

American Cosmetic Surgery Ltd

111 Harley St.

## 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

Not inspected

Are services safe?

Inspected but not rated



# Summary of findings

## Overall summary

We carried out a focused follow up inspection of 111 Harley St. on 24 January 2023 to check compliance with regulatory breaches identified in the warning notices issued in October 2022. We previously inspected this service in August 2022 and rated it as overall requires improvement, with safe as inadequate, effective, caring and responsive as good and well led as requires improvement. We did not re-rate the service at this inspection as we only inspected and reported on specific key lines of enquires and previous rating remains unchanged.

At this inspection we found:

- The provider had made improvements to comply with most aspects of the provisions of Regulation 12: Safe Care and treatment. However, the provider had not complied with all breaches identified in the warning notice issued in October 2022.
- The provider did not have all control measures to protect patients, themselves and others from infection.
- The design, maintenance and use of facilities and premises did not keep people safe. The design and layout of the basement where the theatre was located did not provide effective identification of clean and dirty areas.


However,

- The provider kept equipment and the premises visibly clean and ensured that all equipment used to provide care or treatment was safe for such use.
- Staff managed clinical waste well and systems were compliant with the safe management of disposal of healthcare waste HTM 07-01.
- The Control of Substances Hazardous to Health (COSHH) items were stored appropriately.
- The flooring in the patient recovery/ scrub area was compliant with the relevant Health Building Note (HBN) design. There were now facilities and systems for cleaners to fill and empty the mop buckets.
- There were now effective systems to store and check emergency medicines.
- The provider used the correct type of bins to dispose of general and clinical waste.
- The theatre environment was uncluttered and equipment were stored effectively when not in use. There was now an effective system in place for daily checks of the emergency equipment.

Following this inspection, we have taken further regulatory action and served a warning notice for outstanding breaches under Section 29 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as we believe the quality of health care at the service required significant improvement. We may take further action if the registered person does not comply with the notice within the stated timescale and the breach continues. For information about what the service needs to do to improve, see the Areas for improvement section.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Not inspected	

# Summary of findings

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# Summary of this inspection

## Background to 111 Harley St.

American Cosmetic Surgery Ltd trading as 111 Harley St. is a small independent clinic offering elective cosmetic surgical and aesthetic procedures to both male and female patients over the age of 18 years. The clinic offered services to privately funded adults only and include cosmetic and reconstructive surgery.

The clinic is registered to provide the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder or injury

The on-site surgical procedures are carried out under local anaesthetic. The consultants performed surgical operations requiring conscious sedation or general anaesthetic at other local private hospitals under their practising privileges.

The medical director is the nominated individual and the practising consultant at the location. There has been a registered manager in the post since the clinic registered with the commission in 2019.

At the time of the inspection, the clinic employed a managing director (the registered manager), two surgical nurses, a healthcare assistant and two patient co-ordinators.

The location was rated requires improvement following a comprehensive inspection of the service in August 2022. Following the August 2022 inspection, we used our enforcement powers to serve a Warning Notice to the provider for breaches under section 29 of the Health and Social Care Act 2008. The warning notice was served for failing to comply with Regulations 12: Safe Care and Treatment. We carried out a focussed follow up inspection on 24 January 2023 to check compliance with concerns identified in the Warning Notice issued in October 2022. Following this inspection, we used our enforcement powers to serve a Warning Notice to the provider for outstanding breaches under section 29 of the Health and Social Care Act 2008. The warning notice was served for failing to comply with Regulations 12: Safe Care and Treatment.

We previously inspected this service in August 2022 and rated it as overall requires improvement, with safe as inadequate, effective, caring and responsive as good and well led as requires improvement. We did not re-rate the service at this inspection as we only inspected and reported on specific key lines of enquires and previous rating remains unchanged.

## How we carried out this inspection

We carried out an unannounced inspection of the service on the 24 January 2023. We inspected this service using our focused inspection methodology. The facilities included a reception area, an operating theatre used for surgical procedures and a patient area. These areas are in the basement without lift access which means the clinic is unable to provide services to patients with mobility issues. There is also a consulting room located on the first floor. During the inspection, we only visited the basement theatre area.

We spoke with three staff members including theatre staff and the registered manager.

# Summary of 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

Following this inspection, we used our enforcement powers to serve a Warning Notice to the provider for outstanding breaches under section 29 of the Health and Social Care Act 2008. The warning notice was served for failing to comply with Regulations 12: Safe Care and Treatment.

We have asked the provider to take following actions to comply with the outstanding breaches of warning notice:

- Ensure there are effective control measures to protect patients, themselves and others from infection. (Regulation 12)
- Ensure the design, maintenance and use of facilities and premises keep people safe, with effective identification of clean and dirty areas. (Regulation 12)

If the provider fails to achieve compliance with the relevant requirement within the given timescale, we may take further action.

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **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 provider must store oxygen cylinders safely and securely. (Regulation 15)

# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Surgery

Safe

Inspected but not rated



Is the service safe?

Inspected but not rated



We did not review the rating of safe at this inspection.

## Cleanliness, infection control and hygiene

**The service had made improvement since last inspection. However, the service did not control all infection risk well.**

Although the provider had taken several actions since the August 2022, we found that they have not complied with all breaches identified previously. The provider was required to have effective control measures to protect patients, themselves and others from infection. At the last inspection, we found that cleaner's room in the basement had one small hand washbasin, washing machine, tumble dryer and several cupboards including the controlled drug cupboard. Staff informed us that the cleaner used the hand washbasin within the room to fill the mop bucket. Staff informed that the cleaners emptied the dirty mop bucket after use down the toilet. There was only one toilet in the basement area which staff confirmed that both patients and staff used it. At January 2023 inspection, we saw that a janitorial sink with double sink system was installed in cleaners' room. However, the janitorial sink was installed on top of the old hand wash sink, which meant that there was now no separate handwash sink. Due to the instillation of the janitorial sink, there was limited space now within the room for staff to move around. The room was still not used as a defined 'dirty utility' room as it stored clean consumables, linen and controlled drugs cupboard. The service was not following the Health Building Note HBN 00-09 Infection Control in the built environment guidance. The registered manager informed us that there were plans to refurbish the whole basement area with a separate sluice area. The service was awaiting approval of the licence to alter from landlord(s) with a tentative timeframe of the building work to start by middle of May 2023.

The provider now ensured equipment and the premises were kept clean. The service had one surgical theatre in the basement and used an area outside the theatre as a combined space for patient preparation, recovery and as a scrub area. We found that all clinical areas were clean. The high surface above the scrub area was clean and there was no visible dust. In the theatre, we found notices on the wall were appropriately secured and displayed. There was in date alcohol hand gel in the scrub area.

Within the theatre, there was a small storeroom to store medicines and consumables. At the last inspection, we found several cardboard boxes stored on the floor which meant that staff could not clean the area properly. A medicine fridge in the storeroom was not clean and there were spillage stains and hair inside the fridge. At this inspection, we found that the provider has rectified this and was now compliant.

At the August 2022 inspection, the service was not using the correct type of bins to dispose of general and clinical waste. There were non-touch bins for general waste within the clinical area including the theatre. The clinical waste bin within the theatre was pedal operated, however the pedal mechanism was broken which meant that the lid did not close automatically. We informed staff that these bins were not appropriate for clinical areas and were non-compliant. We were not assured that the service understood infection prevention and control policy regarding correct use of bins. At the January 2023 inspection, we found that the provider has made improvement and there were appropriate bins to dispose of general and clinical waste.



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## Environment and equipment

**The design, maintenance and use of some facilities and premises did not keep people safe. Staff manage clinical waste well.**

Since the August 2022 inspection, though the provider has made several improvements, the design and layout of the basement where the theatre was located still did not provide effective identification of clean and dirty areas. There was no designated 'dirty utility' area for decontamination, storage of dirty or used equipment. There was no separate 'sluice' room. The registered manager informed us that there were plans to refurbish the whole basement area. The service was awaiting approval of the licence to alter from landlord(s) with a tentative timeframe of the building work to start by middle of May 2023.

At the August 2022 inspection, we found gaps in tiles around the scrub trough and growing mould around the tap of the scrub unit. The wooden shelving in that area had gaps. The flooring in the patient preparation/recovery/ scrub area was non-compliant with Health Building Note HBN00-10 design for flooring, walls, ceilings, sanitary ware and windows, as there were gaps in vinyl (welding). At this inspection, we found that the service has made improvement around the scrub area and the gaps in the vinyl flooring was fixed. However, the wooden shelving in that area were not fixed. The registered manager informed us that there were plans to refurbish the whole basement area. The service was awaiting approval of the licence to alter from landlord(s) with a tentative timeframe of the building work to start by middle of May 2023.

Since the last inspection, the service took mitigating actions to improve the scrub area. There was now enough free space around the scrub area to effectively scrub. There were now wall brackets to store personal protective equipment (PPE) stored away from the scrub sink.

At the August 2022 inspection, we found the theatre's main entrance door had paint ripped off at the bottom. The theatre environment was cluttered with tangled cables on the floor and discarded cable covers behind the door. We saw that staff did not store equipment effectively, with lots of equipment on trolleys and on counters and not covered with plastic sheets when not in use. A trolley with a diathermy machine had paint ripped off at several places. At this inspection, we found that the service has made improvement, the theatre environment was cluttered free and equipment were stored appropriately. However, the theatre's main entrance door was not fixed.

At the August 2022 inspection, we found that nursing staff did not carry out regular detailed checks of the equipment and medicines within each drawer of the resuscitation trolley in the theatre. At this inspection, we found that the service has made improvement. Staff carried out detailed checks of the equipment and medicines within each drawer of the resuscitation trolley. See further details in the medicine section of this report.

At the August 2022 inspection, we found that staff could only access the large yellow clinical waste bins stored in a central basement patio by a door in the basement reception area, which meant staff would have to carry the clinical waste through the clean preparation (scrub) area into a corridor. To remove the clinical waste off the premises, the external company's staff had to go through staff kitchen and a carpeted area. This was non-compliant with the safe management of disposal of healthcare waste HTM 07-01. At this inspection, we found that the service has introduced clinical waste containers, which meant that whole plastic container units, once full were locked and removed from the premises and were now compliant.

At the August 2022 inspection, the service did not store all Control of Substances Hazardous to Health (COSHH) items appropriately. We found cleaning chemicals and flammable buckets of paint in an unlocked cabinet under the kitchen sink. At the January 2023 inspection we found that this cabinet had a lock and COSHH items were stored appropriately. There was a locked COSHH cabinet in the theatre storeroom. At the August 2022 inspection, we found a bottle of acetone

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household solvent used for removing nail varnish, which had expired in May 2022. At the January 2023 inspection, we found that except one all COSHH items were stored appropriately. We found an out of date jar of cleaning tablets expired in August 2021 in the COSHH cabinet in the theatre storeroom. When we informed nursing staff, they told us that they were not aware of it and a cleaner might have put it there overnight. Staff removed the out of date jar immediately.

At the January 2023 inspection, we found a backup oxygen cylinder was stored incorrectly in a cabinet in the theatre. This was not in compliance with the Dangerous Substances and Explosive Atmosphere Regulations (DSEAR) 2002, as oxygen is regarded as a hazardous substance. Staff told us that they have ordered a stand to store the cylinder correctly.

## Medicines

**The service had effective systems to store and check emergency medicines.**

At the August 2022 inspection, we found that staff did not carry out regular detail checks of the equipment and medicines within each drawer of the resuscitation trolley. At this inspection, we found that the service has made improvement and staff carried out regular checks of the resuscitation trolley. Emergency medicines were kept in a green portable grab bag with tamper evident seal and there was effective system of daily checks.

At the January 2023 inspection, we found the service has made improvement and medicines were stored correctly within the medicine's fridge. The medicines fridge and medicine room temperatures were monitored daily. We saw medicines fridge temperatures were within recommended range during the inspection.

All other medicines in the department were stored securely in locked cupboards in a locked storeroom, enabling only authorised personnel to enter. A controlled drug cupboard was available, and effective systems to manage controlled drug were in place.