organisation safer surgery checklist was not in use at the service.
- We found that not all staff had the knowledge required to protect service users from all types of abuse.
- Managers did not make sure staff were competent. The service did not have adequate oversight that training requirements were being met, this included safeguarding training and radiation protection training.
- The services named Radiation Protection Supervisor was unaware of their role and had not completed Radiation Protection Supervisor training.
- During the inspection we found staff at the service did not have access to radiation monitoring badges.
- Staff did not have access to in date policies that were aligned with national standards and guidance for care and treatment published by recognised organisations.
- Appointments for cosmetic surgery were offered to service users without the obligatory 14-day cooling off period.
- Leaders did not run services well and did not have reliable information systems or support for staff to develop their skills. Staff were not clear about their roles and accountabilities.
- We found evidence of poor governance which included the service not having oversight of policies.
- The service had documents which named a Radiation Protection Adviser who was no longer on the RPA 2000 register.
- Managers did not provide permanent, agency or bank staff with a robust formal induction process.
- Leaders did not have a robust audit schedule to monitor performance within the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Inadequate 	Our rating of this service went down. We rated it as inadequate. 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.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. We had previously inspected the service in February 2018 and issued a requirement notice 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 this inspection we found evidence that this requirement notice had not been met.

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 consent is obtained in a two-stage process with a cooling-off period of at least two weeks between the relevant stages of the treatment pathway for cosmetic surgery, to allow the service user to reflect on the decision, as obligated by the Royal College of Surgeons in the Professional Standards for Cosmetic Surgery. Regulation 11(1)
- The service must ensure that guidance for service users informs them of any conditions they should raise with clinical staff prior to undergoing a procedure. Regulation 11(1)
- The service must review their policies to ensure there is consistency in their enquiries of individuals of childbearing age so that service users that may be pregnant are safe from risk. Regulation 12(2)(b)

Summary of this inspection

- The service must implement the World Health Organisation safer surgery checklist for surgical procedures. Regulation 12(2)(b)
- The service must implement a modified version of the World Health Organisation safer surgery checklist for procedures involving radiation. Regulation 12(2)(b)
- The service must have a trained Radiation Protection Supervisor on site for procedures involving radiation. Regulation 12(2)(c)
- The service must have a robust formal induction process for permanent, agency and bank staff. Regulation 12(2)(d)
- The service must ensure that radiation monitoring badges are supplied for and used by staff when carrying out procedures involving radiation. Regulation 12(2)(e)
- The service must ensure that the Safeguarding Policy is comprehensive and includes types of abuse relevant to procedures carried out on service users. Regulation 13(2)
- The service must ensure that all staff have received Safeguarding training to the appropriate level. Regulation 13(3)
- The service must have and undertake a robust audit schedule. Regulation 17(2)(a)
- The service must ensure governance meetings are held and properly documented. Regulation 17(2)(a)
- The service must ensure that policies are updated to follow the latest national guidance in line with their review date and that staff have access to them. Regulation 17(2)(f)
- The service must ensure that the named Radiation Protection Adviser is registered on the RPA 2000 register. Regulation 17(2)(f)

Action the service SHOULD take to improve:

- The service should ensure that staff meetings are held with all staff who work regularly on a regular basis and that these meetings are appropriately documented.
- The service should ensure that meetings with the radiation protection adviser service are held as necessary and that these meetings are appropriately documented.

Our findings

Overview of ratings

Our ratings for this location are:

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

Inadequate

Surgery

Safe	Inadequate
Effective	Inadequate
Well-led	Inadequate

Are Surgery safe?

Inadequate

Our rating of safe went down. We rated it as inadequate.

Mandatory training

The service did not ensure that all staff completed and stayed up to date with mandatory training.

Staff did not keep 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 the permanent clinical member of staff did not have up to date Safeguarding Adults training.

Managers did not monitor mandatory training accurately so did not alert staff when they needed to update their training. Following the inspection we were provided with the mandatory training records of all three clinical members of staff, however these only contained courses completed in the past year and therefore managers were unable to monitor when non-annual training had lapsed and needed to be completed again.

Safeguarding

Staff did not understand how to protect patients from all kinds of abuse. Not all staff had completed up to date training on how to recognise and report abuse.

Medical staff did not always receive 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's Safeguarding Adults Level 2 training had expired in July and no arrangements had been made to update their training.

Staff did not know 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 and manager of the service told us they were unaware of FGM or how to recognise this form of abuse.

Staff had access to the services safeguarding policy via the policy folder. However, this had been out of date since June 2019 and was not comprehensive as it did not include information around all abuse relevant to the service users such as FGM.

Inadequate

Surgery

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 2 and that this was in date.

Environment and equipment

Staff did not always have access to necessary equipment.

The service did not have enough suitable equipment to help them to monitor staff radiation exposure. Staff had not had access to radiation protection badges following a failed shipment in April 2021. This left staff unable to monitor the levels of radiation they were being exposed to in order to prevent harmful levels being reached.

Assessing and responding to patient risk

Staff did not remove or minimise risks to patients.

The service was not compliant with the 5 steps to safer surgery, World Health Organisation (WHO) surgical checklist. The service did not use the WHO surgical checklist for surgery or radiological interventions. This exposed service users to increased risk of preventable harm such as wrong site surgery.

During the inspection we found a discrepancy between two policies regarding the procedure of how enquiries are made of individuals of childbearing potential for radiation procedures. The document for image guided procedures used the 28 day pregnancy rule where as another document used the 10 day pregnancy rule. Therefore, there was no consistency. This was a concern as the service is performing procedures on service users who are trying to become pregnant and exposures to a foetus at early gestation poses a risk. This concern had previously been identified and raised at the previous inspection.

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. However, service user information leaflets did not highlight the importance of notifying the service if they could be pregnant.

Nurse staffing

Managers did not give permanent, bank or agency staff a full induction.

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 did not make sure all bank and agency staff had a full induction and understood the service. There was no formal induction process for bank and agency or permanent staff at the service and no way of management assuring themselves that staff were working in line with local guidance and policies.

Managers could access nursing staff when required. Managers told us they had access to agency staff, however, bank staff who worked at the service regularly, were preferred and used in most cases.

Medical staffing

Managers did not give permanent or locum staff a full induction.

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

Inadequate

Surgery

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

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 did not make sure locums had a full induction to the service before they started work. There was no formal induction process for temporary or permanent staff at the service and no way of management assuring themselves that staff were working in line with local guidance and policies.

Are Surgery effective?

Inadequate

Our rating of effective went down. We rated it as inadequate.

Evidence-based care and treatment

The service did not provide care and treatment based on national guidance and evidence-based practice. Managers did not check to make sure staff followed guidance.

Staff did not follow up-to-date policies to plan and deliver care according to best practice and national guidance. During our inspection we checked all 33 policies at the service in the folder we were told clinical staff accessed to review policies. We found 26 had been out of date since June 2019.

We asked the manager of the service about the process for reviewing policies. The manager could not tell us the process for reviewing policies once out of date but told us that out of date policies were a result of the COVID19 pandemic. As a result, policies were not regularly reviewed to incorporate learning from previous incidents and updated with regard to national or professional guidance.

Competent staff

The service did not make sure staff were competent for their roles. Managers did not appraise clinical staff's work performance or hold supervision meetings with them to provide support and development.

Staff were not always qualified with the right skills and knowledge to meet the needs of patients. The service did not have a trained Radiation Protection Supervisor as required under The Ionising Radiations Regulations 2017.

Managers did not give all new staff a full induction tailored to their role before they started work. During the inspection we were told by managers that there was no formal induction process for staff.

Managers did not make sure clinical staff attended team meetings or had access to full notes when they could not attend. Following the inspection, we requested evidence of all team meetings and clinical staff meetings that had taken place in the past six months, however, none could be provided as none had taken place.

Managers did not identify training needs their staff had, including specialist training required to undertake specific roles, or give them the time and opportunity to develop their skills and knowledge. During the inspection, the manager told us

that the locum radiographer was the services Radiation Protection Supervisor but later told us they had not completed the training necessary to carry out the role. Following the inspection, we were shown correspondence between the manager and the former Radiation Protection Adviser which evidenced that the manager was in fact the named Radiation Protection Supervisor but that they had also not completed the relevant training.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff did not follow national guidance to gain service users' consent.

Staff did not gain consent from service users for their care and treatment in line with legislation and guidance. Managers did not ensure that a cooling off period was applied between a patient requesting and receiving cosmetic treatment. The manager was unaware of the need for a cooling off period for patients receiving cosmetic surgery and told us during the inspection that some service users had surgery in the same week they first contacted the service. This was not 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 went down. We rated it as inadequate.

Leadership

Leaders did not have the skills and abilities to run the service. They did not understand and manage the priorities and issues the service faced.

Inconsistencies with the enquiries of individuals of childbearing potential documentation identified during the 2018 inspection of this service had not been actioned in line with a requirement notice issued to the service.

Leaders had not implemented the World Health Organisation safer surgery checklist for surgery. This exposed service users to additional risk of unnecessary harm.

Monitoring of mandatory training was ineffective and did not identify when mandatory training had expired or was due for renewal.

Monitoring of policies was ineffective and did not identify when policies had expired or were due for renewal and there was not an effective process for updating policies in line new national guidance.

Clinical staff did not have regular meetings with management so were unable to discuss and learn from the performance of the service.

Governance

Leaders did not operate effective governance processes, throughout the service and with partner organisations. Staff were unclear about their roles and accountabilities and did not have regular opportunities to meet, discuss and learn from the performance of the service.

Inadequate

Surgery

Leaders did not operate effective governance processes. This had resulted in 26 of 33 policies being out of date for more than two years. When raised with the manager of the service we were told this was a result of the pressures of the COVID19 pandemic however these policies had expired six months prior to the first known case arriving in the UK.

Managers told us that all staff had access to policies but when asked we were told that management had no way of assuring themselves that both temporary and permanent staff had read and understood them.

The manager of the service was unaware they were the named Radiation Protection Supervisor for the service and had not undertaken the necessary training to carry out the role.

There were discrepancies between documents regarding who the Radiation Protection Adviser was. Different individuals were identified in the duties and responsibilities of Radiation Protection Supervisor document and the rules for x-ray guided procedures document.

Regular governance meetings were not held and there had been no documented meetings discussions around the performance of the service in the last six months when requested.

Management of risk, issues and performance

Leaders and teams did not use systems to manage performance effectively. They did not identify and escalate relevant risks and issues or identify actions to reduce their impact.

There was no 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. No audit programme was provided, and we were told that no audits had been completed. It was therefore unclear how the service was identifying and escalating risks and issues in areas such as infection prevention and control.

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	S31 Urgent suspension of a regulated activity