

## B Matti Company Limited

# B Matti Company Limited

### Inspection report

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## Overall summary

We carried out an announced inspection at B Matti Company Limited on 20 February 2018. We found that this service should make improvements in providing safe care in accordance with the regulations. The full report on the February 2018 inspection can be found by selecting the 'all reports' link for B Matti Company Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The provider was asked to make improvements regarding recruitment processes including references and DBS checks. In addition, 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. We also asked the provider to 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.

This inspection was an announced focused inspection carried out on 10 January 2019 to confirm that the service had carried out their plan to meet the legal requirements in relation to the issues that we identified in our previous inspection on 20 February 2018. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced focused follow-up inspection on 6 December 2018 to ask the service the following key question; Are services safe?

#### **Our findings were:**

##### **Are services safe?**

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

CQC inspected the service on 20 February 2018 and asked the provider to make improvements regarding infection prevention procedures, recruitment, legionella and to ensure that all policies were in line with current legislation. We checked these areas as part of this focused desktop inspection and found this had been resolved.

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

# Summary of findings

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.

Mr Basim Matti 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 persons'. 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:**

- Systems and processes were in place to keep people safe. The service lead was the lead member of staff for safeguarding and had undertaken adult and child safeguarding training.

- The provider was aware of current evidence based guidance and they had the skills, knowledge and experience to carry out his role.
- There were clear policies governing infection control and the decontamination of reusable instruments.
- The provider had a recruitment policy which included obtaining references and a DBS check prior to a candidate starting employment. (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).
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service had a number of policies to govern activity and these had been reviewed since the last inspection to ensure they were in line with current legislation.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# B Matti Company Limited

## Detailed findings

### Background to this inspection

The service B Matti Company Ltd is located at;

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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 undertook a follow up desk-based focused inspection of B Matti Company Ltd on 10 January 2019. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

# Are services safe?

## Our findings

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff, locums. They outlined clearly who to go to for further guidance.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. The practice nurse had recently completed an advanced DBS check. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- 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, the service had a bath on the premises that staff and patients did not use and this was not included. Following the inspection on the 20 February 2018 the service instructed the cleaners to run the taps three times a week as a legionella control measure. (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 provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- 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 had risk assessed this and felt this was not felt necessary due to the location of the premises near to the local accident and emergency departments.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- 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 had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed 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.

# Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with DHSC guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there is a different approach taken from national guidance there is a clear rationale for this that protects patient safety. The provider had a fridge that held the botulinum toxin (Botox) and Proxymetacaine hydrochloride eye drops, solution. The nurse checked the temperature twice daily to ensure it was between 2 and 8 degrees centigrade and followed the manufactures guidance.
- 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 service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Since the 20 February 2018 inspection the service had carried out fire and legionella risk assessments and fixed wire testing and were working through actions identified.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. The provider had not reported a significant event at the service in the last 18 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 even occur.
- 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 systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.