

Dermasurge

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Good



Overall summary

This service is rated as Good overall.

The key question is rated as:

Are services safe? – Good

We carried out an announced focused inspection at Derasurge on 04 May 2022 as part of our inspection programme. The practice is an independent dermatology service located at 121 Harley Street, London, W1G 6AX.

Dr Hiba Alinjibar 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.

Derasurge is an independent provider of medical services and offers a full range of private dermatology services. This inspection was to follow-up concerns we had found at our previous inspection on 04 May 2022, regarding the key question for safe.

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. Derasurge Limited provides a range of non-surgical cosmetic interventions, for example, aesthetic treatments and Intense Pulsed Light (IPL) treatment for vascular lesions and facial veins which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

At this inspection we reviewed the key question for 'safe'.

Our key findings were:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- The practice was aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out their roles.
- There was a clear leadership structure and staff felt supported by management.

We found the provider had made some improvements in providing safe services regarding:

- A safe effective system in place to monitor and manage patient safety alerts, including historical alerts that remained relevant.
- A safe effective system in place for verifying the identity of patients including children.
- A safe effective system in place to monitor and manage staff immunisations and certified immunity.
- Staff acting as chaperones were trained for the role, or supported by a policy.

Overall summary

- A safe effective system in place to monitor and manage the control of substances hazardous to health, in particular the storage of liquid nitrogen.
- Practice policies and business plan contained relevant and up to date information, including for safeguarding.

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 GP specialist adviser and a member of the CQC medicines team.

Background to Dermasurge

Dermasurge Limited is located at 121 Harley Street, London in the London Borough of Westminster.

The provider is registered with the Care Quality Commission (CQC) to deliver the regulated activities: treatment of disease, disorder or injury and diagnostic and screening procedures.

Services provided include medical dermatology; mole screening and removal of skin lesions and biopsies via minor surgical procedures.

Patients can be referred to other services for diagnostic imaging and specialist care.

The practice is open Monday to Friday from 9.30am to 6.30pm and does not offer out of hours care. The provider's website can be accessed at www.dermasurge.co.uk

How we inspected this practice

During the inspection we reviewed a range of information submitted by the service, interviewed staff, observed practice and reviewed documents focused on the key question for 'safe'.

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- Staff received safety information from the service as part of their induction and refresher training. The service had some systems to safeguard children and vulnerable adults from abuse.
- The provider could demonstrate they had a safe effective system in place for verifying the identity of patients including children. Following our previous inspection, the provider implemented a system to verify identity checks for adults and children.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks at the time of recruitment. We reviewed the recruitment records for two staff which had been safely and effectively managed.
- It was practice policy to request Disclosure and Barring Service (DBS) checks for all staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- We found that staff who acted as chaperones had been trained for the role and all staff had received a DBS check.
- The provider had an effective system in place to monitor and manage staff immunisations and certified immunity. For example, we reviewed records for all staff and found they were complete, in line with national guidance.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, 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 staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with a medical emergency, for example, a heart attack.
- Following our last inspection on 04 May 2022, the provider had made improvements regarding emergency medicines and equipment held to deal with medical emergencies, which were stored appropriately and checked regularly. In addition, the provider could demonstrate they had completed risk assessments for items recommended in national guidance which were not kept. For example, a medicine used to treatment a slow heart rate, when a patient has undergone minor surgery.
- When there were changes to services or staff the service assessed and monitored the impact on safety. We reviewed evidence they had employed more staff when the service required this.

Are services safe?

- We reviewed evidence that the provider had appropriate medical indemnity arrangements in place, including for those services which are not in our scope of regulation.
- There was a system to manage infection prevention and control. For example, the practice had clear work surfaces in the consulting rooms and we saw they had undertaken regular infection and prevention control audits. Following our last inspection on 04 May 2022, the provider had made improvements and could demonstrate they had oversight of a Legionella risk assessment. In addition, we saw that water testing for legionella was undertaken annually. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Following our previous inspection on 04 May 2022, the provider had made improvements to the system they had in place to monitor and manage the control of substances hazardous to health, in particular the storage of liquid nitrogen. This included a risk assessment for all substances kept in the service premises and policy governing the control of substances hazardous to health (COSHH).
- At this inspection, we completed an on-site visit to the practice premises. We reviewed the improvements the provider had made regarding fire signage in the service premises. Following our previous inspection, the provider submitted evidence that improvements had been made and additional fire safety signs had been installed.

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. We reviewed six patient records regarding potentially suspicious skin lesions and found that all records contained appropriate information and documentation. In addition, we reviewed a sample of seven patient records who attended regarding medical dermatology and found that all records contained appropriate information and documentation. 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 practice had systems for sharing information with staff, patients' GP's and other agencies to enable them to deliver safe care and treatment.
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- We found the provider had made improvements to its system regarding patient safety alerts. We reviewed three examples, including current and relevant historical safety alerts.
- The provider had updated its safeguarding and business continuity plan to reflect current appropriate information, including local safeguarding contact information.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service 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.
- We reviewed six patients records who had been prescribed a medicines used to treat acne. We found that a pregnancy prevention plan was in place, patient had access to appropriate information regarding this medicine and that all necessary monitoring had been completed, in line with national guidance.

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

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. We found, they had made improvements and kept contemporaneous records regarding this. For example, they maintained their own records of when they had undertaken emergency practice scenarios including for medical emergencies and fire drills.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- All staff had received annual basic life support training.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events, critical incidents and health and safety incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. To date, the practice has not experienced an event of this type.
- 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.