

# ESS Clinic

## Inspection report

142 George Lane  
London  
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Tel:  
[www.essclinic.co.uk](http://www.essclinic.co.uk)

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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 

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.** (Previous inspection 11/2018 – Unrated)

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 ESS clinic as part of our inspection programme.

The service offers private minor surgery for benign (non-cancerous) lesions. This includes skin tags, seborrheic warts, cysts, moles and dermatofibroma. Consultations and treatment are carried out by general practitioners.

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. ESS Clinic provides a range of non-surgical cosmetic interventions, for example anti-wrinkle injections and dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

A non-clinical director 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 had systems to manage risk so that safety incidents were less likely to happen. When they did happen, the provider learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care provided.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients were able to access care and treatment within an appropriate timescale for their needs.
- The service had systems in place to collect and analyse feedback from patients.
- There was a clear leadership structure to support good governance and management.

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

- Improve the systems for ensuring staff are up to date with training.
- Consider installing a hearing induction loop to assist patients and visitors who use a hearing aid.

# Overall summary

**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.

## Background to ESS Clinic

ESS Clinic is located in South Woodford, East London at:

142 George Lane

London

E18 1AY

The location was registered with the CQC in January 2015 to provide the regulated activities of Diagnostic and screening procedures, Surgical procedures, and Treatment of disease, disorder or injury.

The practice provides a private minor surgery service for benign (non-cancerous) lesions. This includes skin tags, seborrheic warts, cysts, moles and dermatofibroma. Consultations and treatment are carried out by GPs. The service is available to people aged 18 years and over only.

Clinics are every Tuesday from 2pm to 5pm and alternate Fridays from 9am to 12pm. The premises remains open outside of clinic hours (Monday to Friday 9am to 5pm) and people can leave their contact details with the receptionist and a member of clinic staff will call them back. Alternatively, appointments can be booked by telephone Monday to Friday from 9am-4pm.

Details of the service are set out on the website - [www.essclinic.co.uk](http://www.essclinic.co.uk)

The service is run by three directors, one of whom is a GP. Other staff at the service include a GP and a health care assistant/receptionist.

### How we inspected this service

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider.
- Conducting staff interviews with two non-clinical directors and a health care assistant/receptionist using video conferencing.
- A site visit to review a sample of service user records and consultations and an interview with a GP to discuss the findings.

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:**

## **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 did not see people under the age of 18 years. The service had systems and policies to safeguard children and vulnerable adults from abuse. The provider had not needed to raise any recent safeguarding concerns to the appropriate authorities for incidents or concerns identified at this location.
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. We noted a non-clinical director had yet to update their safeguarding training. Following our inspection, the provider sent us evidence that this had now been completed.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was an effective system to manage infection prevention and control. Legionella risk assessments undertaken by the provider were maintained.
- 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 induction system for new staff tailored to their role and for tenants utilising clinical rooms.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

## **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 care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

# Are services safe?

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

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing emergency medicines and equipment minimised risks.
- Clinicians did not prescribe or supply any medicines as part of the minor surgery service. There was a medicines management policy for minor surgery and this included guidance when treating patients prescribed high risk 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.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and took action to improve safety in the service. For example, there was evidence of action taken following a significant event where a clinical room had flooded.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

# Are services effective?

**We rated effective as Good because:**

## **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 evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- 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. For example, if a patient had complications following a surgical procedure.
- 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 audits. 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.
- The practice completed annual audits to identify if systems and processes had been followed. These included audits on health and safety and infection prevention and control. Completed clinical audits were undertaken for minor surgery.

## **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 (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff. We reviewed training records and found most staff were up to date with training, although some staff had yet to complete refresher training for safeguarding and infection prevention and control. Following our inspection, the provider sent us evidence that these staff had updated their training.
- Up to date records of skills and qualifications were maintained. Staff were encouraged and given opportunities to develop.
- GPs whose role included minor surgery had received specific training and could demonstrate how they stayed up to date.

## **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. For example, referring a patient to their NHS GP if they presented with symptoms which could indicate serious disease.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation with their registered GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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. There were arrangements for following up on people who had been referred to other services.

## 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. Patients were offered face-to-face consultations prior to any procedure and a follow-up appointment for the surgery would be booked at a later date. This was to allow patients time to consider their options and the surgical procedure.
- 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:**

## **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 general patient satisfaction with the service.
- Feedback from the practice's patient satisfaction survey 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.

## **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. Information leaflets could be requested in easy read formats to help patients be involved in decisions about their care.
- Results from the practice's patient satisfaction survey showed that most patients felt listened to and supported by staff.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available if required.

## **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.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **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, the service had increased clinical sessions from one session per week to two sessions every other week to keep up with demand for the service.
- The facilities and premises were appropriate for the services delivered.
- The service was located on the ground floor allowing patients with mobility issues to access the services provided.
- Staff informed us there was no hearing loop available.

## **Timely access to the service**

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

- Staff informed us that due to the limited opening times of the service, patients usually had to wait a month to receive an appointment. We were told that the service was aimed at routine minor surgery and not urgent cases. Staff informed us that despite there being other clinics in the area that offered similar services, patients were generally happy to wait to be seen by the experienced GPs and the service remained busy.
- Patients had access to initial assessment, test results, diagnosis and treatment.
- Results from a recent patient satisfaction questionnaire undertaken between September and November 2022 (36 responses received) showed that 97% of patients would recommend the service to a friend or relative.
- 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.**

- The service had a complaints policy and procedures in place.
- Information about how to make a complaint or raise concerns was available. This included informing patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- Staff informed us that the practice had not received any complaints in the last 12 months.

# Are services well-led?

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

## **Leadership capacity and capability;**

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

- All staff (clinical and non-clinical) worked within the NHS and were able to apply this experience to all aspects of their private work. They had an established network of local specialists to refer to and seek advice from.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills.

## **Vision and strategy**

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

- There was a clear vision. The service had a realistic strategy to achieve 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 felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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.
- There were processes for providing all staff with the development they need. This included periodic reviews of work, appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

## **Governance arrangements**

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

# Are services well-led?

- 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 had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There were 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. 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 evidence of action to change services to improve quality.
- The provider had plans in place and had 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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

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

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. For example, the practice had made the clinic's complaints policy more accessible to patients following the results of the recent patient satisfaction questionnaire where the majority of patients were unaware of how to complain about the service.
- We saw evidence of feedback opportunities for staff.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement. This was led by the medical director who was a partner at an NHS GP practice, a GP trainer and a medical director of a service that provided NHS community dermatology clinics. The medical director also regularly presented on dermatology courses for GPs.

## Are services well-led?

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The service had recently commissioned a new clinic management software and were in the process of transferring written clinical records to the new system.