Dermasurge

Inspection report

121 Harley Street
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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

Overall rating for this location	Good
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall. This is the first inspection of this service.

The key questions are rated as:

Are services safe? – Requires improvement

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 Dermasurge on 04 May 2022 as part of our inspection programme. The practice is an independent dermatology service located at 121 Harley Street, London,W1G 6AX.

Dr Hiba Alinjibar 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.

Dermasurge is an independent provider of medical services and offers a full range of private dermatology services. This is the first inspection of the service, and this will be a rated inspection.

Ninety one people provided feedback via online reviews about the service. All the feedback we received was very positive, with an average of 5/5 stars, about the staff and services provided by the practice.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dermasurge Limited provides a range of non-surgical cosmetic interventions, for example, aesthetic treatments and Intense Pulsed Light (IPL) treatment for vascular lesions and facial veins which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Our key findings were:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- The practice was aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out their roles.
- The practice had systems and processes in place to ensure patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Overall summary

- There was a clear leadership structure and staff felt supported by management.
- The practice had systems in place to collect and analyse feedback from patients.
- The practice was aware of their responsibility to respect people's diversity and human rights.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Continue to improve their system to drive quality improvement, in particular clinical audit relevant to their practice.

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 lead inspector and included a GP specialist adviser.

Background to Dermasurge

Dermasurge Limited is located at 121 Harley Street, London in the London Borough of Westminster.

The provider is registered with the Care Quality Commission (CQC) to deliver the regulated activities: treatment of disease, disorder or injury and diagnostic and screening procedures.

Services provided include medical dermatology; mole screening and removal and removal of skin lesions and biopsies via minor surgical procedures.

Patients can be referred to other services for diagnostic imaging and specialist care.

The practice is open Monday to Friday from 9.30am to 6.30pm and does not offer out of hours care. The provider's website can be accessed at www.dermasurge.co.uk

How we inspected this practice

Before the inspection we reviewed a range of information submitted by the practice in response to our provider information request. During our visit we interviewed staff, observed practice 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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement because:

Safety systems and processes

The service had some systems to keep people safe and safeguarded from abuse.

- Staff received safety information from the service as part of their induction and refresher training. The service had some systems to safeguard children and vulnerable adults from abuse.
- The provider could not demonstrate they had a safe effective system in place for verifying the identity of patients including children. Following the inspection, the provider implemented a system to verify identity checks for adults and children.
- 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 practice carried out staff checks at the time of recruitment. We reviewed the recruitment records for two staff which had been safely and effectively managed.
- It was practice policy to request Disclosure and Barring Service (DBS) checks for all staff. (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.
- We found that staff who acted as chaperones had not been trained for the role, although all staff had received a DBS check.
- The provider did not have an effective system in place to monitor and manage staff immunisations and certified immunity. For example, we reviewed records for four staff and found one that was complete, in line with national guidance.
- 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.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

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 staff tailored to their role.
- 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 a medical emergency, for example, a heart attack.
- Although we reviewed evidence there were some suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly, the provider could not demonstrate they had completed risk assessments for items recommended in national guidance which were not kept. For example, a medicine used to treatment a slow heart rate, when a patient has undergone minor surgery.
- When there were changes to services or staff the service assessed and monitored the impact on safety. We reviewed evidence they had employed more staff when the service required this.
- We reviewed evidence that the provider had appropriate medical indemnity arrangements in place, including for those services which are not in our scope of regulation.

Requires Improvement

Are services safe?

- There was a system to manage infection prevention and control. For example, the practice had clear work surfaces in the consulting rooms and we saw they had undertaken regular infection and prevention control audits. Although the provider could not demonstrate they had oversight of a Legionella risk assessment, we saw that water testing for legionella was undertaken annually. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- The provider did not have an effective system in place to monitor and manage the control of substances hazardous to health, in particular the storage of liquid nitrogen. This included a risk assessment for all substances kept in the service premises and policy governing the control of substances hazardous to health (COSHH).
- There was minimal fire signage available in the service premises. Following the inspection, the provider submitted evidence that improvements had been made and additional fire safety signs had been installed.

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 practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- The service had a mechanism in place to receive and disseminate patient safety alerts, although we did not review evidence that this included relevant historical safety alerts. For example, in the instance of Roaccutane, a medicine used to treat acne. Alerts were issued by the central alerting authority in 2014 and 2020.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- 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 checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

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. However, they did not always keep contemporaneous records regarding this. For example, they did not maintain their own records of when they had undertaken emergency practice scenarios including for medical emergencies and fire drills.

Requires Improvement

Are services safe?

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- All staff had received annual basic life support training.

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, critical incidents and health and safety incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- There were systems for reviewing and investigating when things went wrong. To date, the practice has not experienced an event of this type.

- 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.

Good

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had some systems to keep the clinician up to date with current evidence based practice. We saw evidence that the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Patients' immediate and ongoing needs were assessed. This did not always include mental health assessments for patients who are prescribed a medicine used to treat acne. Following the inspection, the provider submitted evidence that they had implemented changes to their patient assessments to include mental health assessments.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, we reviewed records for patients who attended the service regularly for review and repeat prescriptions.
- Staff assessed and managed patients' pain where appropriate. Following the inspection, the provider submitted evidence of a pain assessment tool they had implemented, to improve care for patients.

Monitoring care and treatment

The service had undertaken limited quality improvement activity. .

- The service used feedback from information about care and treatment to make improvements. For example, following a patient concern, the provider had implemented changes to their consent to care and treatment system and monitored records to assure themselves this change was embedded into the practice system.
- The provider had a system to review their clinical records. However, they could not demonstrate how this led to quality improvement and whether action taken was effective.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The practice had an induction programme for all newly appointed staff.
- The provider, who is currently the only clinician at the service, was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The practice understood the learning needs of staff and provided protected time and training to meet them. The practice had a comprehensive mandatory training schedule and staff were required to update training on an annual basis. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

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. For example, when chasing up test results from the laboratory.

Good

Are services effective?

- Before providing treatment, doctors at the practice 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 when they used the service.
- The provider had risk assessed the treatments they offered. They did not prescribe medicines that are liable to abuse or misuse. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately. For example, we reviewed evidence the provider had improved and audited their process in response to patient feedback.

Supporting 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.
- Risk factors were identified, highlighted 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.

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.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

- Online feedback from patients was positive about the way staff treat people. For example, patients described the excellent and courteous service and being made to feel at ease, several comment cards stated that Dr Alinjibar' and her staff excelled in all aspects of care.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, and that maintained patient and information confidentiality.
- 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.

- Interpretation services were available for patients who did not have English as a first language. Patients were 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.
- Staff communicated with people in a way that they could understand. For example, easy read materials were available and the provider was arranging the provision of British Sign Language interpreters for their patients, where appropriate.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's 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.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

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.
- Reasonable adjustments had been made so that people with additional needs could access and use services on an equal basis to others. For example, staff were working to engage a British Sign Language (BSL) interpreter to facilitate a patient attending the service.

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.
- Referrals and transfers to other services were undertaken in a timely way. For example, when patients were referred on to dermatology services.

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, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, following a patient concern, the provider implemented changes regarding their consent to care and treatment forms.

Good

Are services well-led?

We rated well-led as Good because:

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 developing the service to include a paediatric dermatologist.

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. For example, we reviewed one complaint the provider had responded to and had followed up appropriately. 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. We saw that all staff were considered valued members of the team. They were given protected time for training and professional development.
- 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.

Governance arrangements

Good

Are services well-led?

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.
- We found that practice policies were missing relevant information. For example, relating female genital mutilation in their safeguarding policy and the business continuity plan did not contain pertinent information to allow the service to continue business as usual, in the case of a facilities incident.
- 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.
- 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.

Managing risks, issues and performance

There was limited clarity around 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.
- The service had processes to manage current and future performance. We reviewed patient consultations and found that the provider had not undertaken mental health assessments for some patients, prior to prescribing a medicine used to treat acne. Following the inspection, the provider had implemented changes to patients assessments to address this issue.
- We reviewed decisions to refer patients to other services and found these were appropriate and completed in a timely way.
- Leaders had reviewed complaints quickly and appropriately and although they had some oversight of safety alerts, this did not contain historical alerts that remained clinically relevant.
- There was limited evidence of clinical audit quality of care.
- 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.

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.

Good

Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, following feedback the inspection, the provider implemented improvements regarding the storage of liquid nitrogen.
- Staff could describe to us the systems in place to give feedback. For example, we saw that patients were asked to provide feedback following consultations. 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 was 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. For example, the provider used stress management strategies with patients whilst undergoing treatment.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. **How the regulation was not being met:** In particular we found: • The provider could not demonstrate they have an effective system in place to monitor and manage patient safety alerts, including historical alerts that remained relevant. • The provider could not demonstrate they had a safe effective system in place for verifying the identity of patients including children. • The provider could not demonstrate they have an effective system in place to monitor and manage staff immunisations and certified immunity. • The provider could not demonstrate staff acting as chaperones were trained for the role, or supported by a policy. • The provider could not demonstrate they had an effective system in place to monitor and manage the control of substances hazardous to health, in particular the storage of liquid nitrogen. • The provider could not demonstrate practice policies and business plan contained relevant and up to date information, including for safeguarding. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.