

Dr Jinah Yoo Dermatology

Inspection report

62 Wimpole Street
London
W1G 8AJ
Tel:

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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?		Good	
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.

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 Dr Jinah Yoo Dermatology on 1 March 2023 as part of our inspection programme. This was the first inspection of this service.

Dr Jinah Yoo Dermatology is a Korean dermatology clinic specialising in laser, cosmetic and medical dermatology.

Our key findings were:

- Care records were written and managed in a way that kept patients safe. Clinical records were completed thoroughly and reflected that a high standard of care was provided to patients.
- There was a culture of learning at the service. Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The service supported staff development and there was a strong emphasis on the wellbeing of staff.
- The service used information about care and treatment to make improvements and was actively involved in quality improvement activity.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service actively sought and acted on feedback from patients to improve services. We saw evidence of positive feedback from patients.
- The service understood the needs of patients and improved services in response to those needs.
- The service was accessible, and patients were able to access care and treatment within an appropriate timescale for their needs.
- There was a clear vision and set of values which supported person-centred care.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were clear and effective processes for managing risk, issues and performance.

Whilst we found no breaches in regulations, the provider **should:**

- Take steps to improve the recording of staff immunisations in staff recruitment files, in accordance with UK Health Security Agency (UKHSA) guidance.
- Continue to create and update patient information leaflets regarding pre and post treatment in multiple languages.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Dr Jinah Yoo Dermatology

Dr Jinah Yoo Dermatology is an independent health service which operates out of 62 Wimpole Street, London, W1G 8AJ, on the ground floor of a building which also houses several other consulting rooms and services. The service is a Korean dermatology clinic which offers: routine general dermatology services and benign skin lesion removal; a holistic approach in the management of common skin conditions using medical therapies and lasers; and cosmetic procedures including Botox, dermal fillers, mesotherapy, thread lifting, lifting/ tightening devices and a range of chemical peels and facials. The service also introduces new treatments that are widely used in Korea which are not generally used in the United Kingdom.

The service consists of a director/ consultant dermatologist, a clinic manager, a business development manager/ assistant manager, a healthcare assistant and a therapist/ healthcare assistant. The reception area is on the ground floor of the building and is accessible via a ramp to patients with mobility issues. The service is open from 10am to 6pm on Monday, Tuesday and Thursday, from 10am to 7pm on Wednesday and Friday, and on alternate Saturdays from 9am to 2pm. The consultant dermatologist operates an on-call telephone for patients to contact out of hours. The service treats both adults and children and sees between 200 and 500 patients on a monthly basis. The service is registered with CQC to provide the following regulated activities: treatment of disease, disorder of injury; surgical procedures; and diagnostic and screening procedures.

How we inspected this service

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?

We rated safe as Good because:

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. Staff had completed the appropriate levels of safeguarding training for adults and children. The service had a safeguarding lead and had appropriate safeguarding policies in place, which were accessible to staff on the shared drive.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff we spoke with were familiar with the safeguarding policies and were confident in the method of escalation if a safeguarding issue arose.
- The service told us that it would identify any patient with safeguarding concerns on its clinical system. The service stated that any safeguarding concerns would be discussed at staff meetings where appropriate.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The service had undertaken Disclosure and Barring Service (DBS) checks for 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. We saw DBS checks in staff files for all members of staff.
- The service had posters in its consultation rooms and reception area regarding chaperone services. Staff members had completed chaperone training.
- We identified some gaps in relation to staff member immunisations, where records were incomplete in staff recruitment files. We provided feedback to the service that staff recruitment files should be updated with all immunisations information, in accordance with UK Health Security Agency (UKHSA) guidance.
- The premises were well organised and there was an effective system to manage infection prevention and control (IPC) at the premises. We saw evidence of cleaning schedules, a daily cleaning log and monthly IPC audits that were completed.
- The service told us that the building estates department completed regular fire and health and safety risk assessments. We saw evidence that the service completed regular fire alarm, fire extinguisher and fire drill checks.
- We saw evidence that a recent legionella risk assessment had been completed.
- The service 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. All staff had completed all mandatory training, including basic life support training. The service had a medical emergency policy which was available to all staff and the service told us that case scenarios of some medical emergency situations had been discussed in the staff meetings.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. We found that the service had a process in place for the checking and monitoring of fridge temperatures. The service told us that it had sought advice from an external company regarding the appropriate emergency medicines to hold on site.
- Where there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Are services safe?

- We found that the service checked the name, address, date of birth and general practitioner of a patient but that it only checked photograph identification where there were concerns. The service checked the identification of a parent attending with a child for an appointment to verify their identity.

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. Care records we reviewed were detailed and reflected that a high standard of care was provided to patients.
- The service did not keep paper records for patients and all records were computerised, cloud based and password protected. The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The service had a data protection lead and all staff had received information governance training.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There was a process in place to effectively manage test results.
- The service made appropriate and timely referrals where required in line with protocols and up to date evidence-based guidance. The service told us that where a patient attended and skin cancer was suspected, the patient would be referred back to their GP and the clinic would write to the GP to request a two week wait referral. If the patient wished to be treated on a private basis, the service would refer to the relevant dermatology service in the area.

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 emergency medicines and equipment, minimised risks.
- The service had medicines management and prescribing policies. The service kept blank prescriptions in a safe and logged serial numbers when used. The service had a system for tracking the return of blood testing results in a computerised blood test log, which was password protected.
- The service carried out regular audits to ensure that treatment was in line with best practice guidelines.
- There was a process in place for the sharing of information with staff and other agencies where permission had been provided by patients, to enable them to deliver safe care and treatment.

Track record on safety and incidents

The service had a good safety record.

- Clinical and electrical equipment had been checked to ensure it was working safely.
- 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

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. The policy documents were saved on the shared drive for staff to access. The service told us that it had not identified any significant events in the previous 12 months.
- Staff we spoke with told us that they understood their duty to raise concerns and report incidents and near misses. Staff members told us that they would report any incident or significant event to the clinic manager or consultant dermatologist and that an incident form would be completed and recorded.
- The service told us that it had completed analysis on all incidents which had occurred from February 2022 to February 2023, a total of 6 incidents. The service gave us an example of a recent incident regarding a blood sample not being collected in a timely way. The practice told us that it had reviewed whether there was any learning to be actioned following this incident and had put in place a protocol where patients were not booked for blood testing after 5pm on weekdays, as this would ensure that bloods were collected on the same day.
- The service had an open learning culture and discussed all incidents (and would discuss significant events as they arose) at morning staff meetings held on a daily basis, and at staff meetings held every 2 months. The service told us that it would also discuss incidents informally as they were detected or raised on an ad hoc basis.
- The service was aware of and complied with the requirements of the duty of candour.
- The service had a process in place for receiving and acting on patient safety alerts.

Are services effective?

We rated effective as Good because:

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).

- Patients' immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- Staff assessed and managed patients' pain where appropriate.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff signposted patients to relevant services and advised them what to do if their condition worsened.
- The service told us that the consultant dermatologist had visited other treatment centres in the United States of America and Korea to learn techniques from other experts and that they ensured that there was enough evidence to support providing effective treatment.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvement through the use of completed audits. The service provided us with examples of audits it had recently completed including:
 - Treatment outcome of isotretinoin in acne

The audit reviewed 10 consecutive patients on isotretinoin (medicine used to treat acne) from the start of June 2022.

The action plan identified following this audit included actions to improve documentation and have paper and electronic copies of the patient information leaflet; make an isotretinoin folder so that all relevant forms and the patient information leaflet were kept in one place; and to create a blood test log to assist with chasing results and informing patients with results.

The service re-audited in February 2023. The audit identified that the blood test log had been put in place and it was easy to identify whether results had been actioned. The provision of the patient information leaflet had improved to 90%.

- Treatment outcome of Triple Combination Cream (TCC) in melasma/ post inflammatory hyperpigmentation (PIH)

The audit reviewed 20 consecutive patients who had been prescribed TCC between May and August 2022.

The action plan identified following this audit included actions to send a follow up text to a patient 3 weeks post initial consultation to ask how they were getting on and to liaise with the laboratory to improve delivery.

- Treatment outcome of acne laser

Are services effective?

The audit reviewed 15 consecutive patients who had completed a minimum of 5 laser treatment courses, which were reviewed in December 2022.

The action plan identified following this audit included actions to explain to patients that they may need between 5 to 8 sessions of laser treatment and to explain the cost involved.

- Consent to care/ treatment

The audit was carried out on 1 May 2022 and reviewed 20 consecutive patients from March 2022.

The action plan identified following this audit included actions to scan the treatment recommendation and price notes to the clinical system and to create pre-treatment and post treatment information leaflets for each procedure.

A re-audit was carried out on 1 December 2022. The audit showed an improvement of documenting costs and treatment plans by scanning notes into the clinical records system. The practice was in the process of making pre and post treatment information leaflets, to be completed by March 2023.

- The service held governance meetings every 3 months with an external advisor to discuss feedback for improvements to the service.
- The consultant dermatologist told us that she had contributed to a number of conferences between February 2022 and March 2023, including: the International Master Course on Aging Science (IMCAS) conference; British Association of Dermatologists annual conference; and had completed an observership in Korea.

Effective staffing

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

- Staff were appropriately qualified. The relevant professional was registered with the General Medical Council and was on the dermatology specialist register.
- The service understood the learning needs of staff and provided training and protected learning time to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Several staff members had not been employed by the service for 12 months and therefore had not had an appraisal. The service told us that appraisals for staff would be completed in the future where appropriate. The consultant dermatologist had their last appraisal in June 2022. The service told us that there were arrangements for peer review for the consultant dermatologist with a colleague in the NHS who specialised in dermatology and cosmetic and laser treatments. The service told us that a peer review would be taking place on 18 March 2023.
- The service told us that it planned to recruit a part time receptionist to assist with the answering of calls, to greet patients and to assist with administrative tasks.

Coordinating patient care and information sharing

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

- Before providing treatment, the service ensured they had adequate knowledge of the patient's health, and any relevant test results and their medical history.

Are services effective?

- The service told us that patients were asked for their consent to share information with their registered GP. The service told us that information was shared when needed, and not following each consultation unless required.
- Clinicians made referrals to other specialists where appropriate.

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.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services where appropriate.
- The service provided, where appropriate, advice and signposting to patients about living healthier lives. For example, the service told us that it would advise patients with rosacea about lifestyle changes including hydration and healthy diet.
- 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. The service had consent policies for adults and children which were saved on the shared drive. We saw evidence that there was the appropriate documentation of consent in clinical records.
- Staff supported patients to make decisions about their care and treatment.
- The service monitored the process for seeking consent appropriately, for example carrying out an audit in 2022.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received, in both verbal and written forms.
- The service actively sought feedback from patients after consultation or treatment, using an annual patient survey, comment cards and a post consultation survey. The service told us that it provided a random selection of patients, approximately 90 patients in a 12 month period, with a survey to complete following their treatment. The service reviewed the returned feedback and we saw evidence of analysis of information provided between February 2022 and August 2022 and August 2022 and February 2023, which was predominantly positive.
- The service acted on learning following the feedback received. It told us that it had responded to feedback and had adjusted its opening hours to accommodate patients who wished to attend later in the day or on weekends. The service discussed feedback received at staff meetings.
- 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.

- Interpretation services were available for patients who did not have English as a first language. The service employed staff who were multi-lingual, who spoke English, Korean, Chinese and Spanish.
- The service told us that patients sometimes brought family or friends with them for support, which it accommodated 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.

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 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 in vulnerable circumstances could access and use services on an equal basis to others. The service told us that at the time of booking, it would ask patients if any reasonable adjustments were required when they attended for their appointment. The service had a toilet that was accessible to patients with mobility issues. The building was accessible via steps to the entrance and the building reception had a ramp to assist with access for patients with mobility issues. The service did not have a hearing loop. The service told us that if a patient had a hearing impairment, it would make the consultant dermatologist aware at the time of enquiry or booking that adjustments would be required. The service would allow for longer appointment times where appropriate.
- The service told us that it responded quickly to enquiries from patients using a variety of communication methods including emails, messaging services, telephone and text messages.
- The service told us that it planned to create written information for patients in other languages and a list of patients that required follow up calls following treatment.

Patients were able 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.
- Patients were able to book appointments by telephone, email and online. The service told us that it spoke with patients at the time of booking to find out if any reasonable adjustments were required and a patient-centred, bespoke treatment plan was designed.
- The service was open from 10am to 6pm on Monday, Tuesday and Thursday, from 10am to 7pm on Wednesday and Friday, and on alternate Saturdays from 9am to 2pm. The practice told us that it would regularly review its opening hours to ensure that patient demand was being met.
- Patients were advised to call the on-call telephone number out of hours, which was held by the consultant dermatologist. The service told us that if an issue was urgent, a response would be provided immediately. In the event of non-urgent enquiries, the service would book an appointment the next day. The service told us that if the consultant dermatologist was due to be away, it would divert the telephone, arrange cover, and would ensure that treatments where problems could arise were not booked in the preceding days. The service told us that it was in the process of creating and updating patient information leaflets regarding pre and post treatment in multiple languages.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service did not provide home treatments.
- 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 to them appropriately to improve the quality of care.

Are services responsive to people's needs?

- The service had a management of complaints and compliments policy and procedure which was available for staff to refer to on the shared drive. The service had a complaints leaflet at the reception area that was provided to patients where appropriate. Staff we spoke with were aware of the complaints process and how to escalate concerns raised.
- The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service had received 2 complaints in the last 12 months. It told us that it had implemented learning from these complaints, in particular: including written information regarding consultation times and fees on the booking confirmation email provided to patients; and discussing with staff the need to obtain verbal consent prior to post procedure skincare.
- The service discussed all significant events, incidents and complaints at its staff meetings and governance meetings.
- We saw evidence that the practice kept a list of compliments about the quality of care received.

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. The service had put in place plans for future growth, including a plan to recruit a part time receptionist to assist with communicating with patients, greeting patients and administrative tasks, which would allow the clinic manager to focus on enquiries and building relationships with patients. The service had arranged for an external advisor to assist with obtaining feedback and planning for improvement, and met with this advisor every 3 months. The service had increased the frequency of staff meetings as the staff team and patient numbers had grown over the last 12 months.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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 which supported person-centred care. This vision was set out in the patient information pack. The service told us that its vision was to address the high demand for dermatology services, to address the lack of holistic approach in the management of dermatologic/ cosmetic conditions in the UK by introducing more advanced combination treatments from the USA and Asia, and to meet the rising interest and demand in the management of hyperpigmentation and rising interest in Korean beauty.
- The service had a realistic strategy to achieve its priorities.
- Staff we spoke with 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.
- The service actively promoted equality and diversity.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they needed. Staff were given protected time for professional development.
- There was a strong emphasis on the safety and wellbeing of staff. The service held wellbeing meetings every 3 months with staff members and supported incentives such as book sharing and exercising together.

Governance arrangements

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.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Staff were clear on their roles and accountabilities.

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 to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through clinical audits completed. Leaders had oversight of safety alerts.
- 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.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings.
- The service used performance information which was reported and monitored and management and staff were held to account.
- 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 the public, patients, staff and external partners and acted on them to shape services and culture. The service sought feedback from patients following treatment and analysed responses received.
- Staff told us about the systems in place to give feedback.
- 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.

Are services well-led?

Learning was shared and used to make improvements.