

# Andrew James Dermatology

## Inspection report

Saltcote  
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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	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Inadequate	
Are services caring?	Requires Improvement	
Are services responsive to people's needs?	Inadequate	
Are services well-led?	Inadequate	

# Overall summary

**This service is rated as Inadequate overall.**

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires improvement

Are services responsive? – Inadequate

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Andrew James Dermatology Ltd as part of our inspection programme. This was the first inspection of this service.

Andrew James Dermatology Ltd is a Nurse led independent healthcare provider offering dermatological services to fee-paying patients.

The service is registered by the CQC under the Health and Social Care Act 2008. The registration is in relation to the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, and Surgical procedures.

Andrew James Elliott 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:

- The service was failing to provide care and treatment in a safe way.
- The service did not have suitably qualified, competent, skilled, and experienced staff to provide the regulated activities.
- Individual care records were not written and managed in a way that kept patients safe.
- We were not assured that comprehensive and effective systems were in place and regularly reviewed to identify and manage risk.
- The service's process for surgical procedures and histology were not in accordance with national guidance.
- The service had limited involvement in quality improvement activity.

# Overall summary

- We were not assured the service worked effectively with other organisations to deliver effective care and treatment for patients.
- The service had not developed an effective system for reporting, recording and learning from significant events incidents, and complaints.
- The service did not have all the policies necessary to deliver safe care and some policies developed were generic, not followed or inaccurate.
- The service did not have processes in place to manage current and future performance such as external audit or peer review of patient consultations and prescribing.
- The delivery of high-quality care was not assured by the leadership or governance arrangements in place.
- The service had a vision for what it wanted to achieve but no strategy to achieve this vision.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The areas the provider **SHOULD** improve are:

- Review and improve communication and access arrangements for patients that may need this, such as translation services and hearing impairment aids.

On 3 October 2023, the nominated individual of Andrew James Dermatology Ltd that is also the Registered Manager of Andrew James Dermatology, was issued with an urgent notice to suspend their registration as a service provider for six months; in respect of regulated activities undertaken from all Andrew James Dermatology satellite sites operated by the service, under Section 31 of the Health and Social Care Act 2008.

This notice of urgent suspension of the provider's registration was given because we believed that a person will or may be exposed to the risk of harm if we did not take this action. The provider has the right to make an appeal to the First-tier Tribunal. The provider will be inspected again prior to the expiry of the suspension to assess whether sufficient improvements have been made.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

**Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services**

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC Specialist Adviser and a second CQC inspector.

## Background to Andrew James Dermatology

Andrew James Dermatology Ltd is a Nurse led Independent Healthcare dermatology service which provides clinics from locations across Worcestershire, Gloucestershire, Warwickshire and Oxfordshire:

Chipping Norton

The War Memorial Hospital

Russell Way

London Road

Chipping Norton

OX7 5FA

Evesham

98 The High Street

Natural Therapy Centre

Evesham

WR114EU

Inkberrow

Alexander House

High St

Inkberrow,

WR7 4DT

Banbury

Jasmine Sophia Aesthetics

5 White Lion Walk

Banbury

OX16 5UD

Worcester

SO Podiatry

28 Foregate Street Worcester

WR1 1DS

Leamington Spa

80 Regent Street

Leamington Spa

CV32 4NS

Treatments for patients include Mole Mapping, skin lesion identification, general minor surgery - superficial skin surgery, incisional skin surgery, and general dermatological consultations.

(Mole Mapping is a medical technique used by dermatologists to monitor lesions on the skin to see if they are turning cancerous or have the potential to become cancerous in the future; a minor surgery procedure typically includes procedures that can be safely performed in an outpatient setting, without the use of general anaesthesia or the need for respiratory assistance).

The service treats both adults and children.

Andrew James Dermatology Ltd operates between the hours of 9am to 6pm, Monday, Tuesday, Thursday, and Fridays on a patient demand basis.

The service is owned by Andrew James Elliott who is the sole employee of the service and delivers the regulated activity.

### **How we inspected this service**

- Prior to the inspection information was requested from the service and reviewed by the inspection team.
- A site visit was carried out, where we spoke with the Registered Manager who is also the service owner, and reviewed patient consultation records and organisational documents including policies and procedures.
- Information was also submitted by the service following the inspection.

To get to the heart of patients' 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.

# Are services safe?

**We rated safe as Inadequate because:**

## **Safety systems and processes**

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

- The Registered Manager, a Nurse, was the sole member of staff who worked at the service and examined and treated patients. As part of our inspection, we requested evidence of the qualifications and training of the Registered Manager to support their dermatology work. We were provided with evidence of a Royal College of General Practitioners (RCGP) accredited 2-day Minor Surgery course and certificates of attendance for RCGP accredited Primary Care Dermatology Society (PCDS) Dermoscopy courses. (Dermoscopy is the examination of skin lesions with a dermatoscope. It is a tool similar to a camera to allow for inspection of skin lesions). We were not provided with evidence of the competencies the Registered Manager had gained from previous employment or evidence to demonstrate that they met the requirements from the British Dermatology Nursing Group (BDNG) for diagnostics. In addition, we were not provided with evidence that competencies had been signed off by a Dermatologist. As a result, we were not assured the Registered Manager had the appropriate training, qualifications and competencies to provide the dermatology service being offered for patients.
- The Registered Manager had up to date safeguarding training to appropriate levels. However, the service did not have a documented process in place to assure that an adult accompanying a child had parental/guardian authority.
- The service had developed a chaperone policy and a poster for patients informing them this service was available to them. As part of our inspection, we discussed the chaperone arrangements for the service and were informed for the clinic location we were inspecting, this service was provided by a member of staff working in the building who was not directly employed by Andrew James Dermatology Ltd. However, the Registered Manager had not ensured the staff member who acted as a chaperone was trained for the role or had a Disclosure and Barring Service (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).
- The service did not have appropriate safety policies in place. For example, there were no health and safety, fire safety or significant event policies for the service.
- The service had not ensured that facilities were safe. For each clinic site from which the service treated patients, the provider had no oversight of any health and safety or fire risk assessments which had been undertaken by the building landlords.
- We were not assured there was an effective system to manage infection prevention and control. The provider had no oversight of any legionella risk assessments undertaken by the building landlords for any of the clinic sites used by the service. In addition, there was no healthcare waste policy in place. The Registered Manager did however confirm that single use surgical equipment was utilised, and we were provided with some single-cycle infection control audits.

## **Risks to patients**

**The systems to assess, monitor and manage risks to patient safety required improvement.**

# Are services safe?

- The service had developed a medical emergency policy which stated that in life threatening situations, First Aid would be provided, and the emergency services would be called via 999. The Registered Manager provided evidence of resuscitation training for adults and children. Evidence of sepsis training was provided after our inspection.
- There was no provision of suitable medicines to deal with medical emergencies apart from an epinephrine autoinjector (EpiPen) used to treat anaphylaxis. There was no provision of the medicine Atropine which is used in minor surgery treatments to treat bradycardia (a slow heartbeat). In addition, there was no provision of equipment to deal with medical emergencies including oxygen cylinders or an Automated External Defibrillator (AED). There was no risk assessment in place for emergency medicines and equipment not kept in accordance with recommended national guidance, to inform this decision.
- We were not assured the provider had appropriate indemnity arrangements in place with regards to the Registered Manager's training, qualifications and competencies to provide the dermatology service being offered for patients.

## Information to deliver safe care and treatment.

### 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. As part of our inspection, we reviewed 10 patient records, all of which were found to be of poor quality. Patient records reviewed were found to be incomplete with not enough information including examination findings, to inform clinical decision making or follow up. We saw patient records which did not detail patient examination findings; the site of surgery; the type of sutures used; or the type, expiry date, batch number or volume of local anaesthetic administered. In addition, there was no clinical coding of patient information to facilitate any searches necessary such as for a condition, procedure or medicines prescribed.
- As part of our inspection, we discussed the Mole Mapping treatment offered to patients by the service. (Mole Mapping is a medical technique used by dermatologists to monitor lesions on the skin to see if they are turning cancerous or have the potential to become cancerous in the future). During this discussion we identified that photographs taken of patients' moles were not stored on the clinical IT system with the patient's record; they were kept on the Registered Manager's personal mobile telephone. We asked how the Registered Manager would know which photograph corresponded with which patient, and we were told this could only be done by referring to the time and date stamp of the photograph with the appointments schedule.
- We were not assured patients received appropriate and timely referrals where necessary. We asked the Registered Manager if where necessary, patients were referred to other healthcare services to ensure continuity of care and to ensure any implications for a patient's care and treatment were picked up. The Registered Manager told us they did not make referrals for patients but rather advised patients on what they needed to do. The service did however have a system to share information with a patient's GP and we saw evidence of letters sent to a GP where a patient had been prescribed a medicine and where the Registered Manager consulted with a patient who presented with a suspected skin cancer.
- The service used a cloud based IT system for consultation records however, there was no policy 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

# Are services safe?

## **The service did not have reliable systems for appropriate and safe handling of medicines.**

- The service had a medicines management policy in place, but this was generic and not bespoke to the service to include the specific treatments provided to patients.
- As part of our inspection, we discussed the arrangements in place for the prescribing of medicines for patients. The Registered Manager informed us they had started to develop a medicines formulary, but this was not completed and it could not be located for us to review on inspection. (A medicines formulary is a list of medicines that have been approved for use within a service).
- There was no system being used in order to be able to conduct patient prescribing searches on the clinical IT system; and the service did not carry out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. In addition, there was no system in place for actioning Medicines and Healthcare products Regulatory Agency (MHRA) alerts.
- The Registered Manager confirmed all prescriptions generated were wet ink signed prescriptions however there was no evidence of a prescription security process or policy in place.
- Our review of patient records as part of this inspection identified that accurate records in relation to details of local anaesthetic medicines administered to patients were not being kept.
- The service did not prescribe any class of controlled drugs.

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

### **The service did not have a good safety record.**

- The service did not monitor and review activity effectively to understand risks and implement safety improvements.
- There was a lack of mechanisms in place to assess and monitor risks in relation to safety issues. For example, during our inspection we were shown the on- site storage of a liquid nitrogen tank. Liquid nitrogen is widely used for cryotherapy. Cryotherapy is treatment using low temperature. It is used to treat some skin lesions by freezing them. Liquid nitrogen is included in the Control of Substances Hazardous to Health (COSHH) regulations 2004. We observed there were no hazard warning signs in place (a yellow triangle with exclamation symbol and text: 'liquid nitrogen') for the storage of the liquid nitrogen tank to protect staff and the public.
- We asked what plans were in place to manage any major disruptions to the service and we identified the service had not developed a business continuity plan.

## **Lessons learned and improvements made**

### **The service did not have an effective system for learning and making improvements when things went wrong.**



# Are services safe?

- There was no policy in place for recording and acting on significant events. The Registered Manager told us they kept a significant event 'list' but no records were kept detailing the significant event and there were no records to demonstrate an analysis was undertaken to identify learning and make improvements. The Registered Manager described verbally four significant events which had taken place. One significant event resulted in the development of a Chaperone policy for the service.
- The Registered Manager was aware of the Duty of Candour however there were no documented examples to demonstrate this.

# Are services effective?

**We rated effective as Inadequate because:**

## **Effective needs assessment, care and treatment**

**We saw evidence that clinicians did not assess needs and deliver care and treatment in line with current legislation, standards and guidance relevant to their service**

- We were not assured that patients' immediate and ongoing needs were fully assessed or that the Registered Manager had enough information to make or confirm a diagnosis. As part of our inspection, we asked the Registered Manager to explain the service's process for surgical procedures and histology. We were informed that the Registered Manager did not send off all tissues removed for histology, and we reviewed patient records which confirmed this. A total of three patient tissue samples had been sent for histology following a minor surgery procedure. The Registered Manager explained he would use his clinical judgement to determine which tissues removed would be sent for histology. There was no log maintained of any tissues sent for histology. The British Association of Dermatologists (BAD), the British Dermatological Nursing Group (BDNG) and the Primary Care Dermatology Society provide guidelines and advice regarding histology samples following minor surgery. All three bodies agree they would expect all tissues following minor surgery to be sent for histology with the possible exception of where a patient has multiple skin tags.
- The Royal College of Pathologists provide guidance on the tissue pathway for dermatopathology which includes specimen submission and dissection. (Dermatopathology is the study of samples of skin, hair and nails under a microscope to diagnose diseases). There was no policy in place for the service for pathology processes. In addition, there was no policy in place for the handling of pathology results.
- As part of our inspection, we asked the Registered Manager to describe the Mole Mapping treatment provided for patients. During this discussion, we were informed that the Registered Manager only took photographs of moles which were of concern according to their clinical judgement and a full survey of moles with photographs was not possible as the service did not have the necessary equipment. Guidance from The British Association of Dermatologists on Mole Mapping procedures indicated all moles needed to be photographed in order to appropriately monitor any changes in shape, colour and size which may indicate skin cancer. We also identified that patient photographs were stored on a personal mobile phone and not within the patient's electronic record; and there were no governance arrangements for the safe storage of patient photographs.

## **Monitoring care and treatment**

**The service had limited involvement in quality improvement activity.**

- The service had not undertaken any specific evidence-based clinical audits. We were provided with evidence of single-cycle, checklist audits for infection control, consent and medicines management. From the audits we reviewed which we were provided with, one audit demonstrated the service made improvements through the use of completed audits; which was to introduce biohazard spillage kits as there were none in place. The Registered Manager completed the audits and there was no formal process in place for any external audit or peer review. In addition, we identified there was a lack of follow up consultations for patients to identify any post-procedure complications or infections.

## **Effective staffing**

**Staff did not have all of the necessary skills, knowledge and experience to carry out their roles.**

# Are services effective?

- We were not assured the Registered Manager had the necessary skills, knowledge and experience to carry out their role. As part of our inspection, we requested evidence of the qualifications and training of the Registered Manager who was providing the service to support their dermatology work in addition to their qualification as a registered Nurse. We were not provided with evidence of the competencies the Registered Manager had gained from previous employment or evidence to demonstrate that they met the requirements from the British Dermatology Nursing Group (BDNG) for diagnostics. In addition, we were not provided with evidence that the Registered Manager's competencies had been signed off by a Dermatologist.
- As part of our inspection, we asked the Registered Manager to describe the systems and processes for peer review, appraisal, clinical supervision and revalidation. We were informed that there were no formal peer review, appraisal or clinical supervision arrangements in place. Dermatology services require ongoing continuing professional development, peer review and clinical supervision to support clinical skill sets.
- The Registered Manager did however provide us with evidence of mandatory training which included safeguarding, conflict resolution, data security, equality and diversity, infection control, fire and resuscitation.
- The Registered Manager was registered with the Nursing and Midwifery Council (NMC) and was up to date with revalidation.

## Coordinating patient care and information sharing

### Staff did not work well with other organisations, to deliver effective care and treatment.

- We were not assured the Registered Manager worked effectively with other organisations to deliver effective care and treatment for patients. For example, tissue samples were not routinely sent for histology to pathology organisations; and there was no evidence of referrals made for patients to secondary healthcare services to ensure continuity of care and to ensure any implications for a patient's care and treatment were picked up. The service had no involvement with any multi-disciplinary team forums.
- From our review of patient record keeping, we were not assured that before providing treatment, the Registered Manager ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We found patient records were of poor quality and lacked patient information to inform clinical decision making.
- The Registered Manager had not undertaken a risk assessment of the treatments they offered patients. They had not completed a prescribing formulary which included identifying any medicines that were not suitable for prescribing and if the patient did not give their consent to share information with their GP. However, the Registered Manager explained they sent letters to patients' GPs informing them of medicines which had been prescribed to the patient by the service and if they undertook a consultation with a patient who had presented with a suspected skin cancer.

## Supporting patients to live healthier lives

### Staff provided patients with information to support them to manage their own health.

- The Registered Manager informed us they took a holistic approach to skincare and signposted patients to information about gut health, vitamin supplements, inflammatory disorders, and acupuncture. We saw evidence of an information leaflet which had been developed for patients with regards to the condition of psoriasis.

# Are services effective?

- The Registered Manager provided an example of giving a patient advice about the condition Polycystic Ovarian Syndrome which had not been diagnosed and it's links to skin health.

## **Consent to care and treatment**

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

- The Registered Manager understood the requirements of legislation and guidance when considering consent and decision making. All minor surgery treatments performed required written patient consent which we saw evidence of.
- The Registered Manager had undertaken Mental Capacity Act training which enabled them to assess and record a patient's mental capacity to make a decision where necessary.
- The service provided evidence of consent audits which had been undertaken to monitor the process for seeking consent.
- The service website provided patients with treatment costs.

# Are services caring?

**We rated caring as Requires improvement because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service had sought feedback from patients through a recent survey completed by 47 patients. 96% of patients reported that the clinician was 'Very Approachable'; 96% of patients responded they felt the clinician explained things very clearly; and 83% of patients responded they were 'Very Likely' to recommend the clinician to family and friends.
- Feedback from patients was positive about the way staff treat people. We reviewed feedback comments received from 10 patients; and 3 video testimonials of patients which were available on the service website, who expressed their satisfaction with the service

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

### **Staff were not proactive in helping patients to be involved in decisions about care and treatment.**

- There were no interpretation services available for patients who did not have English as a first language. The Registered Manager explained that patients were welcome to bring an interpreter with them for their appointment if required although there was no information on the service website to explain this.
- We asked the Registered Manager what arrangements were in place for deaf patients to enable them to access the service. The Registered Manager stated that patients could bring a sign language interpreter to their appointment. There were no hearing loop systems available for patients.

## **Privacy and Dignity**

### **The service were not proactive in respecting patients' privacy and dignity.**

- We asked the Registered Manager how they ensured patients were treated with dignity and respect. The Registered Manager explained they would maintain eye contact with the patient, show warmth and empathy for patients with regards to their skin condition, and provided direct and clear information.
- There were no privacy screens or curtains available for patients at the clinic facility we inspected.
- We discussed how the service respected patients privacy and dignity when carrying out a mole mapping treatment. The Registered Manager told us that patients could bring a dressing gown to their appointment if they wished.
- The Registered Manager did however confirm that no data about patients was kept at any of the clinic sites, the only information about patients at each site was the appointment list. In addition, the Registered Manager confirmed they maintained patient privacy by not discussing patients with anyone external.

# Are services responsive to people's needs?

**We rated responsive as Inadequate because:**

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

**The service did not organise and deliver services to meet patients' needs.**

- We were not assured the facilities and premises were appropriate for the services delivered as the Registered Manager did not have oversight of any health and safety or fire risk assessments which had been undertaken by the building landlords for the clinic rooms rented by the service.
- There were no arrangements in place for people who need translation services and no hearing loop equipment available for patients with a hearing impairment.

## **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 appointments.
- Patients reported that the appointment system was easy to use. In a recent survey of 47 patients, 83% reported the booking system for the service was 'Very Easy.'

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

**There was a limited system in place to appropriately manage patient complaints and improve the quality of care.**

- The service had a complaints policy and procedure in place, however our review of this policy referenced the Parliamentary and Health Service Ombudsman (PHSO) for patients to contact if they were not satisfied with the response to a complaint, however independent health services are unable to use the PHSO complaints mechanism. There was no alternative included that patients could use if they were not satisfied with a response.
- The policy stated complaints in writing are to be emailed for the attention of the Personal Assistant to the Director Andrew James Elliott; and upon receipt of the complaint, the Personal Assistant would log the Complaint and will acknowledge receipt of it in writing. However, the service did not employ a Personal Assistant.
- Information about how to make a complaint or raise concerns was available for patients on the service website which provided a link to the complaint policy.
- The service had received one complaint with regards to a mole mapping treatment which was responded to by the Registered Manager by telephone. The Registered Manager told us a full refund was given to the patient in response to this complaint and the website was changed to inform patients that the mole mapping treatment did not provide a full body digital imagery service; however the written record of this complaint did not reference these outcomes.

# Are services well-led?

**We rated well-led as Inadequate because:**

## **Leadership capacity and capability**

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

- We were not assured the Registered Manager had the necessary skills, knowledge and experience to carry out their role. In addition, we found there was a lack of oversight in key areas including clinical governance, the management and monitoring of health and safety, fire, and infection control.

## **Vision and strategy**

The service did not have a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The Registered Manager told us his vision for the future was to have 20 associates working for the service in 3 to 4 years time and 40 to 50 associates in 5 to 6 years time and to develop a franchise. It was unclear if these associates would be employed or self-employed and how oversight of the regulated activity would be managed.
- At our inspection there was no strategy in place or supporting business plans to achieve service priorities as these were in the process of being developed with a business coach.
- The Registered Manager did however have a clear set of core values for the service which were presented on the website which included empathetic understanding for patient's skin problems, honesty and transparency, and a commitment to a professional quality service.

## **Culture**

**The service did not have a culture of high-quality sustainable care.**

- The Registered Manager was aware of the requirements of the duty of candour but had not developed an effective system for reporting, recording and learning from significant events incidents, and complaints.
- There was a lack of processes in place to ensure the Registered Manager had the development they need such as appraisal and peer review to evaluate their clinical work.
- The Registered Manager had received equality and diversity training.

## **Governance arrangements**

**The overall governance arrangements were ineffective.**

- The Registered Manager was not clear on their role and accountabilities. Structures, processes and systems to support good governance and management were not clear. The service did not have all the policies necessary to deliver safe care and some policies developed were generic, not followed or inaccurate. We found there were no policies in place for histology and pathology processes, waste management, fire safety, health and safety, and significant events. The

# Are services well-led?

medicines management policy was generic and not bespoke to the service or the treatments offered for patients. The chaperone policy stated that persons acting as chaperones for the service would be given chaperone training by the Registered Manager, but this had not happened; and the complaints policy referenced complaints handling being undertaken in part by a Personal Assistant to the Director of the service, but there was no Personal Assistant employed and references to the Parliamentary Ombudsman which was not appropriate for an independent healthcare provider. The Registered Manager had however engaged with a company which provided governance support for providers to develop the governance arrangements for the service.

## Managing risks, issues and performance

### **The service did not have clear and effective processes for managing risks, issues and performance.**

- The service could not demonstrate that comprehensive assurance systems and processes were in place, and regularly reviewed to manage risk and performance.
- The Registered Manager lacked oversight of some processes and therefore failed to identify risks.
- Systems and processes were not properly established for the management and monitoring of health and safety, fire and infection prevention and control.
- The service did not have processes in place to manage current and future performance such as external audit or peer review of patient consultations and prescribing.
- The service had limited involvement in quality improvement activity and had not undertaken any specific evidence-based clinical audits, or second cycle audits.
- The service did not have a business continuity plan in place.

## Appropriate and accurate information

### **The service did not have appropriate and accurate information.**

- Individual care records were not written and managed in a way that kept patients safe.
- There was no clinical coding of patient information to facilitate any clinical searches necessary such as for a condition, procedure or medicines prescribed.
- Photographs taken of patients' moles as part of mole mapping treatments were not stored on the clinical IT system with the patient's record; they were kept on the Registered Manager's personal mobile telephone and could only be patient identified by referring to the time and date stamp of the photograph with the appointments schedule.

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

### **The service had limited engagement with patients and external partners to support high-quality sustainable services.**



# Are services well-led?

- The service encouraged and heard views and concerns from patients and had undertaken a recent patient survey.
- We were not assured the Registered Manager worked effectively with other organisations to deliver effective care and treatment for patients. For example, tissue samples were not routinely sent for histology to pathology organisations; there was no evidence of referrals made for patients to secondary healthcare services to ensure continuity of care and to ensure any implications for a patient's care and treatment were picked up; the service had no involvement with any multi-disciplinary team forums; there were no arrangements in place for external audit, peer review or clinical supervision. We did however see evidence that the Registered Manager had sent letters to patients' GPs informing them of medicines which had been prescribed to the patient by the service and if they undertook a consultation with a patient who had presented with a suspected skin cancer.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that was reasonably practicable to ensure care and treatment was provided in a safe way for service users. In particular:</p> <ul style="list-style-type: none"><li>• Histology and Pathology Processes</li><li>• Mole mapping treatments</li></ul> <p><b>The enforcement action we took:</b></p> <p>Andrew James Dermatology Ltd was issued with an urgent notice to suspend their registration as a service provider for six months; in respect of regulated activities undertaken at all of the service satellite sites, under Section 31 of the Health and Social Care Act 2008.</p> <p>This notice of urgent suspension of the provider's registration was given because we believed that a person will or may be exposed to the risk of harm if we did not take this action.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were ineffective systems and processes to enable the registered person to assess, monitor and improve quality and safety and monitor and mitigate the risks. In particular:</p> <ul style="list-style-type: none"><li>• Peer review, appraisal and clinical supervision arrangements</li><li>• Record keeping</li></ul>

## Enforcement actions

- Policies and procedures
- Risk Assessments

### **The enforcement action we took:**

Andrew James Dermatology Ltd was issued with an urgent notice to suspend their registration as a service provider for six months; in respect of regulated activities undertaken at all of the service satellite sites, under Section 31 of the Health and Social Care Act 2008.

This notice of urgent suspension of the provider's registration was given because we believed that a person will or may be exposed to the risk of harm if we did not take this action.

### Regulated activity

Treatment of disease, disorder or injury  
Diagnostic and screening procedures  
Surgical procedures

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The Provider did not have appropriate processes for assessing and checking that people have the competence, skills and experience required to undertake their role.

### **The enforcement action we took:**

Andrew James Dermatology Ltd was issued with an urgent notice to suspend their registration as a service provider for six months; in respect of regulated activities undertaken at all of the service satellite sites, under Section 31 of the Health and Social Care Act 2008.

This notice of urgent suspension of the provider's registration was given because we believed that a person will or may be exposed to the risk of harm if we did not take this action.