ESS Clinics Limited

ESS Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 2nd November 2018 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 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.

ESS Clinic provides specialist dermatology services to private fee-paying clients.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines. At ESS Clinic, the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the treatments provided for skin conditions such as the removal of skin tags, cysts and benign skin moles and minor surgery conducted at the service, but not the aesthetic cosmetic services.

The Managing 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.

Summary of findings

We did not speak with any clients during the inspection, but we did receive four comment cards on the day of inspection. The comment cards were sent to the service for clients to complete prior to our inspection.

Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse.
- Staff assessed clients' needs and delivered care in line with current evidence based guidance.
- There were systems in place to reduce risks to client safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and equipment used.
- A system was in place for reporting, investigating and learning from significant events and incidents.
- Clients were treated in line with best practice guidance and appropriate medical records were maintained.
- Systems were in place to protect personal information about clients.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- Clients were treated with dignity and respect and they were involved in decisions about their care and treatment.
- There were good systems in place to govern the service and support the provision of good quality care and treatment.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

ESS Clinic

Detailed findings

Background to this inspection

ESS Clinic provides specialist dermatology services to private fee-paying clients. ESS Clinic operates from:-

- 142 George Lane, South Woodford, London, E18 1AY. This is the address that the service is authorised to provide regulated activities from.
- The service website is located at www.essclinic.co.uk
- The service is open on Tuesdays between 1pm and 5pm and Thursdays between 4:30pm and 7:40pm fortnightly. Staff members in attendance usually are the lead GP and the service and/or operations manager.

The service offers a telephone service between the hours of 9am and 4pm Mondays to Fridays. Outside of these times, an answering machine will take enquiries and staff at the service will respond to these on their return to the office.

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser.

We viewed information about the service from the providers of the service prior to our inspection on the 2 November 2018.

To get to the heart of clients' 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 the service to be providing safe services in accordance with the relevant regulations.

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. 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. Policies were regularly reviewed and were accessible to all staff, locums. They outlined clearly who to go to for further guidance.
- 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. The service policy required staff to have Disclosure and Barring Service (DBS) checks undertaken before working at the service. We looked at two staff files and found that the appropriate recruitment and DBS checks had been conducted for these two members of staff.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. In addition, staff who worked at the service had undertaken adult safeguarding training.
- There was an effective system to manage infection prevention and control. The latest infection control audit conducted by the service was in May 2018.

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.

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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

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.
- 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
- 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 medicines, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed (if required), administered and gave advice on medicines to patients on medicines in line with legal requirements and current national guidance. The service only kept emergency medicines on site, and these were checked on a weekly basis to ensure that they were in date. Processes were in place for checking accurate record keeping of medicines held at the service.

Track record on safety

The service had a good safety record.

Are services safe?

- 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. Although the service had no significant events recorded, the inspection team saw that there was a process in place to enable the recording of and the action taken should a significant event occur.
- There were systems for reviewing and investigating when things went wrong, however, as the service has never had occasion to use systems, we were unable to note whether the systems were effective.
- 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 and written apology.
- They told us that they would keep written records of verbal interactions as well as written correspondence, but had not needed to do so.

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 including sessional and agency staff.

Are services effective?

(for example, treatment is effective)

Our findings

We found the service to be providing effective services in accordance with the relevant regulations.

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.
- The doctor at the service received annual external appraisals, ensuring that their clinical knowledge was current.
- 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.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity. We viewed two two-cyle audits conducted during the past 24 months, one of which looked at documenting patient involvement with care and the other looked at the minor surgery activities conducted at the service.

- The service offered its clients continuity of care as clients would see the same clinician throughout their treatment.

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 and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We saw an example of where the service would refer a client back to their GP. The service explained it this would occur if a client (following an examination at the service or on receipt of test results) was suspected of having skin cancer. The doctor at the service would inform the client's registered GP by telephone and letter that it would be advised to refer the patient urgently for further treatment at a local secondary care facility. The client would be advised to attend the surgery with a referral from the service that same day. The service will follow up the referral a week later by contacting the client to confirm that they had consulted their GP.
- 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.
- All patients were asked for consent to share details of their consultation (and if applicable, any medicines prescribed) with their registered GP.
- The provider had risk assessed the treatments they offered. 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 clear and effective arrangements for following up on people who have been referred to other services.

Are services effective?

(for example, treatment is effective)

- The service took part in local multi-disciplinary team meetings with members of the local Clinical Commissioning Group (CCG) dermatological teams.

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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We found the service to be providing caring services in in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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.

Involvement in decisions about care and treatment

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

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Interpretation services was not available for patients who did not have English as a first language. We spoke with the service about their provision for clients who did not speak English as a first language. The service informed us that they had not yet encountered a situation where a client needed an interpreter when at the service, as this requirement would have been established when booking an appointment. The service told us that they would encourage the client to bring along a friend or relative who could translate for them as long as the client was happy with this arrangement. If this was not possible, the service would seek an alternative arrangement to allow potential clients to access the service.
- Staff communicated with people in a way that 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 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?

(for example, to feedback?)

Our findings

We found the service to be providing responsive services in accordance with the relevant regulations.

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 facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Wheel-chair users could access services provided as the service operated from the ground floor of the premises.
- All patients were offered an initial consultation, with the opportunity to go away and consider their options regarding treatments before consenting to any procedures.
- Text messages were sent to clients' (with their consent) reminding them of forthcoming appointment(s).
- An initial consultation with a clinician at the service could be booked through the service website

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 (if applicable), diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and were managed appropriately.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.
- The service opened once every two weeks on Tuesdays between 1pm and 5pm and Thursdays between 4:30pm and 7:40pm.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and told us they would respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

The service had a complaints policy and procedures in place. The service told the inspection team that it had not received any complaints and therefore could not show us any examples of how they responded. However, the service was able to talk through what they would do in the event of receiving a complaint. This included how they would initially respond to the complainant within 48 hours, offer a verbal apology and inform them of the process (which included a thorough investigation of the complaint) and timescale in which they would expect a written response to their complaint.

Are services well-led?

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

Our findings

We found the service to be providing well-led services in in accordance with the relevant regulations.

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.
- 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, 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.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (namely the parent company of the service provider)
- 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.
- Although the service had no incidents or complaints to show us as none had occurred, the service told us that they operated on a basis of openness, honesty and transparency and these principles would be employed when to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to 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 appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- 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 had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between the staff.

Governance arrangements

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
- 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. Both the Operations Director and the Clinic Manager were responsible for ensuring that systems and policies within the service were up-to-date and fit-for-purpose.

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.

Are services well-led?

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

- 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.
- 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.
- 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.
- The service submitted data or notifications to external organisations as required.
- 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. The service had a bespoke data management system which allowed staff access to client records (through a username and password). This system was backed-up regularly off-site. Paper records at the service are kept to a minimum, with paper records being scanned and placed on the relevant client record and disposed of using a shredder. All shredded records are disposed of using a professional confidential waste management company.

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.

- Clients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. We viewed three sets of meeting minutes, one of which showed discussions amongst the team regarding the marketing of the service in local newspapers and publications.
- Staff were able to describe to us the systems in place to give feedback. Staff we spoke with told us that they were able to feedback to other staff via staff meetings, ad-hoc service meetings and annual appraisals.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was 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.
- There were systems to support improvement and innovation work. For example, the service worked closely with local community dermatological services, GP practices and Bart's Health to allow community services the use of clinic rooms within the practice, to enable NHS patients to have minor dermatological procedures conducted locally and within a quicker timeframe.