

Cosderm at Dr Nylas

Inspection report

Cosderm at Dr Nylas
32 Dover Street
London
W1S 4NE
Tel:

Date of inspection visit: 20 March 2023
Date of publication: 25/04/2023

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?		Good	
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? – Good

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 Cosderm at Dr Nylas as part of our inspection programme.

Cosderm at Dr Nylas is an independent health service providing dermatological appointments to fee-paying patients. They also provide weight loss services including the prescribing of medication for the purposes of weight reduction.

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 regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Cosderm at Dr Nylas provides a range of non-surgical cosmetic interventions, for example botulinum toxin treatments which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The consultant 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 provider had clear systems to keep people safe and safeguarded from abuse.
- The service assessed needs and delivered care in line with current legislation, standards, and evidence-based guidelines.
- There was a visible person-centred culture and staff were motivated to offer care that was kind and promoted people's dignity.
- The service was tailored to meet patients' needs.
- Leaders had the skills to deliver high-quality care.

The areas where the provider **should** make improvements are:

- Introduce a formal system to document emergency equipment is checked on a regular basis.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

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 and a GP specialist advisor.

Background to Cosderm at Dr Nylas

Cosderm at Dr Nylas is an independent health service providing dermatological appointments to fee-paying patients. They also provide weight loss services including the prescribing of medication for the purposes of weight reduction. The service is available to both adults and children with mostly adult patients visiting the service. They are located on the basement floor of 32 Dover Street, London W1S 4NE.

The service consists of a lead consultant (who is the registered manager), a personal assistant, a receptionist and a self-employed cosmetic therapist.

The service offers pre-bookable face-to-face and virtual appointments and is open Monday-Saturday between 10am-9pm.

How we inspected this service

We gathered and reviewed pre-inspection information before inspecting the service; this included their policies, guidelines and formal patient feedback. On the day of the inspection, we spoke with the registered manager and an administrative staff member. We reviewed patient records, observed infection prevention and control and emergency medication measures and reviewed recruitment and training documents.

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 Good because:

The provider had clear systems to keep people safe and safeguarded from abuse. This included policies in relation to infection prevention and control, medicine management and significant events.

Safety systems and processes

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. They outlined clearly who to go to for further guidance. 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.
- The service had systems in place to assure an adult accompanying a child had parental authority.
- All staff received up-to-date safeguarding and safety training appropriate to their role. The consultant completed safeguarding level 4 training for both adults and children whilst all other staff members completed safeguarding level 3 training. Staff members we spoke to demonstrated an understanding on what constituted a safeguarding concern and who to report to if a potential safeguarding incident were to occur.
- The provider completed staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. 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.
- Staff who acted as chaperones were trained for the role, familiar with the chaperone policy and aware of the importance of highlighting the presence of chaperones to each patient.
- There was an effective system to manage Infection Prevention and Control (IPC) as the service completed quarterly audits to ensure IPC standards were being met. An up-to-date legionella risk assessments was completed with the most recent risk assessment taking place in January 2023.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, such as fire and health and safety, which took into account the profile of people using the service and those who may be accompanying them.

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. All staff members completed basic life support training and knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety. For instance, the service ensured risk assessments were completed when they moved premises.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines to deal with medical emergencies which were stored appropriately and checked regularly.

Are services safe?

- There was suitable emergency equipment. The service informed us they completed regular checks of their emergency equipment. We observed they placed sticky notes on equipment after they were checked with the date and initials written on the note. However, the service did not keep a formal log each time they checked emergency equipment. The service informed us they would change their process to ensure a log is updated each time they check emergency equipment.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- We reviewed five patient records and found individual care records were written and managed in a way that kept patients safe. The care records we saw showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way in line with evidence-based guidelines.
- The service did not prescribe unlicensed medicines for weight loss and drugs treatments were prescribed as part of an overall weight management plan.
- 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 Department of Health and Social Care (DHSC) guidance in the event they cease trading.
- The service appropriately advised patients about other services, including NHS services which they may be eligible for.

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 minimised risks. The service prescribed medication electronically in a secure way.
- The service completed regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- 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.

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.

Are services safe?

- The service reported no significant events but had a system for recording and acting on such incidents. Staff members we spoke to understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service explained how their process ensured significant events would be used as a learning exercise to improve care and services.
- 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
- 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 and to log safety alerts actioned upon.

Are services effective?

We rated effective as Good because:

The service assessed needs and delivered care in line with current legislation, standards and evidence-based guidelines.

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 (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, they only prescribed licensed medicines for patients who used the service for weight loss.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. For example, the service carried out an audit into body dysmorphia since the increase of video calling due to the COVID-19 pandemic. Seventy patients were asked to complete questionnaires. Results from the audit suggested most patients were more wary of self-appearance since the increased introduction of video calls. Therefore, the service introduced healthcare assessments for patients attending the clinic to ascertain if they suffered from symptoms of body dysmorphia.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.

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. At the inspection we found all staff were appropriately trained and completed their mandatory training.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. We reviewed clinical and non-clinical staff files and found up to date records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, consultants at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider risk assessed the treatments they offered.
- 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 highlighted 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. All staff members completed training in relation to the Mental Capacity Act.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

- There was a visible person-centred culture. Staff were motivated to offer care that was kind and promoted people's dignity.
- Feedback from patients was positive about the way staff treated them.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received and encouraged patients to provide reviews online. Patient reviews for different treatments are available on their website.
- 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 with patient information leaflets informative about the services and fees associated with clinical care.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Patients feedback showed they felt supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way they could understand, for example, communication aids and 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 if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The service was tailored to meet patients' needs.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, there was flexibility available in terms of appointments as the service was able to see patients any day of the week.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments were made so people in vulnerable circumstances could access and use services on an equal basis to others. For example, the service had an accessible toilet and lift.

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, diagnosis and treatment. Appointments could be booked in person or by telephone.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way as the service had a list of clinics which they would recommend to patients if they could not treat their concerns or did not have the capacity to do so.

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. The service received no formal complaints in the past 12 months but staff members we spoke to were able to explain the complaint process in line with their policy.
- The service informed patients of any further action available to them should they not be satisfied with the response to their complaint.

Are services well-led?

We rated well-led as Good because:

- Leaders had the skills to deliver high-quality care.
- There were clear governance arrangements around the service.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, some patients sourced medication online. The service ensured their questionnaires for new patients requested what medication they were taking.
- Leaders were visible and approachable. The service consisted of a small team who worked closely with each other. Leaders ensured they prioritised compassionate and inclusive leadership.
- 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.

- The service strived to provide high quality and safe care to patients focusing on their needs. The service had a realistic strategy and supporting business plans to achieve their business aims and priorities.
- 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 members we spoke to felt respected, supported and valued. They were proud to work for the service and reported a positive relationship with all staff members.
- The service focused on the needs of patients.
- Leaders acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to patient requests. 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 these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. The consultant completed her appraisals externally whereas all other staff members received regular annual appraisals in the last year.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff received equality and diversity training and felt they were treated equally.

Governance arrangements

Are services well-led?

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 clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders established appropriate policies, procedures and activities to ensure safety and assured themselves they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- There were systems to support improvement and innovation work.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.