

Brigstock Skin and Laser Centre

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 6 March 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.

The service provides medical treatment for a number of skin conditions, including eczema and psoriasis and minor surgery to remove cysts. 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. Brigstock Skin and Laser Centre also offers a range of aesthetic services not regulated by CQC including wart removal with liquid nitrogen, wrinkle reduction and laser hair removal.

The managing partner 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.

Twenty-two people provided feedback about the service, and the feedback was wholly positive.

Our key findings were:

- Risks to patients were assessed and well managed. We found only one issue: an expired medicine which had been replaced but had not been removed from the clinic supply.

Summary of findings

- Audit was used to check care was delivered according to operating procedures.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There were arrangements to safeguard patients from abuse.
- Staff were allowed regular time for personal development, weekly meetings with the clinic manager to review their progress and annual appraisals.
- Patients said they were treated with compassion, dignity and respect.
- Information about how to complain was available and easy to understand, although the clinic did not always follow its complaints policy consistently (in sending acknowledgments).

- There was a clear leadership structure and staff felt supported by management.

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

- Review the significant events policy to consider clarifying the guidance on applying the Duty of Candour.
- Review the management of complaints to ensure the clinic policy is consistently applied.
- Review the risks associated with the decision to conduct a standard (rather than an enhanced) Disclosure and Barring Service check for non-clinical staff acting as chaperones.

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.

- There was an effective system in place for reporting and recording significant events. This included arrangements for acting in line with the Duty of Candour, although the policy was not clear on the circumstances in which it applied.
- Lessons were shared to make sure action was taken to improve safety in the service.
- When things went wrong patients received reasonable support and truthful information.
- The service had processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The practice had considered and mitigated a number of different risks, including those related to recruitment. Clinical staff all received an enhanced Disclosure and Barring Service (DBS) check. Non-clinical staff received a standard DBS check, a decision that had not been risk assessed.

Are services effective?

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

- Staff assessed needs and delivered care using clear operating procedures, developed in line with best practice guidance.
- Costs and likely outcomes were discussed with patients before treatment commenced.
- Audit was used to check care was delivered according to operating procedures.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff were allowed regular time for personal development, weekly meetings with the clinic manager to review their progress and annual appraisals.

Are services caring?

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

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available and their costs was available and easy to understand.
- We saw staff maintained the confidentiality of patient information.

Are services responsive to people's needs?

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

- Patients said they found it easy to make an appointment.
- The clinic requested feedback from all patients and results showed a high level of satisfaction with the service.
- The service was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, although the clinic did not always follow its complaints policy consistently as they did not consistently acknowledge complaints upon receipt.
- Evidence showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
 - There was a clear leadership structure and staff felt supported by management. The service had a number of policies and procedures to govern activity and held regular governance meetings.
 - There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
 - The partners encouraged a culture of openness and honesty. The service had systems in place to ensure that appropriate actions were taken in the event things went wrong. The provider was aware of the requirements of the duty of candour, although their policy did not make clear to which events it applied.
 - The service proactively sought feedback from staff and patients, which it acted on.
 - There was a focus on continuous learning and improvement at all levels.
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Brigstock Skin & Laser Centre

Detailed findings

Background to this inspection

Brigstock Skin and Laser Centre is run by a provider of the same name. It operates only from 83 Brigstock Road, Thornton Heath, Surrey CR7 7JH.

Also based at the same location are an NHS GP practice and a service that provides dermatology and ear, nose and throat consultations under the supervision of consultants. These services are run by the same leadership team (two partners, one of whom is a GP), but are registered separately.

Brigstock Skin and Laser Centre offers medical treatment for a number of skin conditions, including eczema and psoriasis, and minor surgery (e.g. to remove cysts). The service also offers a range of aesthetic services not regulated by CQC including laser hair removal.

The clinic is open Monday to Friday 8am to 8pm, Saturday 9am to 5pm and every other Sunday 10am to 4pm.

There is one GP, a nurse, and four technicians. The service also employs four GPs on a long-term locum basis.

We inspected the service on 6 March 2018. The team was led by a CQC inspector, who was accompanied by a GP specialist advisor.

During the inspection, we received feedback from people who used the service, interviewed staff, made observations 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

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

Safety systems and processes

- The service had systems to safeguard patients from abuse, but they were not completely embedded. The safeguarding policy did not name the safeguarding lead. All staff received up-to-date safeguarding and safety training appropriate to their role (for example level three for GPs, including locum GPs). All clinical staff and most non-clinical staff we spoke to were clear how to identify and report concerns.
- Staff who acted as chaperones were trained for their role and had received a standard DBS check. Medical staff and technicians had all received an enhanced DBS check. The decision to not conduct an enhanced DBS for chaperones had not been formally risk assessed. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. There are two types of DBS check: a standard DBS check involves a check of an applicant's criminal record against the Police National Computer for any reprimands, warnings, cautions or convictions. An enhanced DBS check includes all the information included as part of a standard check, plus any information held locally by police forces that's considered relevant to the post applied for.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis. This included checks of identification, references, qualifications, medical indemnity and professional registration, on permanent staff and locums.
- There was an effective system to manage infection prevention and control.
- The service had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.
- We observed the clinic to be clean and there were arrangements to prevent and control the spread of infections. The service had a variety of other risk assessments and procedures in place to monitor safety of the premises such as control of substances hazardous

to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Equipment was monitored and maintained to ensure it was safe and fit for use.

Risks to patients

- There were systems in place to assess, monitor and manage risks to patient safety.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays and sickness.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays and sickness.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Emergency medicines and equipment (including oxygen and defibrillator) were checked to make sure they were available if required. One emergency medicine had expired recently and had been replaced, but the expired medicine had not been removed. All of the other medicines were in date.
- Staff had received training on how to manage emergencies, including medical emergencies and fire. There was appropriate fire equipment, which was checked to ensure it was effective.
- Staff had appropriate professional indemnity insurance.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff.

Information to deliver safe care and treatment

- There was a central electronic record system, which had safeguards to ensure that patient records were held securely. Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.
- The service checked the identity of patients by requesting verbal confirmation of their name and personal information. Only adult patients were treated.

Are services safe?

- There were failsafe mechanisms to check that results were received for samples sent for testing.

Safe and appropriate use of medicines

- From the evidence seen, staff prescribed and gave advice on medicines in line with legal requirements and current national guidance. There was no prescribing of medicines described as high risk, which require more frequent monitoring to ensure a safe dose.
- Prescriptions were generated from the patient record system, which kept a full audit trail and ensured that prescriptions issued could be verified or traced (if necessary).
- Medicines stocked on the premises were generally stored appropriately and monitored, although we did find an expired medicine that had been left in the emergency supply when it was replaced.

Track record on safety

- There were a range of risk assessments, which were monitored and acted upon.

- Where incidents occurred, they were used to improve safety.

Lessons learned and improvements made

- There was a policy for incident reporting. We saw examples that showed that when things went wrong the service took action to support patients and improve processes. For example, after a patient suffered a reaction to a combination treatment, the operating procedure was changed to reduce the risk that it would re-occur.
- Staff were encouraged to consider safety as a topic for review in their self-directed learning time.
- The provider was aware of the requirements of the duty of candour, although their policy on significant events did not make clear to which events it applied. Although there were no significant events which had led to a written apology, we saw evidence of the principles of the duty of candour in responses to complaints.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

- Clinical staff treated patients according documented processes based on evidence based practice guidelines, where available, and there were mechanisms to keep these up-to-date.
- There were screening mechanisms in place to check that people requesting aesthetic treatments were not suffering from body dysmorphia. Where this was suspected, appropriate support was provided instead of treatment.
- We saw no evidence of discrimination when making care and treatment decisions, subject to patients making the agreed payment.

Monitoring care and treatment

- The service used audit routinely to verify that care was being delivered according to documented protocols. Audits had taken place of infection rates after minor surgery, histology samples, consent taking and prescribing. We saw evidence of high rates of adherence with protocols and that areas for improvement were addressed with relevant staff members.

Effective staffing

- Staff had appropriate knowledge for their role, for example, to carry out minor surgery or treatment for particular skin conditions.
- Protected time was provided for all staff for both mandatory training and for staff to complete relevant independent learning of their choice. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

- The service provided staff with ongoing support. This included an induction process, weekly one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

- There was no documented protocol as to when the service communicated with a patient's GP, and for most of the clinic's services (which are not regulated by the CQC) communication with the GP would not be relevant. Clinical staff were aware of their responsibilities to share information under specific circumstances (where the patient or other people are at risk) and we were told of examples where GPs had succeeded in getting consent to share information, after explaining the risks to the patients if they did not. The service told us that they had identified this as an area that would benefit from clarification.
- Few referrals were made to other providers. In the rare instances that a patient needed care from another healthcare provider the service wrote to the patient's GP.

Supporting patients to live healthier lives

- The service had information for patients about lifestyle improvements that benefit skin as part of overall health improvement. For example, there was advice on healthy diet and recipes on the service's website.

Consent to care and treatment

- Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All clinical staff had received training on the Mental Capacity Act 2005.
- For patients whose costs were not being paid by their employer, treatment costs were clearly laid out and explained in detail before treatment commenced.

Are services caring?

Our findings

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

Kindness, respect and compassion

- We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.
- We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 22 completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was excellent and that staff were caring, professional and treated them with dignity and respect.
- Following consultations, patients were sent a survey asking for their feedback. Staff we spoke to

demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

- Feedback from the service's own post consultation survey indicated that staff listened to patients concerns and involved them in decisions made about their care and treatment.
- The service used translation services to communicate with patients who did not speak English as their first language.
- There was a hearing loop to support hearing impaired patients and the services had recently fitted a lift.

Privacy and Dignity

- Staff recognised the importance of people's dignity and respect.
- The service had systems in place to facilitate compliance with data protection legislation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service was designed to providing various different types of skin treatment, including advice, at times convenient for patients. Staff were clear about the high standard of customer service and clinical care that was the provider's expectation.

Staff members had received training in equality and diversity. Consultations were available to any person who had signed up for the service through their employer or paid the fee directly.

The facilities and premises were appropriate for the services delivered. There were arrangements to support patients who needed additional support, because, for example, of a hearing impairment.

The clinic sent surveys to patients after every consultation and patients were also encouraged to publish a review online. Both the surveys and the Google reviews showed high levels of satisfaction. Seventy three patients had rated the service on Google, with an average score of 4.9 out of 5.

Timely access to the service

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

The complaint policy and procedures were in line with recognised guidance. The service learned lessons from individual concerns and complaints and also from analysis of trends. There were scheduled reviews of any complaint weekly, quarterly and annually.

Four complaints had been received in the last 12 months. We saw evidence that they had all received full and detailed responses including what patients could do if unhappy with the clinic's response. The clinic offered an 18 week satisfaction guarantee and we saw evidence of one patient receiving a refund. One complaint did not receive an acknowledgment (in line with the clinic policy).

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 providing well led care in accordance with the relevant regulations.

Leadership capacity and capability;

- 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 clinic had effective processes to develop leadership capacity and skills.

Vision and strategy

- There was a clear vision and set of values. All meetings began with a reminder of these, and staff were encouraged to identify colleagues who had acted on ways that particularly reflected the values.
- The clinic had a realistic strategy and supporting business plans to achieve priorities. The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The clinic monitored progress against delivery of the strategy.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff 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 a weekly one-to-one meeting with the clinic manager,

which were described as positive and helpful. All staff had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff were considered valued members of the service team. They were given protected 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. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

- 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 including in respect of safeguarding and infection prevention and control
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The clinic had processes to manage current and future performance. Performance of all staff was monitored and areas for improvement addressed. Audit was used as part of this process.
- Leaders had oversight of all areas of the service, including national and local safety alerts, incidents, and complaints.

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.

Are services well-led?

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

- The clinic 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 clinic 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.

Engagement with patients, the public, staff and external partners

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture.

- There was a culture of considering all feedback as valuable, and suggestions from both staff and patients were acted upon. Actions we saw included training and changes to protocols.

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. All staff had time allocated for personal development and were encouraged to access the clinic's library of resources to improve their skills.
- The clinic made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.