The Interface Clinic

Inspection report

55 Carshalton Road
Sutton
SM1 4LH
Tel:
www.interfaceclinic.co.uk

Date of inspection visit: 9 Sep 2022;13 Sep 2022;15 Sep 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	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Interface Clinic on 13 September 2022 as part of our inspection programme. We inspected the branch sites on 9 September and 15 September 2022.

The Interface Clinic is an independent provider of services and provides treatments for skin and subcutaneous lesions requiring surgical management under local anaesthesia.

The practice manager 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:

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were not always assessed and monitored.
- There was a system in place to receive safety alerts issued by government departments such as the Medicines and Healthcare products Regulatory Agency (MHRA).
- Staff had the skills, knowledge, and experience to deliver effective care and treatment. Staff assessed patients' needs and delivered care in line with current evidence-based guidance.
- To ensure and monitor the quality of the service, the service completed audits which showed the effectiveness of the service.
- Information about services and how to complain was available and easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service held a range of policies and procedures which were in place to govern activity; staff were able to access these policies.
- We saw there was leadership within the service and the team worked together in a cohesive, supported, and open manner.
- The service proactively sought feedback from patients, which it acted on.

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

Overall summary

- Ensure that care and treatment is provided in a safe way for patients.

There were areas where the provider **should** make improvements are:

- Consistently maintain recruitment and immunisation records for staff.
- Undertake infection prevention and control audits for both main and branch sites.
- Undertake regular checks for emergency equipment and calibration of clinical equipment.
- Undertake regular appraisals for clinical and non-clinical staff and consistently maintain training records for staff.
- Consider holding formal meetings.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor**.**

Background to The Interface Clinic

The Interface Clinic is located at 55 Carshalton Road, Sutton, Surrey SM1 4LH. The provider Interface Specialist Care LTD has two branches located in Mitcham (at Cricket Green Medical Practice) and Leatherhead (at Leatherhead Hospital).

The provider offers treatment for skin and subcutaneous lesions requiring surgical management under local anaesthesia.

The clinical team at the service is made up of male clinical lead, a female nurse, a female assistant practitioner and a female healthcare assistant. The non-clinical practice team consists of a practice manager and two administrative or reception staff members.

The service is open between 8am and 6pm Monday to Friday and between 8:30am and 4:30pm on Saturdays.

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Spoke with the practice manager, two specialist nurses, healthcare assistant, two administrative and reception staff remotely through video conferencing.

During our site visit we:

- Spoke with staff (practice manager and clinical lead).
- Reviewed personnel files, practice policies and procedures and other records concerned with running the service.
- Reviewed a sample of records.
- Looked at information the service used to deliver care and treatment plans.

To get to the heart of clients' 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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

The provider had systems and procedures which ensured that users of the service and information relating to patients were kept safe. Information needed to plan and deliver care was available to staff in a timely and accessible way. However, risks to patients were not always assessed and monitored.

Safety systems and processes

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

- The service had clear systems to keep people safe and safeguarded from abuse.
- It had a number of safety policies which were regularly reviewed. These policies were accessible to all staff.
- The provider informed us they had not made any safeguarding referrals in the last year.
- We found staff had completed safeguarding training appropriate to their role.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had recruitment procedures to ensure staff were suitable for the role and to protect the public. We looked at recruitment records of clinical and non-clinical staff and found that the recruitment records were not consistently maintained. For example, proof of identification, qualifications and registration with the appropriate professional body were not consistently in place. Following the inspection, the provider sent us evidence of the above documents for all staff. The provider had not obtained references for the nurses employed by the service; the provider informed us that they knew the nurses for a long time and that the lead clinician had worked with them for several years before they joined this service. The provider had risk assessed this and decided not to obtain references for the nurses. The provider held a record of DBS checks for all staff working in the service. 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 service had professional indemnity insurance in place that protected the medical practitioners against claims such as medical malpractice or negligence.
- The provider had infection prevention and control policies and protocols in place and all staff had carried out infection prevention and control training. The provider carried out a detailed infection prevention and control (IPC) audit for the main site and not for the branch sites; they informed us that they relied on the IPC audits undertaken by the host services for the branch sites; however, they undertook regular hand hygiene audits. Following the inspection, the provider updated their IPC checklist and included a review of staff education and training, hand hygiene, IPC procedures in treatment rooms, personal protective equipment, management of needlestick and sharps injuries, specimen handling, use of medical devices and waste management; these areas were reviewed for both the main and the branch sites following the inspection. They also completed a detailed IPC audit for the main and branch sites and sent it to us; the audit had not identified any concerns.
- During the inspection we found that the immunisation records were not consistently maintained for staff. Following the inspection, the provider obtained the immunisation records for staff and sent us evidence to support this; the provider informed us that these records were filed and they would update any changes in the future.
- The premises were clean and tidy.
- There were systems for safely managing healthcare waste.
- We saw sharps bins in the consultation rooms were securely kept and dated and were not over-filled. Staff had access to sharps injury protocol which provided staff with quick access to information on the steps to be taken in the event of a sharps injury. A poster was displayed in the treatment rooms which included a flowchart on how to manage a sharps injury.

Requires Improvement

Are services safe?

- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. However, the provider used an equipment for which calibration was overdue; the provider informed us that they had sent the main equipment for calibration and was using a spare until the main equipment is calibrated. After the inspection, the provider informed us that they had this equipment calibrated and sent us evidence to support this.
- The provider carried out appropriate environmental risk assessments for the main site, which considered the profile of people using the service and those who may be accompanying them. These risk assessments included fire and health and safety. However, the provider relied on the risk assessments undertaken by the host services for the branch sites.
- Fire alarm checks were not regularly undertaken on the main site. Following the inspection, the provider put a system in place for weekly fire alarm checks; they undertook a fire drill and a fire alarm check on 17 September 2022 and sent us evidence to support this.
- In Cricket Green branch site fire procedure was not displayed adequately and fire drills were not undertaken on a regular basis. Following the inspection, the provider informed us that the fire procedure is now in place. We were unsure if the host practice had acted on the recommendations following the fire risk assessment and health and safety risk assessment.
- In Leatherhead branch site weekly fire alarm checks were undertaken; however, fire drills were not undertaken on a regular basis. Following the inspection, the provider shared the details of the fire drill undertaken on 3 October 2022.
- The provider had undertaken chlorination of hot and cold-water systems for the main site in April 2022 and had tested water samples from the main premises for legionella in May 2022 which had not identified any legionella bacteria.
- A risk assessment relating to legionella (a term for bacterium which can contaminate water systems in buildings) had been carried out for Cricket Green Medical Practice in May 2022; we were unsure if the host practice regularly checked hot and cold-water temperatures and flushed their taps. Following the inspection, the provider shared with us details of regular cold and hot water temperature checks undertaken at the practice.
- A risk assessment relating to legionella (a term for bacterium which can contaminate water systems in buildings) had been carried out for Leatherhead Hospital in May 2022; there were about 30 medium risk actions and we were unsure if these actions had been completed.

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 induction system for all staff tailored to their role. Staff were required to complete training the provider deemed mandatory which included basic or intermediate life support, fire safety, manual handling, information governance and health and safety.
- The nurses employed by the service did not have formal regular appraisals; however, the nurses we spoke to informed us that they had regular informal meetings with the lead clinician and were provided with opportunities to discuss training and development.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were emergency medicines in place in the main and Cricket Green branch site and the medicines we checked were in date. However, in Leatherhead hospital site, the provider did not have access to emergency medicines except adrenalin (medicine used to treat anaphylaxis). Following the inspection, the provider informed us that they had obtained emergency medicines for the Leatherhead hospital site and sent us evidence to support this.
- The service had a defibrillator and oxygen in case of an emergency in main and branch sites. Medicines and equipment were reviewed regularly to ensure they were in date and in a suitable condition to use. However, there were no regular checks in place for oxygen and defibrillator in the main site; following the inspection, the provider put a system in place for regular checks and sent us evidence to support this.

Requires Improvement

Are services safe?

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

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 used a bespoke electronic patient management system to maintain patient records. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the service sent the treatment summary to the patient's GP. We saw examples of when the service had referred patients back to their GP for further investigation.
- Clinicians made appropriate and timely referrals where required 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 and equipment minimised risks.
- Staff did not prescribe medicines to patients. If doctors thought a medicine or treatment would be beneficial, they would refer them back to their GP. Processes were in place for checking medicines and staff kept accurate records of medicines, such as emergency medicines records.
- There were effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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 incidents and 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 acted to improve safety in the service. There had just been one incident since the start of the service.
- 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 policy and process indicated the service would give affected people reasonable support, truthful information and a verbal and written apology where there were unexpected or unintended safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

We rated effective as Good because:

The provider had systems and procedures which ensured clinical care provided was in relation to the needs of patients. Staff at the service had the knowledge and experience to be able to carry out their roles. The service had a programme of quality improvement and audits to help drive improvements.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The provider assessed needs and delivered care in line with relevant and current national evidence-based guidance and standards. Where staff acted outside of NICE guidelines, this was justified and in the best interests of the patients.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The service would refer patients back to their GP where required.
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider informed us they did not hold any formal clinical meetings; clinical staff we spoke to informed us they had informal meetings with the clinical lead.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to monitor their service.
- For example, the provider undertook an audit of 100 referral forms sent by GPs to their service during 2021 and found that in 39 patients some of the patient information was missing for example 16 patients did not have their patient number in the referral form. The provider frequently contacted practices for missing information which caused unnecessary delay in contacting the patients. The provider found that some practices still used the older version of their referral forms and some practices used their own referral forms. The provider had contacted these practices repeatedly and had shared their new referral form; this had improved compliance with the practices using their new referral forms.
- The provider undertook regular audits on post-operative complications and found that their post-operative infection rate was 1.04% in 2016. 0.87% in 2019 and had no infections reported in 2022.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council and Nursing and Midwifery Council were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were maintained for non-clinical staff and not consistently maintained for clinical staff. Following the inspection, the provider obtained the training records for clinical staff and sent us evidence to support this; the provider informed us that these records were filed and they would update any changes in the future.

Good

Are services effective?

- The provider did not have a system in place for formal staff appraisals; clinical staff we spoke to informed us they had informal meetings with the clinical lead and they had opportunities to discuss training and development. Following the inspection, the provider undertook appraisals for non-clinical members of staff and sent us evidence to support this.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, the doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. They provided patients with information leaflets tailored to each procedure they undertook.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service had a detailed consent form for procedures that required consent.
- Staff supported patients to make decisions.

Good

Are services caring?

We rated caring as Good because:

The service sought to treat patients with kindness, respect and dignity. The service involved patients in decisions about their treatment and care. Staff we spoke with demonstrated a patient-centred approach to their work.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- The provider obtained regular feedback from the patients through the Friends and Family Test; the provider received feedback from 281 patients and 94% (264 patients) of patients reported they were extremely likely to recommend this service.

Involvement in decisions about care and treatment

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

- Feedback from patients shared with us by the provider indicated that the patients felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The provider was able to provide all patients with timely access to the service. The service had a complaints procedure in place, and it used patients' feedback to tailor services to meet user needs and improve the service provided.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The provider understood the needs of their patients and improved services in response to those needs. For example, a dedicated location for the services provided was recently opened by the provider.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. There had been no complaints in the past 12 months.

Good

Are services well-led?

We rated well-led as Good because:

Service leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that patients would receive the best care and treatment that would allow patients to lead active lives. There were good systems in place to govern the service and support the provision of good quality care and treatment. The service used patient feedback to tailor services to meet patient need.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff we spoke to reported that the leaders were visible and approachable. Staff commented positively on the leadership within the service and felt their concerns would be acted on.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued.
- The service focused on the needs of patients who wished to access their services.
- The provider acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The service actively promoted equality and diversity.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were set out but not always effective. The service only had informal meetings with staff. Following the inspection, the provider informed us that they had started to record meeting minutes and sent us evidence to support this.
- The provider had policies, procedures and activities; however, these were not always effectively implemented.

Good

Are services well-led?

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety; however, these were not always effective. For example, the risks in relation to staff recruitment and premises were not considered.
- The service had processes to manage current and future performance.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service used performance information to monitor and manage staff.
- The service had information technology systems. All clinical records were completed on the computer.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- Patients, staff and external partners' views and concerns were heard and acted on.
- Staff reported their views were heard and were happy to work at the service.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

There was a focus on continuous learning and improvement within the service. For example, the provider had developed a bespoke patient management system for the service.

This section is primarily information for the provider

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
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not ensured that care and treatment is provided in a safe way for patients. In particular: • Provider did not ensure actions following the risk assessments for the branch sites were followed up. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.