

B Matti Company Limited

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Inspection report

**Flat 2
30 Harley Street
London
W1G 9PW**

Tel: 02076379595
Website:

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Overall summary

We carried out an announced comprehensive inspection on 20 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service B Matti Company Limited was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider was an aesthetic (plastic) surgeon who offered consultations pre and post-operatively to aesthetic surgery at private clinic rooms. The provider performed the surgery within a designated hospital.

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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At B Matti Company Limited services, the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation unless they are used to treat a medical condition. Therefore, we were only able to inspect the treatments covered by the CQC registration. At this service these included:-

- Pre and post-operative care for aesthetic surgery.
- Minor surgery carried out on the premises.
- Botulinum toxin, when used for increased sweating or acne.

Summary of findings

As part of our inspection, we reviewed three CQC comment cards completed by patients. All made positive comments, stating the service was excellent and that they would recommend it.

Our key findings were:

- Staff wrote and managed individual care records in a way that kept patients safe.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The provider and the nurse understood their responsibility to raise concerns, to record safety incidents, concerns and near misses, and report them internally and externally where appropriate.
- The provider had arrangements in place to receive and comply with patient safety alerts, recalls, and rapid response reports issued by the Medicines & Healthcare products Regulatory Agency (MHRA).
- 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 assessed patients' needs, prior to the operation and following the operation.
- The provider offered the patient's time to consider their decision to agree to surgery.
- The practice manager informed patients about the cost of the procedures.
- Written information was available to inform patients about the surgical procedures and post-operative care.
- When the service was closed, patients were advised to contact the hospital that had carried out their operation, who would contact the provider if necessary.
- The practice obtained consent to care and treatment in line with legislation and guidance.

There were areas where the provider could make improvements and should:

- Continue to review policies and procedures to ensure they meet with the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance.
- Review the recruitment procedure to ensure that the provider keeps a written record of all staff references prior to commencing work and staff have the correct level of DBS in place. (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).
- Review the legionella risk assessment to ensure they are appropriate for the service premises and ensure meet the service premises meet the requirements of the Electrical at Work Regulations 1989.
- Review all procedures and policies to ensure they reflect the services practices and are in line with current legislation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

We found areas where improvements should be made relating to the safe provision of treatment. This was because we found the provider should:-

- Review the recruitment procedure to ensure that the provider keeps a written record of all staff references prior to commencing work and staff have the correct level of DBS in place.
- Review the legionella assessment to ensure it is appropriate for the service premises and ensure meet the service premises meet the requirements of the Electrical at Work Regulations 1989.
- Review all procedures and policies to ensure they reflect the services practices and are in line with current legislation.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

B Matti Company Limited

Detailed findings

Background to this inspection

The service B Matti Company Ltd is located at

Flat 2

30 Harley Street

London

W1G 9PW

The premises consisted of a reception room, consultation room and treatment room, with separate offices for non-clinical staff. The practice manager explained that disabled access was available using the basement entrance and the lift.

The provider is the sole doctor and they are supported by a practice manager, practice nurse and two administration staff.

The provider is an aesthetic (plastic) surgeon who offers consultations pre and post operatively for aesthetic surgery at private clinic rooms. The provider then performs the surgery within a designated hospital. In addition, the service offered minor surgery carried out on the premises and botulinum toxin, used for increased sweating or acne.

The service is open from 9am to 5pm each day and appointments with the provider were available on a Tuesday and Thursday. Later appointments could be made by prior arrangement.

We carried out an announced comprehensive inspection on the 20 February at Dr Matti Company Ltd. This inspection was led by a CQC inspector, with support from a GP specialist advisor.

During our visit we:

- Spoke with the provider, practice manager and nurse.
- Reviewed documents.
- Reviewed three CQC comment cards where patients shared their views and experiences of the service.

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?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

- The practice had clear systems to keep patients safe and safeguarded from abuse. Staff had not reported any safeguarding alerts within the last twelve months. However, the provider described the reporting system for raising safeguarding concerns and felt confident about using them.
- The provider had a safeguarding policy in place that instructed staff to alert the Local Authority should a safeguarding concern arise. The practice manager, nurse and the administration staff had completed safeguarding training for adults and children to level two.
- Although, the provider had completed the independent doctors federation adult protection training in May 2015 they had not completed their child protection training. The provider explained this was because they did not see patients under the age of 18 years. The safeguarding children and young people: roles and competences for health care staff intercollegiate document (Third edition: March 2014), sets out the 'minimum training requirements'. This document states the minimum training requirements for child safeguarding is Level 2 for all non-clinical and clinical staff who have any contact with children, young people and/or parents/carers. Following the inspection the provider attended safeguarding level three training on the 22 March 2018.
- The service used an external management company that provided an extensive recruitment procedure. The provider was the sole doctor in the service and was supported by a practice manager, a practice nurse, and two administration staff. The practice manager, nurse, and a secretary had worked for the service for over eight years. We reviewed the recruitment file for one member of staff who had commenced working in 2015 and found most the necessary checks had taken place, however the staff had not recorded the verbal references provided.
- Most staff had the necessary Disclosure and Barring Service (DBS) checks in place. (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). Although the nurse had completed a DBS check in January 2017 this was only a basic disclosure and not an enhanced check. Following the inspection the provider immediately applied for the enhanced DBS check.
- The provider/doctor had completed their revalidation by the General Medical Council (GMC) in June 2016. (The GMC is the statutory body responsible for licensing and regulating medical practitioners.) The nurse had completed their revalidation with the Nursing and Midwifery Council in February 2017. (The NMC is the statutory body responsible for licensing and regulating nurses and midwives)
- The practice had a chaperone policy and information in the waiting room to inform patients of the availability of a chaperone. The practice manager explained that the nurse mainly acted as a chaperone to patients and patients often brought a relative to act as a chaperone. When the nurse was unavailable, the practice manager or the administration staff acted as chaperones. Following the inspection, the provider informed us that the staff had completed infection control training
- We found the premises were clean and tidy. The provider had weekly and monthly cleaning schedules in place and an annually reviewed infection control risk assessment and policy. Sharps bins were in place and a policy for the disposal of sharps and actions to take if a needle stick injury occurred was available. The practice had a waste management contract in place for removal of the clinical waste. Following the inspection the provider informed us that all non-clinical staff had completed their infection control training.
- The provider occasionally carried out minor surgery in the treatment room, such as the removal of a mole or small lesion. For this, the service used specialist reusable sterile equipment. The nurse took the equipment to a local hospital for sterilization. However, the service did clearly stipulate the 'dirty to clean workflow' to minimise the possibility of used instruments coming into contact with sterilized instruments. Also, the treatment room did not have a separate hand wash sink and the two sink taps in the dirty room were not a sensor-operated or lever operated mixer tap. All as recommended in the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance. Following

Are services safe?

the inspection the provider has submitted evidence to demonstrate that the service has reviewed its infection control procedures to ensure they meet the code of practice.

- The premises were located in a block of flats. The management company of the flats had carried out a legionella risk assessment for the common areas. However, the service had a bath on the premises that staff and patients did not use and this was not included in the risk assessment. Following the inspection the practice manager informed us the cleaner used the taps three times a week and agreed to add this to the cleaning schedule. (A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.) The practice manager told us they were also planning to refurbish the toilet area and remove the bath.

Risks to patients

- When the service was closed, staff explained patients could contact the hospital where they had their operation, and they would be seen by the doctor at the hospital. For serious issues the hospital would contact the provider. For minor surgery carried out at the service, the staff gave patients an emergency contact number that was answered by a member of staff at the service.
- The nurse and provider informed us that to ensure patient continuity they did not take leave at the same time. When the provider was away, an arrangement was in place with a clinician of the same fellowship, who carried out the same surgery at the same hospitals. The provider explained they had assured themselves through the hospital of the fellow doctor's competency and revalidation. In addition, the hospital doctors would cover when the provider was unavailable. When the nurse was unavailable, a nurse who had previously worked at the service full time, now worked in an ad-hoc basis to provide cover.
- The provider understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Staff had completed the basic life support training.
- The service had oxygen and suction on the premises, and a first aid box, which the nurse checked weekly. The

premises did not have a defibrillator, the provider and practice manager explained this was not felt necessary due to the location of the premises near to the local accident and emergency departments.

- The provider held some medicines to treat medical emergencies they are likely to face and we saw that these were in date and stored appropriately. These included adrenaline, hydrocortisone, chlorphenamine for injection and glyceryl trinitrate (GTN).
- The provider had medical indemnity arrangements and public liability insurance in place to cover any potential liabilities that may occur.

Information to deliver safe care and treatment

- Staff wrote and managed individual care records in a way that kept patients safe.
- The provider only saw patients over the age of 18. To ensure this all patients were asked their date of birth and took full medical history taken. If this did not confirm the age, further evidence of age and identity would be sought.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Information needed to deliver safe care and treatment was available to relevant staff in a timely and accessible way. (This included test and imaging results, care and risk assessments, care plans and case notes.)
- The provider obtained patients NHS GPs' details, but would not routinely contact the GP unless the patient consented or in urgent circumstances.
- Prior to and following the operation staff provided patients with written information about their pre and post-operative procedures and care.

Safe and appropriate use of medicines

- The provider wrote patient prescriptions on headed notepaper. Staff kept the headed notepaper in a locked cabinet.
- Staff locked the medication in a secure cabinet and had a system in place to audit the medication.
- Any medication used, that required refrigeration, was stored following the manufacturer's guidance. The provider had a fridge that held the botulinum toxin (botox) and Proxymetacaine hydrochloride eye drops, solution. The nurse checked the average temperature weekly to ensure it was between 2 and 8 degrees centigrade and followed the manufacturer's guidance.

Are services safe?

However, the manufacturer's guidance for botulinum toxin states there should be monitoring of the temperature of the refrigerator on each working day using a calibrated maximum-minimum thermometer or other approved monitoring device. Following the inspection the provider has informed the CQC that staff have introduced this procedure.

- The provider explained patients were provided with information about the medicine, including the benefits, possible side-effects and what to do if they experienced an adverse drug reaction
- The provider did not stock controlled drugs.

Track record on safety

- The provider had sight of the last fire risk assessment carried out by the management company in April 2015, which the management company had not reviewed in the recommended time of two years. In addition, the risk assessment did not include a record of the actions taken in response to the recommendations. The risk assessment was for the common areas in the building and did not include that the service stored oxygen on the premises. The practice manager agreed to follow up the company risk assessment to ascertain if the company had followed the recommendations. Also, to risk assess the service premises regarding the storage of oxygen. The Regulatory Reform (Fire Safety) Order 2005 requires this when there are more than five people in the premises. Following the inspection the practice manager informed the CQC that a risk assessment had taken place and the service was awaiting the report.
- The provider had sight of the fire equipment alarm checked, carried out in December 2017. Information was available about what to do if a fire occurred and the practice manager told us they would act as the fire warden. Staff had completed fire safety training.

- The service had carried out annual checks on the electrical portable equipment but did not have sight of the five-year electrical installation check. The Electricity at Work Regulations 1989, states all commercial properties must be inspected and checked every five years.
- The practice manager carried out a premises risk assessment for each room which identified any maintenance work where the provider and staff needed to take actions.

Lessons learned and improvements made

- The provider and the nurse understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and report them internally and externally where appropriate.
- 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 a system in place for knowing about notifiable safety incidents.
- The provider had not reported a significant event at the service in the last 12 months. However, the provider could clearly describe what actions they would take and the service had a policy in place that instructed staff of the actions to take should an event occur.
- The provider had arrangements in place to receive and comply with patient safety alerts, recalls, and rapid response reports issued by the Medicines & Healthcare products Regulatory Agency (MHRA) and the Independent Doctors Federation. We saw evidence that the service reviewed patient safety alerts and considered which were applicable to the service.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

- 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 assessed patients' needs. Prior to any operation, the provider normally saw patients three times. At the first appointment the provider advised the patient of the process, procedure, and outcome. Then offer a second follow-up appointment in two weeks to allow the patient to have a 'cooling off' period. At the second consultation, the provider discussed procedure again and confirmed the patient's decision to go ahead with the surgery. A third appointment was then carried out to agree the date and time of the operation. The patient would also have pre-operative tests carried out either at the consultation rooms on the premises or at the hospital where the operation would take place. The patient also received a letter summarising what had been agreed at the consultations.
- Following the operation and dependent upon the procedure undertaken, the nurse, or doctor saw the patient within five to seven days to remove the sutures. The provider then offered the patients a six week, six month and annual reviews.
- The provider and nurse explained if an emergency occurred following the operation, patients were encouraged to contact the hospital where an on call doctor was always available. The hospital would then contact the provider if appropriate.
- Prior to the patient's consenting to the operation, the doctor provided them with written information about the operation so they could make an informed decision.
- The practice manager discussed with the patient the cost of the treatment following the first appointment.

Monitoring care and treatment

- The provider routinely collected information about the outcomes of the patient's care and treatment. The British Association of Aesthetic Plastic Surgeons (BAPS)

audit reviewed all the procedure the provider carried out each year. The data covered the type of procedure and whether the patient had any side effects from the operations.

- The provider carried out an audit of clinical documentation quarterly, sampling ten patient records, in order to review the recording of patient allergies, dates and signatures.

Effective staffing

- The provider was a full member of the British Association of Aesthetic Plastic Surgeons.
- The providers had an annual appraisal in July 2017.
- The provider had attended regular training specific to their specialism. For example seminars at the Independent Doctors Forum, raining regarding real body contouring, surgical Aesthetic, and face lifts.
- Although there were gaps in the required training such as safeguarding, chaperoning and infection control, which we have reflected in the safe domain. The provider had completed courses for basic life support training, health and safety and safeguarding adults. The practice manager and administration staff had completed slips trips and falls, manual handling equality and diversity, basic life support, fire safety update, health and safety and safeguarding adults and children.
- The nurse had completed safeguarding adults and children to level two, basic life support, infection control, fire safety, equality and diversity, manual handling training. For training specific to their role they had completed a medical open day and thread lift seminars. The nurse told us the provider offered support and supervision.
- Staff had received an annual appraisal of their work in December 2017.

Coordinating patient care and information sharing

- The provider liaised with an anaesthetist and the hospital to arrange the operations. Staff shared patient records with the appropriate clinical staff with the patients consent.
- On discharge from the hospital staff confirmed the hospital provided them with a discharge summary that the patient could share with their NHS GP.

Are services effective?

(for example, treatment is effective)

- All referral letters, photographs, procedures and discharge information was given to the patient to be forwarded to the home doctor.
- The provider informed the patient's about any test results by e-mail or by telephone if urgent.
- The service sought the patient's consent to send all communications to a NHS GP if the patient was normally resident in the U.K.

Supporting patients to live healthier lives

- Staff asked patients who smoke to stop or cut down following the surgical procedure to aid the wound healing.
- Staff discussed weight management with patients who had undertaken the procedure for the removal of fat by suction. (liposuction)

Consent to care and treatment

- The practice obtained consent to care and treatment in line with legislation and guidance.
- The provider had made information and support available to help patients understand the care and treatment options and costs.
- The provider ensured all patients had a minimum of a two-week cooling off period to decide if they wanted to continue with aesthetic surgery following the first consultation.
- All patients signed consent forms for the operations at the practice and in the hospitals.
- The doctor understood and applied the legislation and guidance regarding consent. This included the Mental Capacity Act 2005.
- The provider did not see patients under the age of 18 years.

Are services caring?

Our findings

Kindness, respect and compassion

- As part of our inspection, we reviewed three CQC comment cards completed by patients. All made positive comments, stating the service was excellent and they would recommend it.
- Staff were aware that information provided to the service was treated in a confidential way that complied with the Data Protection Act and that staff supported patients to make and review choices about sharing their information.
- The provider had carried out a patient survey, between March 31 and April 1 2017, where patients had stated they were very satisfied with the greetings given by the reception staff.

Involvement in decisions about care and treatment

- The provider ensured patients had time to review and consider the advice given; they offered three consultations prior to surgical procedures and ensured a cooling off period prior to surgery.

- The practice manager explained how they ensured patients were fully informed about the costs of the procedures following the initial consultation.
- The provider did not use an interpretation service, where necessary the provider was able to interpret themselves. In addition, relatives or friends often accompanied patients when their first language was not English.

Privacy and Dignity

- The premises protected patients' privacy and dignity.
- Staff recognised the importance of patients' dignity and respect.
- The practice manager explained the procedures they had in place to ensure patients confidentiality. For example, the service used secure e-mail.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The provider used the premises to carry out patient consultations prior to surgery. The provider offered the patient's the choice of two hospitals where the surgery could be carried out.
- The premises consisted of a reception room, consultation room and treatment room, with separate offices for the non- clinical staff. The practice manager explained that disabled access was available using the basement entrance and the lift.
- The provider only saw patients over the age of 18 years.

Timely access to the service

- The service was open 9am to 5pm each day and appointments with the provider were available on a Tuesday and Thursday. Later appointments could be made by prior arrangement.

- All patients had an initial assessment and offered further appointments pre and post-operatively to ensure their individual needs were met.
- When the service was closed, patients were advised to contact the hospital that had carried out their operation, who would contact the provider if necessary.

Listening and learning from concerns and complaints

- The practice had received two complaints in the last 12 months. We saw evidence that the provider had responded to both. When one of the patients was unsatisfied with the provider's response to their complaint, the provider had referred the complaint to the indemnity scheme.
- There was a complaints procedure, which was available in the main reception.
- Following the inspection the provider updated the complaints policy to include timescales and whom the patient could refer their complaint to, if they were not satisfied with the provider's response.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability;

- The provider was a sole doctor; who was supported by a practice manager, a nurse, an beauty therapist and administration staff.
- The provider was visible in the service and approachable.
- The provider understood the challenges to the service and what actions they had to take to address them.
- The service did not have a succession plan. This was because the service offered the provider's professional speciality in aesthetic surgery; if the provider retired this could not be replaced as the service was based on their reputation as a surgeon.

Vision and strategy

- The provider had a clear vision and a set of values, with quality as the priority.
- Staff understood the vision, values and strategy and their role in achieving them.

Culture

- Staff told us they felt supported and respected by the provider.
- The practice manager and provider were open and honest. Staff understood the importance of being able to raise concerns without fear of retribution.
- Staff told us they felt supported in their work.
- The provider was aware of the need for the Duty of Candour, however this was not reflected in the services policies and procedures. (Duty of Candour requires providers to be open and transparent with people who use services in general in relation to care and treatment. It sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.)

Governance arrangements

- The provider had systems and staff in place to support the delivery of the service.
- The practice manager and provider had developed policies and procedures for the service.
- The service had a quality improvement audit in place to help ensure the quality of care.
- The provider and the practice manager were clear about their roles, understood their accountability, and said they worked well together.
- The provider and practice manager held regular informal team meetings, however these were not recorded.

Managing risks, issues and performance

- Although the provider had systems or processes in place they did not fully enable the provider to assess, monitor and mitigate the risk relating to the health, safety and welfare of service users and others who may be at risk. For example the infection control practices, the updating of basic training, and review of and implementation of risk assessment. During and following the inspection the provider and practice manager responded to our suggestions and looked at ways of making instant improvements. For example, by immediately contacting the premises management company regarding the oxygen and legionella risk assessment and the undertaking of chaperone, infection control and safeguarding training.

Appropriate and accurate information

- The practice held current patient records in locked filing cabinets in the administration offices. However, staff kept archived patient records in the reception room in a unlocked cupboard. Following the inspection the provider informed us that they had secured the records.
- The provider did not have a business continuity plan in place to ensure the safe keeping of patient records in the event of the service having to close. The practice manager said that they would put one in place following the inspection.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Engagement with patients, the public, staff and external partners

- The provider sought and collated patient's views for their annual appraisal.

Continuous improvement and innovation

- The provider was the United Kingdom secretary for ISAPS, (International Society of Aesthetic Plastic Surgery).
- The provider said they were planning to refurbish part of the premises.