

Medical Clinics Limited

# Hove Laser & Skin Clinic

## Inspection report

13 New Church Road,  
Hove,  
BN3 4AA

Tel: 01273 719834

Website: [www.info@hoveskinclinic.co.uk](http://www.info@hoveskinclinic.co.uk)

Date of inspection visit: 11 October 2018

Date of publication: 15/11/2018

## Overall summary

We carried out an announced comprehensive inspection on 11 October 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.

Hove Skin Clinic is a private clinic providing general dermatology services and minor surgery. Procedures offered include the surgical removal of moles, skin tags, cysts, cancerous and non cancerous skin lesions. The service also provides the aesthetic cosmetic treatments for laser hair, thread vein and tattoo removal, anti-wrinkle injections and fillers, laser skin treatment and microdermabrasion.

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. At Brighton Laser Clinic the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore we were only able to inspect the treatment of minor surgery in dermatology but not the aesthetic cosmetic services.

Dr Russell Emerson and Dr Fiona Emerson are the registered managers. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

We received 45 comment cards from patients providing feedback about the service, all of which were very positive about the standard of care they received. Patients commented that they were confident and assured in the professionalism of staff at the clinic.

## Our key findings were:

- The provider had a clear vision to deliver high quality care for patients.
- There were systems and processes in place for reporting and recording significant events and sharing lessons to make sure action could be taken to improve safety in the clinic.
- The service had clearly defined systems, processes and practices to minimise risks to patient safety.
- Policies and procedures were in place to govern all relevant areas.
- The service had adequate arrangements to respond to emergencies.
- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was an effective system in place for obtaining patients' consent.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The clinic was aware of and complied with the requirements of Duty of Candour.

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

- Review the policy in place in relation to the time frame for repeating DBS checks for all staff.
- Review the process for checking parental responsibility of adults accompanying children to appointments and improve the documentation of these checks.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

# Hove Laser & Skin Clinic

## Detailed findings

### Background to this inspection

Hove Laser and Skin Clinic is a private clinic providing minor surgical and aesthetic cosmetic dermatology treatments. The service is one of three locations operating under the corporate provider trading as Laser and Skin Clinics and based in Brighton, Hove and Worthing. A second location, known as Hove Skin Clinic and under the provider R & F Emerson LLP, operates from the same premises and carries out services concurrently. Governance is provided by the corporate provider and includes policies and protocols.

Procedures are offered to both adults and children. Private procedures offered include surgical treatment of skin cancers including basal cell carcinoma, squamous cell carcinoma and melanoma, blepharoplasty (the surgical removal of excess eye tissue), the surgical treatment of moles, skin tags, cysts and other non-cancerous skin growths, photodynamic therapy (a chemical interaction between light and a light activated cream to treat skin cancer) and treatment for acne. Surgical treatments are carried out under local anaesthetic. The following aesthetic cosmetic treatments are also provided and are exempt by law from CQC regulation: laser hair removal; thread vein removal; tattoo removal; anti-wrinkle injections and fillers; laser skin treatment and microdermabrasion.

This report concerns only the treatment of minor surgery in dermatology and not the aesthetic cosmetic services.

The provider address is:

13 New Church Road, Hove, BN3 4AA

The surgery is open

Monday 8.30am – 7pm

Tuesday 9am – 9pm

Wednesday 8.30am – 5pm

Thursday 8.30am – 5pm

Friday 8.30am – 5pm

Saturday 8.30am -1pm

Registered services across all locations are provided by six consultant dermatologists (two are also clinical directors) and two GPs who have a specialist interest in dermatology. There is a lead nurse and 19 registered nurses along with five health care assistants. There are two service managers, a head of human resources, a head of information technology, an education manager and a team of receptionists and administrative staff.

We carried out an announced comprehensive inspection at Hove Laser and Skin Clinic on 11 October 2018.

Our inspection team was led by a CQC lead inspector and the team included a GP specialist adviser.

Before visiting, we reviewed a range of information we hold about the service. Prior to the inspection we reviewed the information provided from pre-inspection information request. During our visit we:

- Spoke with the provider and clinical and support staff.
- Looked at equipment and rooms used when providing treatments.
- Reviewed records and documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

## Detailed findings

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 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. They outlined clearly who to go to for further guidance.
- 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 completed for all staff. However, we noted that there was no policy for the time frame required to complete further DBS checks for staff employed. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Nursing staff acted as chaperones and had received a DBS check.
- 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).

- 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 agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- Emergency medicines and equipment were easily accessible to staff in secure areas and staff knew of their location. The provider had an automatic external defibrillator (AED) and oxygen in place for use in medical emergencies. All staff had completed training in emergency resuscitation and life support which was updated yearly.
- 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.
- Patients received a full health assessment at the beginning of their appointment. Referrals could be made where necessary either to other specialists or with the patient's own GP. Referral letters included all of the necessary information. Patients received a report of any pathology results.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

### Safe and appropriate use of medicines

# Are services safe?

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

- There were reliable systems in place for appropriate and safe handling of medicines. The systems for managing medicines, including emergency medicines minimised risks.
- Prescription stationery was securely stored and monitored its use. Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for the checking and recording of medicines to ensure they were within their expiry date and staff kept accurate records of medicines stored within the clinic.

## Track record on safety

The service had have 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.

## 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. Leaders and managers supported them when they did so. There had been no significant events over the last year.
- 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 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 patients reasonable support, truthful information and a verbal and written apology.
- 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.

# 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

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 (relevant to their service).

- The majority of patients self-referred to the service. Assessment and treatment was monitored from a range of sources, including the National Institute for Health and Care Excellence guidance and the NHS guidance and competences for the provision of services for GPs with special interest in dermatology and skin surgery. There were systems in place to keep staff up to date with new guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.

### Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. A programme of clinical audit was carried out to demonstrate quality improvement and staff were involved to improve care and patient outcomes. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. We reviewed five clinical audits including an annual audit of prescribing within the local formulary and an audit for wound infections to help improve prevention and minimise risk.
- The provider also carried out regular reports on services including excision rates, safeguarding, quality improvement and antibiotic prescribing to monitor the efficacy of the service.

### 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 (medical and nursing) were registered with the General Medical Council / Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- All staff could attend a quarterly 'post graduate' training meeting which was implemented to improve clinical understanding of treatments and to remove barriers between staffing groups.

### 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.
- 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 any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered.

### Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health.

- Where appropriate, staff gave patients advice so they could self-care.
- When necessary risk factors were identified and explained 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.

# Are services effective?

(for example, treatment is effective)

## **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.
- Staff we spoke with told us about the checks they made when children were accompanied by an adult. However, we noted these were not always sufficient information recorded in the records we reviewed..



# Are services caring?

## Our findings

We found that this service was providing caring services 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 treated patients. The corporate provider conducted annual patient surveys to improve the service. The most recent survey was conducted between November 2017 and January 2018. Of the 150 questionnaires which were sent out, 138 patients responded. The results showed positive responses, for example 95% of patients who responded said they felt the practitioner had listened to them and 100% of patients who responded said they had been treated with respect and dignity.
- 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.
- The service's website and brochure provided patients with information about the range of treatments available including costs.

### **Privacy and Dignity**

The service respected respect patients' privacy and dignity.

- Staff recognised the importance of patients 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.
- The clinic rooms were private and staff knocked on the door and waited before entering to maintain patients' privacy and dignity during assessments and consultations. The clinic room doors were closed when in use and we noted that conversations taking place could not be overheard.

# 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 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 improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered. The service was situated over three floors. Consultation and treatment rooms were based on two floors with the third floor for administration staff. Patients with a disability or mobility issues could be seen in ground floor rooms.
- Reasonable adjustments had been made so that patients in vulnerable circumstances could access and use services on an equal basis to others. The service had automatic opening doors and rooms were wide enough to accommodate patients in wheelchairs. There were adequate toilet facilities. Including toilets for people who had a disability and baby changing facilities.

### 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.
- Patients reported that the appointment system was easy to use.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded 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. The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. There had been no complaints in the last 12 months.

# Are services well-led?

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

## Our findings

We found that this service was providing well-led care 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.
- 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.
- 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 regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, 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 staff and teams.

### 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. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- 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.

### 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.
- 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.
- 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.

## 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.

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture.
- Staff were able to describe to us the systems in place to give feedback.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- 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.