

Eudelo Medical Limited

Eudelo

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 13 February 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.

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.

Eudelo (an abbreviation of European Dermatology London) is an independent provider of medical services. The service provides medical dermatology, and also aesthetic procedures which are not regulated by the CQC. Services are provided from 63 Bondway, Vauxhall, London, SW8 1SJ in the London borough of Lambeth. All of the services provided are private and are therefore fee paying, no NHS services are provided at Eudelo.

The service is open Monday to Friday from 9am to 7pm and Saturday 9am to 4pm. The service has practitioners on call out of hours in the event that existing patients need to speak to clinicians, but does not offer elective care outside of these hours.

The premise is located on the lower ground floor. The property is leased by the provider and the premises consist of a patient reception area, and eight consulting rooms.

The service is operated by two Directors, one of whom is the manager of the service and the other a Dermatologist who is also Medical Director. The service also employs three further dermatologists, two aesthetic doctors, five medical aestheticians, a clinic manager, a treatment co-ordinator, four receptionists and an administrator.

Summary of findings

The Director who manages the service 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. The service is registered with the Care Quality Commission (CQC) to provide the regulated activity of treatment of disease, disorder or injury.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all extremely positive about the standard of care received, across the services offered. Comments included that staff, were kind, caring, polite, friendly, helpful and patients said they were treated with dignity and respect. Comments about the service included that the clinic was clean and hygienic. We spoke with two patients during the inspection who said they were very satisfied with the care they received and told us that appointments ran on time that they were not rushed, that they were involved in their care and treatment and that the provider provided an excellent level of service.

Our key findings were:

- The service had systems in place to manage significant events.
- Risks to patients were always assessed and managed, the service held emergency medicines and equipment.
- Policies and procedures were in place to govern all relevant areas.
- The service had an infection control policy and had carried out an audit. The rooms and all equipment were clean, although clinicians did not record when they were cleaning specific clinical equipment before and after use.
- Clinicians assessed patients' needs and delivered care in line with current evidence based guidance.
- The service had systems in place to monitor operative outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients were provided with information relating to their condition and where relevant how to manage their condition at home.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The clinic sought feedback from patients, which showed that a large majority of patients were satisfied with the service they had received.
- The clinic was aware of and complied with the requirements of the Duty of Candour.

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

- Consider reviewing the care provided by individual clinicians in addition to the outcome based audits that are already in place.
- Consider implementing a checklist for the cleaning of clinical equipment.
- Ensure that identification is verified for patients, parents and carers attending the service.

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.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The service had stocks of emergency medicines and equipment to manage emergencies.
- The premises were clean and the rooms and equipment were suitable for use. However, there was no checklist for use by clinicians when they cleaned specific equipment before and after use.
- The service did not ask patients or parents of patients for confirmation of identity before services were provided.

Are services effective?

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

- Clinical staff were aware of current evidence based guidance.
- Clinical audits were undertaken and these demonstrated quality improvement.
- A formal training log was in place to ensure that all staff were qualified to provide care, and all staff had been appraised.
- The service obtained consent from patients in line with guidance.
- The service had a directory of other services to which it could refer where required, and all referral information was transferred securely.

Are services caring?

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

- Staff we spoke with were aware of their responsibility to respect people's diversity and rights.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- All of the patients that we spoke to and those who completed Care Quality Commission comment cards were positive about the service experienced. Patients said they felt the provider offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- Patients medical records were all stored electronically.

Are services responsive to people's needs?

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

- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain and provide feedback was available and there was evidence that systems were in place to respond appropriately and in a timely way to patient complaints and feedback. The service had received five complaints in the last 12 months, one of which was relevant to areas regulated by CQC.
- There was a service leaflet available for patients which explained the services offered by the provider, and the costs for each treatment.
- Patients were able to request consultations by telephone or via the service website.

Summary of findings

- There was timely access to appointments once requested. Appointments were available on a pre-bookable basis only.
 - The service provided 30 minute consultations face to face.
 - All patients attending the clinic referred themselves for treatment; none were referred from NHS services. The service had a directory in place to refer patients to other services when appropriate.
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Are services well-led?

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

- An overarching governance framework supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
 - The clinic was aware of the requirements of the duty of candour.
 - The clinic encouraged a culture of openness and honesty. The clinic had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
 - The clinic proactively sought and acted on feedback from patients.
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Eudelo

Detailed findings

Background to this inspection

Eudelo was inspected on the 13 February 2018. The inspection team comprised a lead CQC inspector, a second CQC inspector and a GP Specialist Advisor.

Eudelo is a clinic which provides medical dermatology, and also aesthetic procedures which are not regulated by the CQC. Services are provided from 63 Bondway, Vauxhall, London, SW8 1SJ in the London borough of Lambeth. All patients attending the clinic referred themselves for treatment; none are referred from NHS services. The patients seen at the practice are often seen on more than one occasion and as such the service does maintain a patient list of those seen at the service. The service is open Monday to Friday 9am until 7pm and on Saturdays from 9am until 4pm.

The service is registered with the CQC to provide treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

During the inspection we used a number of methods to support our judgement of the services provided. For example we asked people using the service to record their views on comment cards, interviewed staff, and reviewed documents relating to the service/clinic.

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 and track record on safety

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- The service had defined policies and procedures which were understood by staff. Although the service had not experienced any significant events that related specifically to clinical care provided, the service reviewed outcomes for patients to ensure that any instances of care that might be below standard would be identified. There was a system in place for reporting and recording significant events and complaints.
- The service was aware of and complied with the requirements of the Duty of Candour. This means that people who used services were told when they were affected by something which had gone wrong; were given an apology, and informed of any actions taken to prevent any recurrence. The service encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents.
- Where there were unexpected or unintended safety incidents there were processes and policies in place which showed the clinic would give affected people reasonable support, truthful information and a verbal or written apology.
- There were notices advising patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- We reviewed four personnel files which demonstrated checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body, and the appropriate checks through the DBS.

The service had arrangements in place to respond to emergencies and major incidents.

- The service held stocks of emergency medicines, and had equipment for use in emergencies for example oxygen and defibrillator. All medicines were in date, and equipment had been serviced. Both equipment and medicines were regularly checked.
- The service had a business continuity plan in place for major incidents such as power failure or building damage.

Risks to patients

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies and protocols had been developed which covered safeguarding, whistleblowing, and consent. The policies clearly outlined processes to be adhered to, and detailed whom the lead clinician should contact in the event of a safeguarding concern.
- The service did not formally undertake identification checks for patients, or parents or carers of patients using the service. The service manager stated that they would do so in the future.
- The lead clinician had received training on safeguarding children and vulnerable people relevant to their role (level 3), and had undertaken basic life support training. All other staff at the service had undertaken safeguarding training and were aware of when to escalate issues to the lead clinician.

Infection control and premises

- The service maintained appropriate standards of cleanliness and hygiene, the clinical rooms and the waiting area were seen to be clean and well maintained. The cleaning staff had a checklist detailing what should be cleaned, but where clinical equipment was cleaned before and after procedures this was not always recorded.
- The clinic had an infection control policy and procedures were in place to reduce the risk and spread of infection, the service had carried out an infection control risk assessment.

Are services safe?

- All staff at the service had been trained in infection control.
- There was a sharps injury policy of which the lead clinician was aware.
- The clinic had clinical waste disposal processes in place. The clinic had access to the legionella risk assessment for the premises and was aware of the control measures in place (Legionella is a bacterium which can contaminate water systems in buildings).

Lessons learned and improvements made

- We reviewed significant event and incident policies and procedures and saw that there were appropriate systems in place to identify, investigate, monitor and learn from significant events and incident analysis.

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 service was aware of relevant and current evidence based guidance and standards, best practice and current legislation, including National Institute for Health and Care Excellence (NICE) best practice guidelines which the provider reviewed and utilised.

- Guidelines were reviewed by the lead clinician and disseminated to all other clinical staff, and were used to deliver care and treatment that met patients' needs.
- The service assessed needs and delivered care in line with relevant and current evidence based guidance.
- The service had minuted copies of clinical and governance meetings where patient care was discussed.
- After care plans were provided to patients where required.

Monitoring care and treatment

- The service provided evidence of four audits which had been completed in the past year.
- The service had audited all minor operations undertaken in 2017. This had shown that relevant consent had been sought and recorded in all cases and that there was no evidence of post-operative infection in any patients.
- The service had yet to review the management of patients by individual clinicians, although they provided evidence that this audit was planned.

Effective staffing

- The service had an induction programme in place for newly appointed staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. The service had systems in place to ensure that all staff had completed relevant training and that they were appraised on an annual basis.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff involved in handling medicines received training appropriate to their role.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way

- The service had a directory of services to which referrals could be made if they were not able to manage a specific condition.
- The service requested details of patients' NHS GPs in order that they could inform them of any care that they had provided. If a patient had not provided these details and the service found a medical condition that would require further care (such as the identification of skin cancer), the patient would be contacted and strongly encouraged to consent to informing their GP; after which information would be provided to the GP securely.

Consent to care and treatment

- The service sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The process for seeking consent was monitored through record audits to ensure it met the clinics responsibilities within legislation and followed relevant national guidance.
- 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.

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 saw that the service treated patients with dignity and respect.

- Clinical appointments were half an hour long so all elements of care could be explained and there was sufficient time to answer patients' questions.
- The service had access to a range of information and advice resources for parents that they could take away with them to refer to at a later time.
- Staff we spoke with were aware of their responsibility to respect people's diversity and rights.
- We spoke with two patients who told us they were treated with dignity, kindness and respect.

We received 30 Care Quality Commission comment cards. These were positive regarding the care delivered by the clinic and the caring attitude of staff. They found staff helpful and would recommend the service to others.

Involvement in decisions about care and treatment

We saw evidence that the service gave patients clear information to help them make informed choices about the services offered. Information about fees was available in the reception area with price lists that the patient could take away to consider. The Medical Director showed us that details of any costs were clearly discussed (and discussions recorded) before treatment commenced.

Privacy and Dignity

- Doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Staff receiving patients knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- In some instances prior to seeing a dermatologist patients were required to have treatments which numbed their face. There was a separate private waiting room for these patients to ensure that they had privacy.
- Patients medical records were securely stored electronically.

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

- Wheelchair users were not able to access the service which was based on the lower ground floor. This was made clear to all patients when booking appointments. However, the service was in discussion with a nearby provider so patients who were unable to use stairs could see a clinician from Eudelo at that location.
- The website for the service was very clear and easy to understand. In addition it contained clear information about the procedures offered.
- The waiting area was large enough to accommodate the number of patients who attended on the day of the inspection.
- Toilet facilities were available for patients attending the service.

Timely access to the service

The service was offered on a private, fee-paying basis only, and as such was accessible to people who chose to use it.

The service was open Monday to Friday from 9am to 7pm and Saturday 9am to 4pm. The service did not offer out of hours services on the premises but on call clinicians were available to discuss ongoing care to existing patients outside of opening times.

Standard appointments at the service were 30 minutes long to allow time for all elements of potential treatments to be discussed.

Listening and learning from concerns and complaints

The service had a system in place for handling complaints and concerns.

- There was a designated responsible person who handled all complaints.
- A complaints leaflet was available to help patients understand the complaints system.
- Patients could leave feedback on several social media platforms and the service analysed this feedback.

The service had received five complaints in the past year but only one of these complaints related to an area that is regulated by CQC. A patient had expected to be referred on for further treatment but had been prescribed a medicine following consultation. The service explained that this was the required treatment for the presenting condition and had offered the patient a follow up appointment if they wished to discuss it further. In the context of the complaint this was an appropriate response.

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;

- There was clinical leadership and oversight.
- Staff told us that there was an open culture within the service and felt they could raise any issues with the Directors of the service.
- The service held a full range of clinical, administrative and governance meetings which were minuted and learning was shared.

Vision and strategy

- The service had a vision to deliver high quality care and promote good outcomes for patients.
- There was a mission statement for the service and staff were aware of it.

Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Service specific policies were implemented and were available to all staff. All staff that we spoke to were aware of how to access policies.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of patients.
- 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 positive relationships between all staff at the service.

Managing risks, issues and performance

There were a clear and effective processes for managing risks, issues and performance.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The service maintained an understanding of the performance of the service through audit. However, at the time of the inspection there had not been audit of entire care records or of individual clinicians to ensure that the correct level of care was being provided.

Engagement with patients, the public, staff and external partners

- The service had a system in place to gather feedback from patients and staff and we saw that the service acted on this feedback.
- The service had received 30 comment cards, all were positive.
- The service used social media to monitor its service, and the majority of feedback provided was positive.