

# Enterprise Health Care

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

<b>Overall rating for this location</b>	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

# Overall summary

## **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Enterprise Health Care as part of our inspection programme.

At this inspection we found:

- The service had effective systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous innovation and improvement within the service.

Although there were no breaches of regulations found, there were areas where the provider **should** make improvements:

- Establish a system for systematically checking parental responsibility for children attending the clinic.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC Inspector and included a GP specialist adviser.

## Background to Enterprise Health Care

We carried out an announced comprehensive inspection at Enterprise Health Care, Peek House, 20 Eastcheap, London, EC3M 1EB under section 60 of the Health and Social Care Act, 2008 as part of our regulatory function.

Enterprise Health Care (also known as London Dermatology Clinic) is a private service providing general dermatology consultations and treatments. It also conducts minor cosmetic treatments to day-clients using a range of non-invasive or minimally invasive procedures. It provides services for adults and for children aged four and over.

The registered manager is a qualified GP with a special interest in dermatology, who shares the day-to-day

management of the service with a director of the service who is a qualified pharmacist. 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.

We received feedback about the service through comment cards from 12 patients. They told us staff were professional, efficient and knowledgeable and that they were treated with kindness and respect.

# Are services safe?

We rated the service as good for providing safe services.

## **The service had clear systems to keep people safe and safeguarded from abuse.**

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- The provider also had systems to safeguard children and vulnerable adults from abuse. These were regularly reviewed and communicated to staff. The service had contact details to enable them to report any safeguarding concerns for patients who lived locally. As the patient population it served lived across England the service had obtained and displayed contact details to enable staff to contact all local authority safeguarding teams in England.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff knew how to identify and report safeguarding concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. We saw evidence of an infection control audit and completed actions.
- 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.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

## **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.

## **Appropriate and safe use of medicines**

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

- The systems and arrangements for managing medicines minimised risk.
- Prescriptions were printed from the clinical record onto a template which was compliant with private prescription regulations.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. On the day of the inspection we saw two completed audits.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

## **Track record on safety**

### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

## **Lessons learned and improvements made**

## Are services safe?

### **The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- On the day of the inspection we looked at significant events. Four events had been recorded since October 2018. Evidence showed that the service was responsive to significant events and that learning was disseminated.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including locum staff.

# Are services effective?

**We rated the service as good for providing effective services.**

## 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 supported by clear clinical pathways and protocols.**

- There was evidence that the service carried out assessments and treatment in line with relevant and current evidence-based guidance and standards. The service assessed patients' needs and delivered care in line with National Institute for Health and Care Excellence (NICE), the British Association of Dermatologists evidence-based practice, for example, regarding assessment and management of eczema.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- Clinicians had developed links with a wide range of specialists to facilitate appropriate referrals.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

## 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.
- Clinical staff were registered with the General Medical Council (GMC), and had current validation.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills and qualifications were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for

revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

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

- Patients received co-ordinated and person-centred care. Staff communicated effectively with other services when appropriate, for example, specialists, hospitals and the patient's GP.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- We saw evidence that the service sought patient permission within the patient registration document to contact their NHS GP, and of appropriate referrals to NHS GPs.

## Helping 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. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Information leaflets display screens in the waiting area and the service website all provided a range of information about skin conditions, treatments available and preventative care. In addition, the service provided patients with free samples of sun-screen creams to help prevent sun damage.

## Consent to care and treatment

**The service obtained consent to care and treatment in line with legislation and guidance.**

## Are services effective?

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Staff sought patients consent to care and treatment in line with legislation and guidance. Staff we spoke to understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The registered manager and clinicians we spoke to were aware of Gillick Competency (used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).
- The provider had a consent policy in place which was accessible to all staff via a drop box facility.

# Are services caring?

**We rated the service as good for caring.**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The feedback we received about patient experience of the service was positive. CQC comment cards were made available for patients to complete prior to the inspection visit. We received 12 completed comment cards all of which were very positive and indicated patients were treated with kindness and respect.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about their care.**

- Interpretation services were available for patients who did not have English as a first language. We saw notices

in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- 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.

## **Privacy and dignity**

### **The service respected and promoted patients' privacy and dignity.**

- Staff respected confidentiality. The provider had privacy and consent policies which were available to all staff.
- Signs in the reception area advised patients chaperones were available should they want this and staff who acted as chaperones had received training to carry out the role.



# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## **Responding to and meeting people's needs**

**The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and tailored services in response to those needs.
- Consultant appointments were often available on a same day basis with patients being offered a choice of appointment times that were convenient for them.
- The facilities and premises were appropriate for the services delivered.

## **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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Referrals and transfers to other services were undertaken in a timely way.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded/did not 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 complaint policy and procedures in place. We reviewed the complaints system and noted there was an effective system in place which ensured there was a clear response with learning disseminated to staff about the event.
- Eight complaints had been received in the last year. We reviewed two complaints and found that both complaints had been satisfactorily handled and that patients were responded to in a timely and appropriate way.

# Are services well-led?

**We rated the service as good for providing well-led services.**

## **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.
- Leaders had the capacity and skills to deliver high-quality sustainable care, and to address risks.
- 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, including continued expansion.
- The service developed its vision, values and strategy jointly with staff and external partners
- The service monitored progress against delivery of the strategy.

## **Culture**

**The service had a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. They were given protected time for training and professional development.
- 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.

## **Governance arrangements**

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

- Practice specific policies were implemented. These were updated and reviewed regularly.
- There was a clear organisational structure and staff were aware of their roles and responsibilities. A range of service specific policies and procedures were in place to govern activity. These were available to all staff and were reviewed regularly and updated when necessary.
- 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 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. Risk assessments we viewed were comprehensive and were scheduled to be reviewed every 12 months.
- The service used a secure cloud-based patient storage system. This ensured that should there be any issues with the location, the service would be able to contact patients and operate from another suitable location.
- 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. The registered manager and director had oversight of relevant safety alerts, incidents and complaints.

## Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
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### 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 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.

### 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.

- The service encouraged and heard views and concerns from, patients, staff and external partners and acted on them to shape services and culture.
- 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. Staff were encouraged to identify opportunities to improve the service delivered through ad-hoc meetings, one to one meetings and the appraisal process.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- 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. The service had worked with an independent IT firm to develop its IT systems including the patients record system. This system met the services needs better than any proprietary systems it had considered.