

UK Derma Limited

# The Park Club Medi Spa

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 14 and 16 September 2016 to ask the following key questions; Are services safe, effective, caring, responsive and well-led? We do not currently have a legal duty to rate this type of service but we highlight good practice and any issues that service providers need to improve.

### 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.

### Background

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.

The Park Club Medi Spa was located in the basement level of a family club, gym and spa facility. The service offered a range of facial aesthetic treatments, as well as dermatology consultations, mole checks, mole mapping and excision of moles and blemishes. The service comprised of a waiting area with reception desk and consultation room.

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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At The Park Club Medi Spa, we reviewed the dermatology, mole checks, mole mapping and excision aspects of the services provided.

The service was run and provided by a single clinician, who was a qualified doctor and also 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

# Summary of findings

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.

Five patients provided feedback about the service, and all were extremely positive about their experiences.

## **Our key findings were:**

- There was no evidence of incident recording, investigation or learning, and the registered manager did not fully identify the types of situations which should be recorded as incidents. There was no mechanism for monitoring or learning from incidents in place at the time of our inspection. This meant the registered manager was not able to have full oversight of incident trends.
- At the time of our inspection, we noted that medicines were not managed in a proper way, although the registered manager assured us this issue was rectified immediately when this was raised as a concern following the inspection.
- Some elements of record keeping were poor, such as patients' past medical histories and details of procedures completed.
- The registered manager had completed level 2 safeguarding vulnerable adults and children training, which was not sufficient to meet NHS England recommendations.
- There were no formal governance arrangements in place and, although environmental risk assessments had been completed, there was no risk register which demonstrated risk mitigation, particularly relating to patient procedures.

However:

- The registered manager offered a range of consultation options, such as a dermatology consultation, a mole check with mole mapping and a mole check without mole mapping, which provided patients with choice.
- Patients could frequently access appointments on the same or next day as they booked their consultation, and did not have to wait beyond their appointment time to be seen by the registered manager .
- The clinic premises and equipment were well maintained and fit for purpose.
- Infection prevention and control practices were appropriate and compliance with NICE CG74 (surgical site infections; prevention and treatment) recommendations were noted.
- We observed that the registered manager's practice demonstrated adherence to British Association of Dermatologists recommendations and an awareness of NICE PH32 (skin cancer prevention).

There were areas where the provider could make improvements and should:

- Review medicines management processes to ensure medicines are ordered correctly.
- Review patient documentation to ensure accurate and complete records are maintained.
- Review the level of safeguarding training completed to ensure it meets the level recommended by NHS England.
- Review governance processes and documentation to ensure risk identification and mitigation is demonstrated.

# 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, however there were areas for improvement identified.

There was no evidence of incident recording, investigation or learning, and the registered manager did not fully identify the types of situations which should be recorded as incidents. At the time of our inspection, we noted that medicines were not managed in a proper way, although the registered manager assured us this issue was rectified immediately when this was raised as a concern following the inspection. Some elements of record keeping were poor, such as patients' past medical histories and details of procedures completed. Additionally, the registered manager had completed level 2 safeguarding vulnerable adults and children training, which was not sufficient to meet NHS England recommendations.

### **Are services effective?**

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

Practice reflected guidance from the British Association of Dermatologists. Suitable consent procedures were in place, and the registered manager told us they would not complete a procedure on any patient who would not be able to understand the perceived benefits and potential risks associated with the procedure.

### **Are services caring?**

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

Patient feedback about their experiences during consultations and treatments was entirely positive. They told us their privacy and dignity was maintained by the registered manager at all times. We observed the registered manager speaking to patients respectfully and in a kind manner.

### **Are services responsive to people's needs?**

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

A range of consultations options were available for patients and same or next day appointments could usually be accommodated by the service. Patients did not have to wait beyond their appointment time to be seen by the registered manager.

### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations however there were areas for improvement identified.

There were no formal governance arrangements in place and although environmental risk assessments had been completed, there was no documentation which demonstrated risk mitigation relating to patient procedures. Additionally, there was no mechanism for monitoring or learning from incidents in place at the time of our inspection. This meant the registered manager was not able to have full oversight of any incidents which had occurred, and therefore identify any trends.

# The Park Club Medi Spa

## Detailed findings

### Background to this inspection

We inspected the Park Club Medi Spa over two announced inspection days, on the 14th and 16th September 2016. The inspection was attended by an Inspector and a Specialist Advisor, with a background in cosmetic plastic surgery.

Prior to the inspection, we reviewed data held by CQC and information sent through from the provider in the pre inspection information request. During our inspection, we spoke to patients who used the service, observed care, inspected the clinic environment and reviewed 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

**By safe, we mean people are protected from abuse and avoidable harm. We do not currently have a legal duty to rate this type of service but we highlight good practice and issues that service providers need to improve.**

### Summary:

- There was no evidence of incident recording, investigation or learning, and the registered manager did not fully identify the types of situations which should be recorded as incidents.
- At the time of our inspection, we noted that medicines were not managed in a proper way, although the registered manager assured us this issue was rectified immediately when this was raised as a concern following the inspection.
- Some elements of record keeping were poor, such as patients' past medical histories and details of procedures completed.
- The registered manager had not completed level 3 safeguarding vulnerable adults and children training, as required by NHS England recommendations.
- There was no evidence of risk assessment relating to procedures or patient-related issues.

However:

- There was suitable equipment and processes in place to deal with medical emergencies within the service.
- The clinic premises and equipment were well maintained and fit for purpose. Thorough environmental risk assessments had been completed.
- Infection prevention and control practices were appropriate and compliance with NICE CG74 (surgical site infections; prevention and treatment) recommendations were noted.

### Reporting, learning and improvement from incidents

- During our inspection, we found that there was no formal mechanism for recording incidents that occurred and the registered manager told us incidents happened infrequently, therefore no record had been started.

- The registered manager was not fully aware of situations which should be recorded as incidents. For example the registered manager told us a service user had fainted during their consultation and did not identify this as a recordable incident.
- There was no evidence of identifying trends or any learning points from incidents.
- Since our inspection, the registered manager has informed us that they have set up an electronic incident record where any adverse incidents or near misses will be documented. They advised that the record contains sections including how to prevent similar incidents from occurring and learning points.
- The registered manager was familiar with the term duty of candour and was able to describe an appropriate process of what would be done if something went wrong during a patient's procedure. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- The registered manager told us they would be honest about any mistakes that were made and apologise to the patient.

### Reliable safety systems and processes (including safeguarding)

- The treatment room was cleaned on a daily basis by an externally contracted cleaner. There was no formal cleaning audit completed, however the registered manager completed informal checks of the room each day. The registered manager told us that any issues with the cleanliness of the consultation room would be raised immediately with the contracted cleaner. We inspected the consultation room and saw that it was clean throughout.
- Patient records were a mix of paper and computer based documentation. Patient pre-consultation questionnaires and treatment records were paper based. These records were stored in alphabetical order in folders, within a locked room.
- Patient assessment information and photographs taken during mole mapping were stored electronically on a secure server.

# Are services safe?

- Most patient records we reviewed were legible and labelled with sufficient patient identifiable information. However records we reviewed showed sparse documentation, particularly relating to procedures completed. For example, lack of information relating to patient past medical history, local anaesthetic used, and procedure completed.
- The registered manager had completed level 2 safeguarding training for children and vulnerable adults. NHS England recommendations state that the safeguarding lead in healthcare services should complete level 3 training, therefore the training completed was not sufficient to comply with these recommendations.
- The registered manager was able to identify what kind of situations would trigger a safeguarding concern, for example unexplained bruising, and identified what steps would be taken if there were safeguarding concerns about a patient. For example making a referral to the local safeguarding team. The registered manager acknowledged that they had not made any referrals to the safeguarding team as there had not been any situations where a referral was warranted.
- Revalidation for the registered manager was completed through the Royal College of Aesthetic Medicine, as this formed the largest portion of the registered manager's work. The registered manager reported that this was most recently completed in July 2016 and covered all aspects of practice, including dermatology.
- Some staff working at the premises where the clinic was located had been trained to act as chaperones during assessments and procedures. The chaperone policy highlighted when chaperones should be offered, however the registered manager told us they only offered chaperones if they felt it was necessary, which was infrequently.
- All children and young people under the age of 17 were seen with their parent or guardian present.
- Following our inspection, the registered manager informed us that the patient consent form would be modified to inform patients that chaperones were always available if requested.

## Monitoring health & safety and responding to risks

- The registered manager showed us a range of risk assessments which had completed. Risk assessments we saw related to environmental issues, such as infections in the water supply. We did not see any risk assessments relating to patient procedures, for example risks relating to anaphylaxis or bleeding after a procedure.

## Infection control

- Personal protective equipment, including gloves and aprons, was available within the consultation room.
- Handwashing facilities and alcohol gel were available within the consultation room, and we observed the registered manager completing appropriate hand hygiene before and after reviewing patients.
- The treatment couch was covered by a paper sheet, which was changed after each patient when the couch was also cleaned. The couch had a plastic, wipe clean covering which free from rips, to allow thorough cleaning.

## Medical emergencies

- The registered manager had recently completed adult and paediatric basic life support training.
- A designated anaphylaxis equipment box was available within the consultation room. The box contained Resuscitation Council UK anaphylaxis guidelines and adrenaline, as per recommendations.
- A defibrillator was available on the premises where the clinic was located and this was checked daily by health club staff.
- For medical emergencies, the registered manager told us that an NHS ambulance would be called to transfer the patient to an acute hospital service.

## Staffing

- All consultations and procedures were completed by the registered manager personally. When the registered manager was not available, the service was closed.
- Reception staff were employed by the club facility in which the service was located.

# Are services safe?

- Camera equipment used during mole mapping photography came into contact with patients' skin and therefore required cleaning. The registered manager told us this was done with a disinfectant spray after each use.
- All surgical equipment, such as scalpels, was single use items and so there was no need for this type of equipment to be decontaminated. Scalpels were disposed of in a sharps bin.
- The registered manager advised that aseptic techniques were used for all invasive procedures and reported no surgical site infections between April 2015 and March 2016.
- In line with recommendations from NICE CG74 (surgical site infections; prevention and treatment), hair removal was not performed routinely prior to surgical mole removal. If hair removal was needed, an electric clipper with a single use head was used, in line with NICE recommendations.

## Premises and equipment

- Consultations and treatments were completed in a designated room which was fit for purpose.
- Separate waste bins were available for clinical waste and general waste. We observed that items were correctly disposed of during our inspection.
- A yellow sharps bin was available within the consultation room. We saw that this bin was correctly labelled and did not have any items over the maximum fill line.

## Safe and effective use of medicines

- Medicines were stored neatly in a locked cupboard within the consultation room, and were seen to be in date.
- Some medicines were stored in a designated medicines fridge. This fridge had an automatic alarm which

sounded when the fridge was out of the desired temperature range. The registered manager told us no formal checks of the fridge temperature were completed.

- The registered manager told us open vials of medicine could be stored in the medicines fridge for up to one month. We observed an open vial in the fridge during our inspection which had not been dated. This meant the registered manager would not know when the vial was opened and could remain in use after the one month period passed.
- We observed that adrenaline stored in the anaphylaxis kit expired in May 2015. We raised this with the registered manager who immediately arranged for replacement adrenaline to be delivered.
- We noted that all medicines in possession of the registered manager, including medicines in the anaphylaxis kit, in the medicines cupboard and medicines fridge, were stored in boxes with patient names documented. The registered manager told us medicines were prescribed for a patient, used as needed and then the remaining medicines were stored as stock and used for other patients as required. This is in breach of The Human Medicines Regulations 2012, as prescriptions are not legal if the medicine is not being used for the same person that it was prescribed for.
- We raised this concern with the registered manager after our inspection. They have assured us that they immediately changed their practice and all future medicines would be prescribed as stock medicines, rather than under a specific patients' name.
- Within patient records, there was no evidence of prescriptions for medicines used during procedures. For example, we reviewed notes for mole excisions and lidocaine (a local anaesthetic) was documented as used, however there was no formal prescription for this within the notes.



# Are services effective?

(for example, treatment is effective)

## Our findings

**By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. We do not currently have a legal duty to rate this type of service but we highlight good practice and issues that service providers need to improve.**

### Summary:

- We observed that the registered manager practice demonstrated adherence with British Association of Dermatologists recommendations, such as margins around excised lesions, and an awareness of NICE PH32 (skin cancer prevention).
- The registered manager completed revalidation processes and attended training for professional development purposes.
- Suitable consent procedures were in place, and the registered manager told us they would not complete a procedure on any patient who would not be able to understand the perceived benefits and potential risks associated with the procedure.

### Assessment and treatment

- Patients attended the clinic with general dermatological queries, such as skin redness or blemishes. Following a consultation, treatment was prescribed in line with recommendations from the British Association of Dermatologists.
- Patients also attended for mole checking and mole mapping. Consultations began with an assessment of patients' past medical history, including an assessment against melanoma risk factors, as identified by NICE PH32 (skin cancer prevention).
- Mole checking involved a review of a specific mole by the registered manager and macroscopic photography for closer inspection. Mole mapping included macroscopic photography of all moles on the patients' body, with the intention of monitoring the appearance of moles over time, in order for changes to be identified early.
- Moles could be removed for cosmetic (for example if a patient disliked the appearance of a mole) or medical reasons (for example if the registered manager

determined that the mole had an abnormal appearance). Moles could be removed surgically (using a scalpel to excise the mole), by curettage (tissue removal through scraping) or cautery (destroying tissue through burning).

- The registered manager did not remove large moles or moles which were located on the face, due to the risk of significant scarring. The registered manager told us they would advise patients to request a referral to a plastic surgeon for this to be completed.
- The registered manager advised that they were aware of guidelines for mole excisions (for example relating to margins of skin which should be removed around moles), however told us that they worked to their own protocols which were based on best practice from their own experience. The registered manager was unable to provide us with copies of their protocols at the time of our inspection.
- The registered manager removed basal cell carcinomas (BCCs), smaller than 15mm and not located on the patients' face. Following our inspection, the registered manager advised that a margin of 3-4mm would be left when removing this type of lesion, in line with recommendations from the British Association of Dermatologists.
- The registered manager also removed non-melanoma skin cancers (SCCs), smaller than 15mm and not located on the patients' face. Following our inspection, the registered manager advised than a margin of 4mm would be left when removing this type of lesion, in line with recommendations from the British Association of Dermatologists.
- Following mole removal or lesion excision, patients were advised to keep the wound away from water until healed and to return to the clinic if "anything unexpected" occurred.
- Patients had histology results explained to them when they returned to have their stitches removed.
- Patients were advised to attend for follow up mole mapping appointments based on their level of risk, as determined by the screening questions asked by the registered manager during the consultation. The registered manager advised that most patients return for screening between one to three years after their



# Are services effective?

## (for example, treatment is effective)

consultation. We observed a patient consultation where the patient was advised to attend for a three yearly follow up, as the patient was considered low risk based on the answers to the screening questions they provided.

- The registered manager varied from NICE NG14 (melanoma: assessment and management) in the length of time they recommended for follow up. The registered manager advised that they based their review periods on experience and the fact that melanomas have a slow initial horizontal growth phase.
- The registered manager showed us audit data from a benchmarking exercise, where diagnostic effectiveness for melanoma screening was compared with the effectiveness of a similar clinic in the USA. They told us this audit was in the process of being formally written up for publication at the time of our inspection. As the comparison was made with a clinic not registered with CQC (due to its overseas location), we are unable to use the comparison to evaluate the effectiveness of this service.

### Staff training and experience

- The registered manager had been working in the dermatology specialty for over 17 years, although told us that this was a relatively small aspect of their current practice, which mainly focused on facial aesthetic work.
- The registered manager told us ongoing training and development was mandatory for achieving revalidation and showed us evidence of 120 completed hours of continuous professional development. We also saw evidence that the registered manager attended various conferences to maintain competence.

### Working with other services

- Histology services were outsourced to an external organisation. The registered manager identified no performance issues relating to this contract.

- The registered manager liaised with GPs when required. For example, if the histology of a patient's mole indicated a malignancy, a copy of the histology report would accompany a letter to the GP from the registered manager. The registered manager advised that this type of communication would be prioritised over other tasks to ensure information was shared quickly.
- The registered manager indicated that they would liaise with other specialist services for a second opinion if needed. They told us this would be unusual, however any queries could be discussed with colleagues at their sister organisation in Hungary or by peers at local NHS organisations.

### Consent to care and treatment

- Patients were asked to consent for mole mapping, photography and removal prior to this taking place. Patients were aware what they were agreeing to as the registered manager explained the process for each prior to seeking consent, as well as the fact that additional excision may be indicated if histology shows melanoma.
- We saw consent forms which had been signed by patients and the registered manager. These forms highlighted the benefits and potential risks associated with the mole mapping and removal procedures.
- The registered manager told us they had not come across any patients whose mental capacity was doubtful. They explained that they would not proceed with any procedure if they felt the patient was not able to understand the perceived benefits and potential risks associated with the procedure.
- The registered manager advised that patients would be directed to their GP for full assessment if there were concerns about the patient's capacity.

# Are services caring?

## Our findings

**By caring, we mean that staff involve and treat patients with compassion, kindness, dignity and respect. We do not currently have a legal duty to rate this type of service but we highlight good practice and issues that service providers need to improve.**

### Summary:

- All patients were positive about their experiences during consultations and treatments, and told us their privacy and dignity was maintained throughout.
- We observed the registered manager speaking to patients respectfully and in a kind manner.

### Respect, dignity, compassion & empathy

- The registered manager was polite to patients and spoke respectfully at all times. Patients told us they felt at ease with the registered manager, who was friendly and approachable.
- Patients reported that they felt comfortable during their consultations and treatment with the registered manager, and we observed the registered manager speaking to patients in a kind and sensitive manner.
- We observed that patients were asked to dress and undress behind a screen within the consultation room, which helped to preserve patients' privacy and dignity. Patients told us they felt comfortable during the examination process, and that their privacy and dignity had been maintained throughout, even when they were required to undress.

- Patients told us the registered manager provided reassurance prior to treatments, and was sensitive to their worries or anxieties.

### Involvement in decisions about care and treatment

- Patients told us they were fully in control of the decision about their care, including the decision to commence a consultation. They said that any resultant treatment was fully discussed with them.
- Patients told us they received full and clear explanations regarding their treatment options and felt suitably equipped to make their own decision.
- Patients were given the opportunity to ask questions during their consultations, and explanations provided were clear and concise.
- The registered manager advised patients regarding treatments which could be obtained elsewhere, for example mole removal. Patients told us the registered manager advised that this could be obtained via a GP if preferred.
- Patients received thorough explanations about the required follow up periods and were advised that they should for an additional consultation if they noticed any changes to their moles. Patients were given descriptions about what kind of mole changes should trigger a review by a doctor.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**By responsive, we mean that services are organised so that they meet people's needs. We do not currently have a legal duty to rate this type of service but we highlight good practice and issues that service providers need to improve.**

### Summary:

- The registered manager offered a range of consultation options, such as a dermatology consultation, a mole check with mole mapping and a mole check without mole mapping, which provided patients with choice.
- Patients could frequently access appointments on the same or next day as they booked their consultation.
- Patients did not have to wait beyond their appointment time to be seen by the registered manager.

However:

- There were no posters or leaflets available which advised patient how to complain about the service they received.

### Responding to and meeting patients' needs

- Leaflets and online information provided patients with details of their consultation options; including the price and service difference between a dermatology consultation, a mole check with mole mapping and a mole check without mole mapping. This information enabled patients to decide which type of consultation they required. Patients were able to change their mind about which type of consultation they required right up until the beginning of their screening session.
- All information about the service was written in English and there was no availability of literature in different languages.
- Patients were provided with log in details for an online account which contained copies of their mole mapping images and the report based on these images. Patients unable to access their images and report online could request a paper copy to be sent to them instead.
- Patients were able to request a disc containing the images for their own personal use, including to take to other mole clinics if they wished.

- Patients with mobility difficulties could access the clinic easily, as there was a lift down to the clinic room and sufficient room to manoeuvre a wheelchair or walking aid if needed.
- The registered manager reported having many Hungarian patients, as one of the few Hungarian speaking providers in London. Other staff from the clinic were used to translate if the patient could not speak English or Hungarian. The registered manager also told us a formal translation service could be booked if needed.

### Access to the service

- As a private provider, all patients who accessed services at the clinic were all funded through non-NHS means. A total of 241 patients accessed the dermatology and mole removal service between April 2015 and March 2016.
- Patients found the service by word of mouth, or via internet search engines.
- Patients could access the clinic by booking an appointment online or by calling the clinic to arrange an appointment. There was no waiting list for appointments and patients could often access appointments on the same or next day if they wished.
- A deposit was required to reserve an appointment slot, and this deposit was deducted from the final billing amount.
- Appointments lasted for 30-40 minutes and patients told us they never had to wait beyond their appointment time to see the registered manager.
- Most patients (68.9%) were aged 18 years or older, and 31.1% were children or young people.
- 76.8% attended the clinic for the first time whereas the remaining 23.2% attended follow up appointments.

### Concerns & complaints

- The registered manager told us patients could complain directly or make a complaint to the manager at the health club. They told us all complaints would be dealt with immediately or within two working days if it was a written complaint, according to the clinic's complaints procedure.

# Are services responsive to people's needs?

(for example, to feedback?)

- There were no posters or leaflets available within the clinic to advise patients how they could make a complaint to the registered manager.
- The registered manager reported no formal complaints between April 2015 and March 2016.

# Are services well-led?

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

## Our findings

**By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high- quality person-centred care, supports learning and innovation and promotes an open and fair culture. We do not currently have a legal duty to rate this type of service but we highlight good practice and issues that service providers need to improve.**

### Summary:

- Although environmental risk assessments had been completed, there was no documentation which demonstrated clear risk mitigation, particularly relating to patient procedures.
- There was no mechanism for monitoring or learning from incidents in place at the time of our inspection. This meant the registered manager was not able to have full oversight of incident trends, however an incident recording system had been introduced following our inspection, which encouraged reflection after any incident or near miss.
- The registered manager advised that ongoing learning occurred through reviewing histology reports following lesion excision, although there was no documented evidence of this type of development.

However:

- The registered manager demonstrated understanding of duty of candour, and told us service users would be informed immediately if there were any difficulties with their procedure.

### Governance arrangements

- No formal governance arrangements were in place, as the service was small and run by a single clinician. The registered manager told us they would liaise with colleagues at their sister organisation in Hungary or peers at local NHS organisations if there were any significant incidents, or to seek a second opinion.
- There was no incident monitoring system or recording mechanism at the time of our inspection, which meant it would be difficult for the registered manager to have oversight of any incident themes or trends. The

registered manager advised that an incident recording system had been introduced following our inspection. The new system encouraged reflection after any incident or near miss.

- We noted a range of risk assessments which had been completed, however these were limited to environmental risks, and we saw no documentation which demonstrated clear risk mitigation relating to patient procedures. This meant the registered manager was unable to demonstrate mitigation of certain risks, such as risks relating to anaphylaxis or blood loss.

### Leadership, openness and transparency

- The registered manager was the sole clinician and provider of the service. They told us they planned to continue the service in its current form, and there were no plans for developing the dermatology or mole checking services further.
- The registered manager demonstrated understanding of duty of candour, and told us service users would be informed immediately if there were any difficulties with their procedure. The registered manager acknowledged the need to be open and honest with service users, and apologise if anything went wrong.
- The registered manager told us there had been no complications with any procedures which occurred and so duty of candour had not needed to be upheld.

### Learning and improvement

- The registered manager advised that ongoing learning occurred through reviewing histology reports following lesion excision. The registered manager reflected upon the type of excision which had occurred and the appropriateness of the margin which had been left around the lesion. There was no documented evidence of this type of development.
- The registered manager showed us audit data from a benchmarking exercise, where diagnostic effectiveness for melanoma screening was compared with the effectiveness of a similar clinic in the USA. They told us this audit was in the process of being formally written up for publication at the time of our inspection. As the comparison was made with a clinic not registered with CQC (due to its overseas location), we are unable to use the comparison to evaluate the effectiveness of this service.

# Are services well-led?

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

- The registered manager reviewed relevant professional guidance as part of the professional development required for revalidation, and ensured that clinical practice reflected the recommendations.

## **Provider seeks and acts on feedback from its patients**

- Feedback forms were available on the provider's web site and patients were asked to complete them if they wished.
- The registered manager advised that the feedback they received was very positive and so there were no identifiable actions based on patient feedback.