

Dr. Avni Patel

Brighton Skin Surgery

Inspection report

Mile Oak Medical Centre
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Overall summary

We carried out an announced comprehensive inspection at Brighton Skin Surgery on 8 December 2017 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led.

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not always providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Brighton Skin Surgery provides a minor surgery service in dermatology. Procedures offered include skin tag, cyst, mole, wart and cherry or blood spot removal. The service is based in a local NHS GP surgery on the outskirts of the city of Brighton and Hove.

Dr. Avni Patel 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.

Nine people provided feedback about the service via comment cards all of which were positive about the standard of care they received. The service was described as excellent, professional, helpful and caring.

Our key findings were:

- The clinic was supported by services provided by a GP practice on the same site including practice policies, protocols and non-clinical governance.
- The approach to safety of systems for reporting and recording incidents was in place. However, these systems were not always adhered to.

Summary of findings

- Information about services and how to complain was available and easy to understand.
- The surgery room was well organised and equipped, with good light and ventilation.
- The provider assessed patients according to appropriate guidance and standards.
- Staff maintained the necessary skills and competence to support the needs of patients. Staff were up to date with current guidelines.
- Risks to patients were well managed. For example, there were effective systems in place to reduce the risk and spread of infection.
- Medicines were not always stored safely.
- Systems were in place to deal with medical emergencies, staff were trained in basic life support and the provider had appropriate emergency medicines in place. However these medicines were not checked in accordance with the provider's policy and some had expired.
- Staff were kind, caring and put patients at their ease.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- The provider had a clear vision to provide a high quality service that put caring and patient safety at its heart.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

We identified regulations that were not being met and the provider must:

- Ensure systems and processes are in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

You can see full details of the regulations not being met at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had systems, processes and risk assessments in place to keep staff and patients safe with the exception of medicines for use in emergencies were not regularly checked in accordance with their protocol.
- Staff had the information they needed to provide safe care and treatment and shared information as appropriate with other services.
- The provider had a good track record of safety and had a learning culture, using safety incidents as an opportunity for learning and improvement.
- The staffing levels were appropriate for the provision of care provided.
- We found the equipment and premises were well maintained with a planned programme of maintenance.
- Emergency equipment and medicines had not been regularly checked and some equipment and medicines had expired or were missing.
- Fridge temperatures, for medicines storage, had not been recorded on a daily basis and we noted one fridge had a recorded temperature which was outside of specified parameters and no action had been taken as a result.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- The provider had the skills, knowledge and experience to deliver effective care and treatment.
- The provider used current guidelines such as National Institute for Health and Care Excellence and NHS guidance and competences for the provision of services for GPs with special interest in dermatology and skin surgery to assess health needs.
- Patients received a comprehensive assessment of their health needs, which included their medical history.
- The provider encouraged and supported patients to be involved in monitoring and managing their health.
- The provider had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- We did not speak to patients directly on the day of the inspection. However, we reviewed the provider's patient survey information. This showed that patients were happy with the care and treatment they had received.
- The provider treated patients courteously and ensured that their dignity was respected.
- The provider involved patients fully in decisions about their care and provided reports detailing the outcome of their health assessment.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The provider was responsive to patient needs and patients could contact the GP to further discuss results of their treatment.
- The provider proactively asked for patient feedback and identified and resolved any concerns.

Summary of findings

- There was an accessible complaints system both in the surgery room and on the provider's website.
 - Patient feedback was closely monitored and responded to.
 - The provider had good facilities and was well equipped to meet the needs of the patient.
 - The provider was able to accommodate patients with a disability or impaired mobility. All patients were seen on the ground floor.
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Are services well-led?

We found that this service did not always provide well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices).

- The provider had a clear vision and strategy for the service and the knowledge, experience and skills to deliver high quality care and treatment.
 - There was a suite of policies, systems and processes in place to identify and manage risks. However, the provider did not always follow their own policies and processes.
 - The provider actively engaged with staff and patients to support improvement and had a culture of learning.
 - There was a management structure in place.
 - The culture of the service was open and transparent.
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Brighton Skin Surgery

Detailed findings

Background to this inspection

Brighton Skin Surgery is a minor skin surgery service for private patients based at Mile Oak Medical Centre on the outskirts of the city of Brighton and Hove. The service operates from a minor surgical suite within an NHS GP practice providing assessment and treatment for skin blemishes including skin tag, cherry or blood spot, cyst, mole and wart removal under local anaesthetic. Around 160 patients receive treatment at Brighton Skin Surgery per annum.

The provider address is:

Brighton Skin Surgery
Mile Oak Medical Centre
Chalky Road
Brighton
BN41 2WF

The surgery is open on Fridays from 8am to 12.30pm.

Brighton Skin Surgery is a private clinic run by a GP, Dr Avni Patel, who has a specialist interest in dermatology and holds a diploma in dermatology. There is an assistant practitioner who is employed by the GP practice on the same site and who assists the GP when needed. (An assistant practitioner is a clinical member of staff with a level of knowledge and skill beyond that of the traditional health care assistant). The clinic is supported by services provided by the GP practice on the same site including practice policies, protocols and non-clinical governance.

We carried out an announced comprehensive inspection at Brighton Skin Surgery on 8 December 2017. Our inspection team was led by a CQC lead inspector who was accompanied by a nurse specialist adviser. Before visiting, we reviewed a range of information we hold about the service. Prior to the inspection we reviewed the last inspection report from December 2013, any notifications received, and the information provided from pre-inspection information request.

During our visit we:

- Spoke with the provider and the practice manager from the GP practice on the same site.
- Looked at equipment and rooms used when providing health assessments.
- Reviewed records and 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?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

The provider had an agreement in place to follow the safety systems and risk assessments of the GP practice on the same site. There was a suite of safety policies which were regularly reviewed and communicated to the provider. There were systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff on the site including the provider. The GP was the safeguarding lead for Brighton Skin Surgery. Staff checks on recruitment, including checks of professional registration were conducted by the GP practice on the same site, on behalf of the provider. Disclosure and Barring Service (DBS) checks were undertaken for all staff who saw patients. (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).

Information in the clinic waiting area advised patients that a chaperone was available. The assistant practitioner who acted as a chaperone was trained for the role and had received a DBS check.

There was an effective system in place for infection control, which was managed by the GP practice on the same site on behalf of the provider. Daily checks were completed in the surgery room for cleanliness which included equipment. The assistant practitioner was responsible for the cleaning schedule in the surgery room and the GP practice on the same site was responsible for cleaning all other areas of the premises and detailed what and where equipment should be used.

The GP practice on the same site ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, on behalf of the provider. There were systems for safely managing healthcare waste.

Risks to patients

The GP practice on the same site had arrangements in place to respond to emergencies and major incidents, on behalf of the provider. Emergency medicines and

equipment were stored behind the main reception which was easily accessible to all and staff knew of their location. The clinic had suitable emergency resuscitation equipment including an automatic external defibrillator (AED) and oxygen with face masks for both adults and children. There were medicines in place for use in emergency. However, we found the governance in relation to emergency equipment and medicines was not always adhered to as regular checks had not taken place and some equipment and medicines had expired or were missing. All staff had completed training in emergency resuscitation and life support which was updated yearly. There was a push button alarm in all the health assessment rooms which alerted staff to any emergency.

The GP practice on the same site conducted up to date fire risk assessments and carried out regular fire drills, which the provider attended. All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Information to deliver safe care and treatment

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

Patients received a full health assessment at the beginning of their appointment. Referrals could be made where necessary either to other specialists or with the patient's own GP. Referral letters included all of the necessary information. Patients received a report of any pathology results.

Assessments were recorded on paper files and an electronic system. We found the both the paper and electronic patient record systems were only accessible for staff with delegated authority, which protected patient confidentiality.

Safe and appropriate use of medicines

The arrangements for the management of medicines (including obtaining, prescribing, recording, handling, storing, security and disposal) were managed by the GP practice on the same site with responsibility for overview by the provider. Fridge space was shared between the provider and the GP practice on the same site and staff from the GP practice had responsibility for checking the fridge temperatures were within parameters required for the storage of certain medicines. However, fridge

Are services safe?

temperatures had not been recorded on a daily basis and we noted one fridge had a recorded temperature which was outside of specified parameters and no action had been taken as a result. The only medicine the provider stored in the fridges was a local anaesthetic, for which storage at fridge temperature was not a requirement. We received notification the day after the inspection that action had been taken and checks were added to the procedure to ensure adherence to the practice policy in future.

The provider kept prescription stationery securely and monitored its use. The provider prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety

The provider had a good safety record. There were comprehensive risk assessments in relation to safety issues. There was a system for receiving, reviewing and

taking action on safety alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA). Pathology results were reviewed by the provider with appropriate follow-up action taken.

Lessons learned and improvements made

There was an effective system in place for reporting and recording significant events. The provider had not had any significant events over the past year. Lessons from significant events were discussed and shared with colleagues with similar interests, on a monthly basis, to make sure action was taken to improve safety. There were systems in place to review unintended or unexpected safety incidents, to ensure patients received reasonable support, truthful information, and a verbal and written apology and to prevent the same thing from happening again.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

Patients were referred by their GP or self-referred to the service. Assessment and treatment was monitored from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance and the NHS guidance and competences for the provision of services for GPs with special interest in dermatology and skin surgery. There were systems in place to keep staff up to date with new guidelines. Monitoring was in place to ensure that these guidelines were adhered to through routine audits of patients' records.

Monitoring care and treatment

The provider reviewed the effectiveness and appropriateness of the care provided and was actively engaged in monitoring and improving quality and outcomes. Audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and patient outcomes. The provider reviewed patient care and treatment to improve care and assist learning including two case reviews of patient care during the previous year. For example the provider conducted an annual audit of post treatment complications and found that none had been reported in the previous 12 months.

Effective staffing

We found staff had the skills, knowledge and experience to deliver effective care and treatment.

The GP attended training through e-learning training modules, external training and in-house training delivered by the GP practice on the same site. The assistant

practitioner attended in house training and e-learning, both of which were provided by the GP practice on the same site. All training set out as mandatory by the provider was up to date and monitored.

Learning needs were identified and supported through a system of meetings, appraisals, clinical supervision and facilitation and support for revalidation. For example the GP attended a monthly dermatology meeting with colleagues from the local area to facilitate learning. Both the GP and the assistant practitioner had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The provider shared relevant information with other services. For example, when referring patients to secondary health care or informing the patient's own GP of any concerns.

Supporting patients to live healthier lives

Patients were assessed and given individually tailored advice. For example information about skin sun care, smoking and alcohol intake was available where appropriate.

Consent to care and treatment

The GP sought patients' consent to care and treatment in line with legislation and guidance and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The provider did not provide services for children under the age of 16. We saw the provider obtained written consent before undertaking procedures and specifically for sharing information with outside agencies such as the patient's GP. Information about fees was transparent and available online. The process for seeking consent was demonstrated through records. We saw consent was recorded in the patient record system. This showed the provider met its responsibilities within legislation and followed relevant national guidance.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

The provider conducted annual patient surveys to improve the service. The most recent survey was conducted in 2016 and 2017 and 33 patients responded. For example 100% of patients who responded said the GP was good at making them feel at ease and 100% of patients who responded said they found the GP to be being polite.

Involvement in decisions about care and treatment

Patients were provided with information about treatment options and costs before their surgery. The provider routinely called patients the evening after their surgery to follow up and answer any questions. Patients were provided with information about the results by return appointment, phone and/or letter.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity and both staff recognised the importance of patients' dignity and respect and the clinic complied with the Data Protection Act 1998. All confidential information was stored securely on computers and in a locked cabinet.

There was a curtain in the assessment rooms to maintain patients' privacy and dignity during assessments and consultations. The surgery room door was closed when in use and we noted that conversations taking place could not be overheard. The assistant practitioner was trained to act as a chaperone. The provider's most recent feedback survey from 2016 and 2017 showed that 100% of the 33 patients who responded felt the GP was honest and trustworthy.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

The facilities and premises were appropriate for the services delivered. Patients shared the reception area and waiting room with patients from the GP practice on the same site which patients could access through automatically opening doors. The surgery room was on the ground floor. There were adequate toilet facilities including toilets for people who were disabled and baby changing facilities.

Timely access to the service

Appointments were available by calling the GP directly or by requesting an appointment via the website.

Appointments were available on Fridays from 8am to 12.30pm. The waiting time for an appointment was between one and two weeks.

Listening and learning from concerns and complaints

Information for patients about how to make a complaint was available in the surgery room and on the clinic website. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the investigation into their complaint. We reviewed the complaints system and noted there was an effective system in place which ensured there was a clear response. The provider had not received any complaints in the previous 12 months.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was not always providing well-led services in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices).

Leadership capacity and capability

The provider operated as a single practitioner with support from an assistant practitioner employed by the GP practice on the same site. Non-clinical governance and management systems were also provided by the GP practice at the same site.

Vision and strategy

The provider had a clear vision to provide a high quality service that put caring and patient safety at its heart. The provider had a realistic strategy and supporting business plans to achieve priorities.

Culture

The culture of the service actively encouraged candour, openness and honesty. The provider felt confident to report concerns to the relevant health and social care professionals. There was a whistleblowing policy in place.

There were processes in place to ensure the GP and the assistant practitioner received the development they needed. This included appraisal and career development.

The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. There were systems in place for recognising and reporting notifiable safety incidents.

Governance arrangements

The system of accountability to support governance and management was not consistently effective. We found the governance in relation to emergency equipment and medicines was not always adhered to as regular checks had not taken place and some equipment and medicines had expired or were missing. For example an emergency medicine for use in cardiac arrest had expired in August 2017 and one of the airways for use in emergencies was missing. All of the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the National Institute for

Health and Care Excellence (NICE). Systems were in place for monitoring the quality of the service and making improvements. This included having a system of key performance indicators, carrying out regular audits, carrying out risk assessments and quality checks and actively seeking feedback from patients.

Managing risks, issues and performance

The arrangements for managing medicines were conducted by the GP practice on the same site and overseen by the provider. Fridge space was shared between the provider and the GP practice on the same site and staff from the GP practice had responsibility for checking the fridge temperatures were within parameters required for the storage of certain medicines. However, fridge temperatures had not been recorded on a daily basis and we noted one fridge had a recorded temperature which was outside of specified parameters and no action had been taken as a result. The only medicine the provider stored in the fridges was a local anaesthetic, for which storage at fridge temperature was not a requirement. We received notification the day after the inspection that action had been taken and checks were added to the procedure to ensure adherence to the practice policy in future.

Risk assessments were comprehensive and had been reviewed. The provider had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents and complaints. There was clear evidence of action to change practice to improve quality. However, the provider did not have adequate arrangements in place to ensure the safe storage of medicines that require refrigeration or to ensure medicines for use in emergencies were regularly checked in accordance with protocol.

Appropriate and accurate information

The provider acted on appropriate and accurate information. There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Regular audits ensured the provider monitored the quality of care and treatment provided and made any changes necessary as a result. We found the patients records were audited for quality of content and to ensure appropriate

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

referrals or actions were taken. For example the provider conducted an annual audit of post treatment complications and found that none had been reported in the previous 12 months.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients, the public and staff. The provider conducted an annual patient survey to assess the service. The provider had also gathered feedback from patient letters of thanks.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. The provider made use of internal reviews of audits, incidents and complaints and consistently sought ways to improve the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have arrangements in place to ensure medicines for use in emergencies were regularly checked in accordance with their protocol. Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014