

Epilium & Skin Ltd

# Epilium & Skin

## 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

The service Epilium & Skin provides surgical procedures to adults only. We inspected the service using our focused inspection methodology.

This inspection was a focused follow up inspection to determine if all areas of concern raised at our previous inspections on 20 December 2022 and 28 February 2023, had been resolved and the risk of harm to service users had been removed. We did not rate the service at this inspection as we were following up on concerns raised at our previous inspections.

We found:

- The service did not follow required legislation in relation to recruitment or registration of staff providing regulated activities.
- There were no medicines management systems in place. There was no stock control system in place. There were no decontamination facilities or services in place.
- The service did not monitor the effectiveness of care and there was no system to ensure the competence of staff.
- Governance systems were not fit for purpose which meant the provider did not have a good understanding of the service or their responsibilities in relation to risk and leadership.

Following our comprehensive inspection on 20 December 2022, the service was rated inadequate. We suspended the registration of the provider and placed the service into special measures.

Following the focused follow up inspection on 28 February 2023, the suspension of the regulated activity was extended for a further eight weeks because the service had not made all the required improvements.

As a result of the focused follow up inspection undertaken on 24 April 2023, the suspension of the regulated activity was extended for a further sixteen weeks because the service had not made all the required improvements.

**Services placed in special measures will continue to be monitored. If insufficient improvements have been made such that there remains a rating of inadequate overall or for any key question or core service, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling the registration or to varying the terms of their registration within six months if they do not improve. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.**

# Summary of findings

## Our judgements about each of the main services

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

# Summary of findings

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# Summary of this inspection

## Background to Epilium & Skin

Epilium & Skin is operated by Epilium & Skin Ltd. The service provides private cosmetic treatments from clinical premises which are also used for unregulated aesthetic treatments. The clinic offered treatments such as blepharoplasty (eyelid reduction), labiaplasty (labia minora reduction), gynecomastia (male chest lift), fat transfer, and hair transplant. The service has one operating theatre, one recovery room, one consultation room and a waiting area. Procedures were carried out under local anaesthetic and conscious sedation only.

The provider registered this location in January 2011. A registered manager was in post and the service was registered to carry out the following regulated activity:

- Surgical procedures

## How we carried out this inspection

We carried out an unannounced inspection using our focused inspection methodology of the service on 24 April 2023. Our inspection team consisted of a lead inspector and an operations 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>.

## Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations.

### Action the service MUST take to improve:

- The service must ensure decontamination facilities or decontamination services are available to ensure the safe use of surgical equipment. (Regulation 12)
- The service must implement and maintain consistent, safe medicines management. This must include safe procedures in line with national requirements that include storage, stock management, prescribing, administration, and destruction. (Regulation 12)
- The service must ensure medical emergency equipment is suitable, available, and maintained. (Regulation 12)
- The service must implement clinical monitoring and outcome processes. (Regulation 12)
- The service must ensure it fully complies with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe recruitment of staff. (Regulation 12)
- The service must ensure clinical governance processes are fit for purpose, contribute to the safe running of the service, and enable the registered manager to gain assurance that risk and performance is managed effectively. (Regulation 17)




# 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 

## Is the service safe?

Inspected but not rated 

We did not rate safe during this inspection.

### Environment and equipment

**The design, maintenance and use of facilities, premises and equipment did not always keep people safe.**

There were still no decontamination facilities for surgical equipment and staff were unable to explain how reusable equipment was cleaned ready for use. There were still no audit records to provide assurance of such processes were in place.

The service had purchased a further handheld suction machine since the previous inspection. However, the handheld suction machine and the previous suction machine purchased were not suitable for the requirements of a theatre undertaking the procedures the service offered. Service users may be exposed to the risk of harm due to the lack of suitable equipment as it would not be possible to clear their airway. A suction machine, or aspirator, removes obstructions such as mucus or blood from a person's airway. The device is an important part of surgical safety.

The service still had a blood pressure monitoring machine which was a home use monitor and did not fit the various size cuffs required for the range of service users that would be seen by the service. We were not assured that all service users could receive the required monitoring during and post operatively.

Emergency medical equipment remained unfit for purpose. The service had a resuscitation trolley that was used to store non-emergency medicines and equipment. This meant access to emergency medicines and equipment may be delayed as these were not stored in a designated trolley ready for immediate access. This demonstrated the service still did not have an understanding of what emergency medical equipment and medications were required and that should only be held in the resuscitation trolley.

There was not enough equipment to provide emergency care in the event a service user deteriorated. The emergency trolley still did not have enough equipment for staff to use in an emergency. For example, there was only 1 laryngeal airway mask in the resuscitation trolley. This was suitable only for service users who weighed between 50 – 70 kgs and would not support service users outside of this range.

There were still a considerable number of consumables which were out of date. These consumables had gone out of date since the previous inspection on 28 February 2023. This demonstrated the service still did not have an effective stock management process in place.

# Surgery

The service was still not undertaking or documenting the checking of the ambient temperature in the theatre where medication was being stored. Some medication we saw was required to be stored below 25 degrees and the service was not able to provide assurance that the temperature of the theatre had not exceeded 25 degrees. Therefore, the effectiveness of the medication could not be assured as it had not been stored in line with manufacture's guidance.

The Controlled Drugs (CD) cabinet was located in an unlocked cupboard above a hand washing sink in the theatre. This arrangement was not in line with national requirements for the CD cabinet to be inside a locked cupboard. The CD cabinet was now being used to store non controlled drug medications.

## Assessing and responding to service user risk

**Staff did not complete risk assessments for each service user. There was no policy for staff to identify and act upon service users at risk of deterioration. The service did not make sure service users knew who to contact to discuss complications or concerns.**

There was still no risk assessment or inclusion/exclusion criteria in place that enabled staff to identify if a service user was unsuitable for cosmetic surgery. This presented a risk to safety because it meant staff had not assessed service users' known health issues, including mental health needs, prior to carrying out surgery. Despite the registered manager informing us prior to the follow up inspection on 28 February 2023 that this had been written and put in place, we could still find no evidence of it during this inspection and staff we asked could not show this to us.

The service still did not have a standard operating procedure for the management of service users who deteriorated. There was no guidance for the actions staff should take if a service user deteriorated or the threshold at which staff would arrange an urgent transfer to another facility or call 999. The registered manager had informed us prior to the follow up inspection on 28 February 2023 that this procedure had been developed but we could still not find evidence of it during this inspection and staff were not able to provide it for us.

## Staffing

**The service could not evidence it had enough staff with the right qualifications, skills, training, and experience to keep Service users safe from avoidable harm and to provide the right care and treatment.**

The service did not employ nurses or healthcare support workers. Doctors and surgeons working under practising privileges brought their own theatre support staff with them on operating days. However, the service still did not have a process to keep records of these staff and therefore, were unable to confirm if these staff were trained, accredited professionals.

We reviewed the files for three doctors, who now had a practising privilege agreement with the provider and were able to deliver regulated activities. We were unable to find any evidence of the process for granting and approving practising privileges for the three doctors, who the service told us held practising privileges, in their recruitment files. We found employee files did not have evidence of in date disclosure and barring service (DBS) checks. We looked at 'staff member A's recruitment file and found DBS evidence dated September 2017. There was no evidence of DBS renewal which was due in September 2020. In staff member B's recruitment file, we found DBS evidence dated October 2017. There was no evidence of DBS renewal which was due in October 2020.

Only one doctor had an up-to-date appraisal on file. There was no evidence of right to work in the UK for any of the doctors, all of which lived and worked in France.



## Surgery

During the follow up inspection, we found that there was no application form or CV on file for the employed member of staff. There was no record of an interview having taken place. There was also no evidence of right to work in the UK or references on file.

These lack of pre-employment checks and accurate up to date staff information on file demonstrated that the provider still did not understand their responsibility in relation to practising privileges, recruitment of staff and need to ensure records were kept of who was working in their service.

### Medicines

**The service did not have systems and processes to safely prescribe, administer, record and store medicines.**

There was still no medicines management system in place. Medicines were stored in various drawers, cupboards, and trolleys. There was no stock control or tracking system. This was not in line with national best practice.

The resuscitation trolley held medicines which were not required for use in an emergency situation. The service was using the resuscitation trolley as a medicine's storage area. We still found Voltarol ampoules 75 mgs/3ml, Lidocaine Hydrochloride 2% w/v solution for injection, Flumazenil 0.1mg.ml injection, Medrone tablets 16mg and water for injection 100% w/v 1ml stored on the resuscitation trolley alongside medicines that would be required in an emergency situation.

### Is the service effective?

Inspected but not rated 

We did not rate effective during this inspection.

### Competent staff

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

The service still had not ensured that all staff had participated in an annual appraisal. We found that only one out of three doctors had an appraisal on file.

The service did not provide any evidence to show that support staff had undertaken developmental opportunities or continuing professional development.

### Is the service well-led?

Inspected but not rated 

We did not rate well led during this inspection.

### Leadership

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

# Surgery

The managing director was the registered manager. The registered manager still failed to understand the level of concerns raised during the previous two inspection. The registered manager had written to us following the inspection in December 2022 to provide assurance that many areas of concern had been addressed. However, when we inspected the service in February 2023, we found that these areas had not been addressed or in fact some of the solutions put in place or actions taken had actually created further risks for service users and the service. This remained the situation during this focused follow up inspection. The registered manager was based substantively outside the UK and a clinic manager was responsible for the day-to-day operation of the clinic, including unregulated services.

We remain unassured of the abilities of the registered manager and clinic manager. There were still gaps in understanding of governance, operational safety, and the measures needed for safe clinical practice. Leaders still could not evidence that they understood the challenges to quality and sustainability. They still had not acted substantively to address quality issues.

The service still did not have a system to ensure staff and those working under practising privileges were supported with performance, met, and trained together, and had access to human factors training to underpin the delivery of safe care. This would usually be included in work to follow the National Safety Standards for Invasive Procedures (NatSSIPs), but the service did not take part.

## Governance

### **Leaders did not operate functioning governance processes.**

The governance system remained not fit for purpose. The provider and registered manager were not compliant with their regulatory responsibilities and did not have processes in place to ensure safe standards of working.

The service still did not have a deteriorating service user policy or an admissions and exclusion criteria policy in place. When we discussed these policies with the registered manager, they still did not understand the requirement for these policies and had not commenced their development.

## Management of risk, issues, and performance

### **There was no system to manage performance effectively.**

The service still did not have comprehensive assurance systems in place and there were no processes to monitor cosmetic surgery services. The service did not have systems for continuous improvement in infection prevention and control. This lack of systems meant that service user safety risks would not be mitigated or avoided.