

# Ruislip

## Inspection report

147 Ruislip Road  
Greenford  
UB6 9QQ  
Tel: 07742975361

Date of inspection visit: 11 March 2022  
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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           | Insufficient evidence to rate |  |
|--|-------------------------------|---|
| Are services safe?                         | Insufficient evidence to rate |  |
| Are services effective?                    | Insufficient evidence to rate |  |
| Are services caring?                       | Insufficient evidence to rate |  |
| Are services responsive to people's needs? | Insufficient evidence to rate |  |
| Are services well-led?                     | Insufficient evidence to rate |  |

# Overall summary

We have not rated the service at this inspection.

The key questions are rated as:

Are services safe? – Not rated

Are services effective? – Not rated

Are services caring? – Not rated

Are services responsive? – Not rated

Are services well-led? – Not rated

We carried a short notice announced comprehensive inspection on 11 March 2022 at Location Ruislip due to concerns we had received. Prior to this on 26 January 2022 we were denied entry to the service as we were told the provider was unavailable and the premises were undergoing renovations and not seeing patients. We took action to make the location dormant following this failed visit. On 22 February 2022 we visited the location and met with the provider to gain an understanding of the plans they had for the service.

The location was previously used for dental service by another provider via a rental service agreement with the Provider of Ruislip.

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.

Ruislip is registered with the Care Quality Commission to provide; Surgical Procedures, Diagnostics and Screening and Treatment of Disease. Ruislip provides a range of services including: Ultrasound scans, botox for migraines and hyperhidrosis. The provider was providing services to children and adults. However, it was not clear the ages of children that could be seen at the clinic. The clinic also offered face and body treatments. The face and body treatments offered at the service are not regulated by the CQC therefore, we did not inspect that part of the service.

The practice manager who is the owner of the clinic 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 people. 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.

## Our key findings were:

- The clinic did not provide care in a way that kept patients safe and protected them from avoidable harm.
- Systems and processes were not developed to provide safe care and treatment to patients.
- There was no defibrillator for use on site and no risk assessment had been undertaken to mitigate the potential risks of the lack of a defibrillator.

# Overall summary

- The way the clinic was led and managed did not promote the delivery of high-quality, person-centred care. The provider of the service could not provide reassurances of the governance systems and processes to keep patients safe. There was limited or no evidence of quality improvement processes. There was no system of oversight of any treatments provided.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with fundamental standards of care.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Inspection GP specialist adviser.

## Background to Ruislip

Ruislip is located at;

147 Ruislip Road

Greenford

Middlesex

UB6 9QQ

07742975361

Website: <https://eskulap.co.uk/en/treatments/aesthetic-medicine-london/>

- The provider is registered with CQC to provide the following activities:
- Diagnostic and Screening procedures
- Treatment of Disease, Disorder, Injury (TDDI)
- Surgical procedures

The clinic provides a range of services including: Ultrasound Scans, Botox for migraines and hyperhidrosis. According to the provider, only twenty percent of services delivered are regulated by the Care Quality Commission, which is the Ultrasound scans. Therefore, this inspection report only covers this aspect of the service.

The clinic offers services to children and adults. However, it was not clear what the age of children being seen at the clinic was.

How we inspected this service

- During the site visit, we spoke with the Registered Manager and the Radiologist.
- We looked at records related to patient assessments and the provision of care and treatment.
- Reviewed personnel files, service policies and procedures and other records concerned with running the service.

The service was not operating at the time of our inspection. Therefore, there was limited information available to us relating to patient experience.

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?

**The provider was temporarily not providing regulated activities at the time of our inspection. This meant we were unable to assess whether the service was providing safe care in accordance with the relevant regulations. However, we identified some concerns.**

## Safety systems and processes

**The service did not have clear systems to keep people safe and safeguarded from abuse.**

- The service had policies to safeguard children and vulnerable adults from abuse. However, we were told that the clinic manager was the lead responsible for safeguarding. They worked in a non-clinical capacity and had completed level 2 children's safeguarding training. The radiologist had completed level 2 children's safeguarding training. However, it was unclear if level 2 safeguarding training was sufficient as the provider needed to clearly outline the services they were offering to children
- The provider had contact details of the local safeguarding authority.
- Following feedback from us the service put systems in place to ensure that they would check an adult accompanying a child had parental authority to give consent to treatment.
- The doctor working at the service had a Disclosure and Barring Service (DBS) check completed. The provider told us that they would carry out staff checks at the time of recruitment and on an ongoing basis including DBS checks where appropriate should they employ further staff. (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).
- The provider was undertaking checks for Legionella at the premises.
- The premises had recently been refurbished. However, they were still to be cleaned as we observed paint markings, rust and visible dirt on the sinks in clinical rooms. The provider told us that this would be repaired prior to re-opening. We also noticed that the provider had recently purchased disposable curtains for clinical rooms. These were not dated and there was no policy indicating how often they would be changed.
- There were infection control policies in place. The provider showed us evidence of infection control check lists that were undertaken while the service was operating. However, the provider told us that they were yet to arrange for a cleaning company as they were not operating.
- The provider showed us records that demonstrated equipment at the premises had recently been serviced and that they held service contracts.
- We were shown a contract that was in place for the disposal of healthcare waste.

## Risks to patients

**There were no systems to assess, monitor and manage risks to patient safety.**

- The provider told us that the service only employed the radiologist and would only operate if the radiologist was available.
- The radiologist had an understanding of how they would manage patients with sepsis.
- The provider has some medicines in stock used to deal with emergencies.
- There was a portable Oxygen cannister. Adult and children's masks were available. The provider told us that they could not keep oxygen cylinders as they considered them to be high risk.
- There was no AED at the premises (AED, or automated external defibrillator, is used to help those experiencing sudden cardiac arrest). The provider reported that an AED was available at the pharmacy that was across the road.
- There were appropriate indemnity arrangements in place.

## Information to deliver safe care and treatment

# Are services safe?

## **Staff did not have the information they needed to deliver safe care and treatment to patients.**

- Individual care records were not written and managed in a way that kept patients safe. The care records we saw demonstrated that information needed to deliver safe care and treatment was not completed.
- We viewed five patient care records from when the provider was operating. Four out of the five records were written in English Language. The radiologist had also made some notes in Polish as a summary. They told us that this was for patients who wanted to show the notes to their respective doctors abroad.
- In one example, the notes had only been recorded in Polish. In the majority of records the documentation lacked advise and next steps that had been given to the patients. The radiologist informed us that they gave verbal feedback to the patients and they would direct patients to appropriate care if required.
- The clinic had a form that patients were asked to complete if they agreed for the records to be shared with their own GP or other healthcare professionals.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.

## **Safe and appropriate use of medicines**

- The provider told us that the part of the clinic that was regulated by CQC did not prescribe any medicines. However, they offered treatments for migraines and excessive sweating (hyperhidrosis) using Botox.

## **Track record on safety and incidents**

- We were unable to ascertain the providers safety record because the service had been in operation for four months. However, there were no comprehensive risk assessments in relation to safety issues.

## **Lessons learned and improvements made**

- The provider told us they had not had any incidents they had learnt from.

# Are services effective?

**The provider was temporarily not providing regulated activities at the time of our inspection. This meant we were unable to assess whether the service was providing effective care in accordance with the relevant regulations. However, we identified some concerns.**

## Effective needs assessment, care and treatment

- The doctor working at the service was aware of relevant guidance relating to radiology. We reviewed records of five patients that had attended the service between July and November 2021. The gaps identified in the records did not provide reassurances that patients' immediate and ongoing needs were fully assessed.
- During our inspection the service was not operating. The radiologist advised us that they were just returning from a period of absence. Therefore, we were unable to confirm if patients care and treatment needs were assessed and planned in line with guidelines.

## Monitoring care and treatment

**The service was not actively involved in quality improvement activity.**

We saw no evidence of the use of completed audits or anything else to review the care and treatment provided or to improving patient experience. The radiologist advised us that this was largely due to the fact that the clinic had only operated minimally during the lockdown period due to the COVID-19 Pandemic. Following our inspection, the provider sent to us an audit that had been completed post the inspection.

## Effective staffing

- The provider employed one clinician the radiologist. The radiologist was fully registered with the General Medical Council (GMC) and were up to date with revalidation.

## Coordinating patient care and information sharing

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- The provider had not risk assessed the treatments they offered. We saw no documentation that detailed the full extent of the treatments offered in particular for children undergoing ultrasound scans. The radiologist told us they would not offer a child a scan for the chest or head area. We asked for documentation that supported this, but none was available. The provider told us that the clinic would not treat a child below the age of four. However, this was not documented, and we did not have assurances that this was the case.

## Supporting patients to live healthier lives

- The radiologist told us that where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. However, we saw no instances of this in practice.

## Consent to care and treatment

## Are services effective?

- The radiologist was aware of the process of seeking consent. However, due to the limited number of patients that had been seen at the clinic we could not fully evidence this.



# Are services caring?

**The provider was temporarily not providing regulated activities at the time of our inspection. This meant we were unable to assess whether the service was providing caring services in accordance with the relevant regulations.**

## **Kindness, respect and compassion**

- The provider had a policy that outlined that the service sought feedback on the quality of clinical care patients received. However, at the time of our inspection the clinic was not providing care and treatment to patients. Prior to this the service had been in operation between July and November 2021. The provider told us that they had not received or conducted any feedback as they had very limited patients during this time.

## **Involvement in decisions about care and treatment**

- The service had policies on how they would involve patients in decisions about care.

## **Staff helped patients to be involved in decisions about care and treatment.**

- The majority of patients seen at the service were from Eastern Europe. The languages they spoke were familiar with the providers or doctor working at the clinic. The provider told us they would get interpretation services if needed or use translation websites.

## **Privacy and Dignity**

- We saw that privacy curtains had been installed.

# Are services responsive to people's needs?

**The provider was temporarily not providing regulated activities at the time of our inspection. This meant we were unable to assess whether the service was providing responsive services in accordance with the relevant regulations.**

## **Responding to and meeting people's needs**

- Information on the providers website was not clear on the type of services provided and age exclusion.
- The facilities and premises had recently undergone renovations. However, the clinical rooms were still waiting to have some final touches to them.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

## **Timely access to the service**

- We were told that appointments were available as needed.

## **Listening and learning from concerns and complaints**

- The service had complaint policy and procedures in place. The provider told us no complaints had been received as they had not been operating fully.

# Are services well-led?

**The provider was temporarily not providing regulated activities at the time of our inspection. This meant we were unable to assess whether the service was providing Well led services in accordance with the relevant regulations.**

## **Leadership capacity and capability;**

**Leaders did not have the capacity and skills to deliver high-quality, sustainable care.**

- The provider of the service was not a practicing or registered medical professional. We were concerned about the leadership of the service as the provider was not aware of their limitations regarding clinical issues.
- The provider did not demonstrate that they had the capacity and capability to run the service. The provider told us that they currently employed one radiologist and it was unclear the days this clinician was based at the service. The provider further explained that they were looking to arrange for other independent doctors to join the service under service contracts. It was unclear how the provider was planning to supervise these clinicians or who was to be responsible for the day to day running of the service.
- The provider explained to us the reasons they had closed down the service was due to damage caused to the building by another service provider they were renting the clinical rooms to.

## **Culture**

- The provider was aware of the requirements of the duty of candour. However, we were unable to ascertain how this would be applied.

## **Governance arrangements**

**There were no clear responsibilities, roles and systems of accountability to support good governance and management.**

- The provider had drafted policies, procedures that were to be used to govern the service. However, they lacked clear details on:
- Overall clinical responsibility at the service. The provider of the service was a non-clinical person. They told us that they were responsible for the day to day running of the service. However, they lacked an insight into risks of the services provided and therefore, they could not evidence they had sufficient ability to enable them to run the service fully and safely.
- The service did not have a clear outline of the conditions that patients could seek treatment for.
- The service did not have a clear age limit for the youngest age at which they would see a child.
- The provider had not got any systems in place to review the services provided to ensure they were safe and effective.
- The provider did not have any quality assurance programmes or plans in place to ensure treatments were carried out in line with guidance and regulations.

## **Managing risks, issues and performance**

**There was no clarity around processes for managing risks, issues and performance.**

- There was no process to identify, understand, monitor and address current and future risks including risks to patient safety.

# Are services well-led?

## Engagement with patients, the public, staff and external partners

- The service had policies on how they could get feedback from patients. However, they told us that that due to the limited service they had operated to date they had not received or requested patient feedback.

## Continuous improvement and innovation

- There was no evidence of systems and processes for learning, continuous improvement and innovation. The provider told us that this was due to the limited time the service had been operating.

## 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   |
|--|--|
| Surgical procedures<br>Treatment of disease, disorder or injury<br>Diagnostic and screening procedures | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 HSCA (RA) Regulations 2014 Good Governance.</b></p> <p><b>How the regulation was not being</b></p> <p>Patient records were not recorded in way that ensured safe care and treatment. In particular some records were written in polish. The information in the records also lacked clarity on clinical advise provided to the patient and next steps that had been given to the patients.</p> <p><b>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> |

| Regulated activity   | Regulation   |
|--|--|
| Surgical procedures<br>Treatment of disease, disorder or injury<br>Diagnostic and screening procedures | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 HSCA (RA) Regulations 2014 Good Governance.</b></p> <p><b>How the regulation was not being</b></p> <p>The provider had lack of oversight and governance of care and treatment.</p> <p>There were no clinical audits completed nor was it clear who had the responsibility of completing them.</p> <p>There was no clear plan for who and what is or could be treated at the service; no lower age limit of children who could be seen.</p> |

This section is primarily information for the provider

## Requirement notices

The provider had not considered whether the botox treatments for migraine and sweating was in scope of CQC regulation.

The provider could not provide reassurances that they had the experience to provide clinical oversight at the service.

**This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**