

Dermatology Consulting: Skin, Laser and Cosmetic Clinic

Inspection report

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Tunbridge Wells
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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

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

Overall summary

This service is rated as Outstanding overall. (Previous inspection November 2017. No rating given).

The key questions are rated as:

Are services safe? – Outstanding Are services effective? – Good Are services caring? – Good Are services responsive? – Good Are services well-led? – Outstanding

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 of the Health and Social Care Act 2008.

Dermatology Consulting: Skin, Laser and Cosmetic Clinic is a consultant led dermatology service. The staff comprises of, a consultant dermatologist, a practice manager/head nurse, five nurses and three bank nurses, a head receptionist plus two other receptionists, two secretaries plus a bank secretary, an accountant, a contracted medical photographer and cleaners. All the clinical staff are female.

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 service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Therefore, at Dermatology Consulting: Skin, Laser and Cosmetic Clinic, we were only able to inspect the services which were subject to regulation.

The registered provider 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards all of which were positive about the standard of care received. There was praise for the clinical staff, particularly for their diagnostic and listening skills. There was also praise for the reception staff for being caring and attentive

Our key findings were :

- The care provided was safe. There was a culture of placing safety at the core of activity. Systems to support safe practice and safety within the building were effective and well embedded.
- The provider put the patients' needs before other considerations with patients being advised when no treatment or a "wait and see" approach was the favoured option.
- There was a strong emphasis on continuous learning for staff.
- There was abundant information for patients on how to approach their treatment. This included providing in-house leaflets, as well as standard leaflets, and links to the latest dermatological research. Patients were enabled to be as knowledgeable about their choices as possible.
- There was a very wide range of lasers available allowing patients to be treated at the clinic rather than referring elsewhere.

We saw the following outstanding practice:

- The leadership, governance and culture was used to drive and improve the delivery of high-quality person-centred care.

Overall summary

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. The team included a second CQC inspector and a GP specialist adviser.

Background to Dermatology Consulting:Skin, Laser and Cosmetic Clinic

Dermatology Consulting Limited is the registered provider of services carried out at the Dermatology Consulting: Skin, Laser and Cosmetic Clinic.

Dermatology Consulting is a large, detached premises with dedicated parking. There is disabled access and a disabled WC. A hearing loop is available. The building has been fully adapted to provide the highest safety standards and state of the art equipment and facilities. Where, for reasons of individual needs, they are unable to provide services to patients, they will, where possible, provide patients with details of an alternative, registered local treatment facility who is able to offer services. Their services are available directly to patients who may make an appointment by telephone or by attendance at their place of business. They also receive referrals from GPs.

The clinic has two consulting rooms, one minor surgery room (with clean and dirty utility rooms), seven treatment rooms, a dedicated photography suite and offices.

The clinic is open Monday 9am – 8.30pm, Tuesday 9am – 9pm, Wednesday 8.30am – 9pm, Thursday 8.30am – 6pm, Friday 9am – 9pm and one or two Saturdays per month.

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Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

During our visit we:

- Spoke with the registered manager who is also the doctor based at the clinic. We also spoke with nurses and the receptionists.
- Reviewed 40 CQC comment cards where patients shared their views and experiences of the service.
- Looked at documents the clinic used to carry out services, including policies and procedures.
- Reviewed clinical records of patients to track their progress through the 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 Outstanding because:

People were protected by a strong comprehensive safety system, and a focus on

openness, transparency and learning when things went wrong. A proactive approach to anticipating and managing risks to people who used services was embedded and was recognised as the responsibility of all staff.

Safety systems and processes

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

- There were comprehensive systems in place to keep people safe which took into account current best practice. The whole team was involved in reviewing and improving safety systems. The clinic had two Infection Control nurses who regularly undertook audits. The clinic also had a dedicated Laser Operational Protection Supervisor, and all nurses regularly conducted clinical performance audits. The Reception Manager was the Data Protection Officer and responsible for GDPR (General Data Protection Regulation is a legal framework that sets guidelines for the collection and processing of personal information from individuals who live in the European Union (EU) compliance. The Practice Manager was responsible for monitoring the Medical Safety Alerts.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. 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.
- Patients' confidential information was protected. The provider employed national technology company to manage their intranet system. However, in the light of recent concerns nationally that there may have been breaches of medical security, they had sought additional guidance from a specialist cyber security company. It was found that security had not been breached, but after implementing the recommendations suggested by the company, they felt their patients' data was even better protected, because it was backed up on a daily basis, no emails were sent to GPs as they received letters, and patient records were only accessible at the location on their own computers.
- The clinic had been among the first clinics to be pro-active in reducing the risk of laser plume (the vapours, smoke, and particulate debris produced that could be carcinogenic) during laser treatment by using strong smoke evacuator filters and appropriately sized masks.
- The service had systems to assure that an adult accompanying a child had parental authority. For example, the doctor explained that they could often confirm these details from a GP referral letter, however, where a boarding school child attended accompanied by a chaperone this person's ID was checked and the consultant spoke to a parent(s) by phone additionally when required. Also, there was a legal declaration on the patient's registration information form.
- 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. For example, the provider and staff were aware of possible vulnerabilities, especially mental health and the wider patient context (social, emotional issues) and carefully took these into account in drawing up a management plan. We saw that alerts were added to the front of computerised records and covered consent, follow up plans and concerns.
- The provider carried out checks on all staff at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All clinical staff were trained to level three safeguarding children and vulnerable adults relevant to their role. Staff knew who the lead for safeguarding was and how to make reports to them. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The provider made infection prevention and control their highest priority to protect patients and staff. They had an external company undertake an on-site audit and training in infection

Are services safe?

control and drew up audit tools which the provider continues to use in-house. Two of the nurses had been appointed as infection control nurses and have undergone training by an external body. For example, we saw records that water temperatures were regularly tested and the shower in the bathroom near to the staff changing room was flushed to manage risks associated with legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings). In February 2018 a legionella safety inspection had been done and the report showed that no issues were found. There were two infection control nurses who had undergone training by an external body and an infection prevention and control audit had been completed in July 2019. The audit outcomes showed that all equipment that was checked had been cleaned appropriately and had an 'I am clean' green sticker on and in date. It also noted that, small areas of rust were on the feet of three couches in the laser rooms. We reviewed the action plan and saw that areas of rust had now been treated and that new rubber covers had been ordered to put on the feet of the couches. In addition, the two nurses were booked on a two-day intensive residential course on infection prevention and control and were due to attend on 21 and 22 October 2019. There were three different books that recorded daily and weekly cleaning which was checked by the practice manager and infection control team. All cleaning equipment and materials were colour coded, and mop heads were disposed of after each use.

- 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 considered the profile of people using the service and those who may be accompanying them.
- The provider had specialist advice on the management of lasers from an accredited laser protection adviser and had conformed to the advice provided. For example, there was a laser protection supervisor at a local level, room blinds were sealed to prevent the egress of laser light and there were special non-reflective taps in the laser treatment rooms.
- The laser equipment was maintained in accordance with the manufactures' instructions. We saw evidence of regular servicing, testing and calibration. We examined

two laser treatment rooms in detail. There was written guidance in the treatment rooms regarding the use of equipment. All treatments were logged in books in the treatment rooms as well as in the patient's records. Safety goggles and check-lists were available in rooms where laser equipment was used. This helped to ensure that equipment was used safely, and patients and staff were protected. Doors were kept locked from the inside when the lasers were in use.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There was use of a single patient data base which all staff could access at the same time. The provider wrote letters after every patient consultation which were put in the electronic notes so that the updated notes were available to all relevant staff. Use of an electronic flagging system for urgent messages meant that staff had access to all the patient records they needed to deliver safe care.
- The clinic ensured continuity of care for patients who were able to transition seamlessly between services. The provider had administrative support enabling them to supply immediate information to other doctors in emergency situations.
- The clinic often referred to external expert consultant colleagues. There was evidence of referral letters that included all the relevant medical information to assist the external experts; the clinic was often thanked by the referred to leading expert for the amount of detail provided.
- There was a defibrillator on the premises and oxygen with adult and children's masks. There were emergency medicines available and staff knew where they were located. All the staff (including administrative staff) had annual training on Basic Life Support. All the nursing and medical staff underwent annual training on Immediate Life Support. Furthermore, the provider had undertaken training in Advanced Life Support for Adults and Children. This proved helpful when the provider and several of the nurses were unexpectedly involved in the resuscitation of a road traffic accident outside the clinic. The driver was found without a pulse and the defibrillator was used to restore a cardiac output prior to the ambulance.

Are services safe?

- There were first aid kits and Adrenaline (an injection which can reverse the symptoms of an allergic reaction) for children and adults at various strategic points around the building.
- All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The provider had a single professional indemnity policy covering all the staff and clinical activities within the building.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The provider only used leaders in their fields, often used for tertiary referral and for secondary referral and advice.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Following our inspection, the provider provided evidence to us that demonstrated how she shared her learning with other clinicians, the local health economy and independent platform.
- 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.
- Where material had been sent to leading specialists in their field for testing, such as skin or blood samples, there were systems to help ensure that results were received and checked against the patients' record.

- The patients' GPs were kept informed about the treatment by letter. Where patients did not continue with a course of treatment the provider had a system to help ensure that GPs were notified by letter about any follow up activity that might be necessary.

Safe and appropriate use of medicines

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

- There were processes for handling medicines which included the review of high-risk medicines. For example, patients prescribed certain acne treatments, which carried higher levels of risk, had blood tests each month in accordance with the best practice guidelines for that medicine. One of the medicines for acne treatment could cause birth defects and there was an acknowledgement form for female patients regarding a pregnancy prevention programme. These patients were also afforded free pregnancy testing and given materials: The Patient Information Brochure and the Brochure on Contraception.
- There was an awareness of the need for stewardship in the use of antibiotic medicines.
- The provider sought and received pharmacy advice from several different sources to help ensure that their prescribing practice remained safe and up to date.
- 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.
- 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 and the situation and rationale explained to the patient.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

Are services safe?

- 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.
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. There was a system for receiving safety alerts, such as those relating to the use of medicines or medical devices, which they assessed to decide if they were relevant to the provider and acted upon when necessary. For example, when a patient misunderstood and took their goggles off during a treatment, no harm was done but this near miss was used as an opportunity to devise a method of double-protection and additional patient information was created.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Learning was based on a thorough analysis and investigation of things that went wrong. All
- staff were encouraged to participate in learning and to improve safety as much as possible. Opportunities to learn from external safety events were identified.
- 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. For example, following an unexpected event unrelated to the clinic, but allowed them to practice their Cardiopulmonary resuscitation (CPR) skills by attending a recent road traffic accident, the clinic held a team meeting and reflected on the incident. Learning points from this were that they needed to obtain more see through packages in their resuscitation kit and a simpler method of obtaining blood for the glucometer. We checked the resuscitation equipment held for adults and children. We saw that it was clearly labelled/packaged to assist management of emergencies with laminated protocols and quick guides to equipment held in see through bags.
- 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 including sessional and bank staff.
- 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.

Are services effective?

We rated effective as Good because:

Outcomes for people who use services are consistently better than expected

when compared with other similar services. There was a truly holistic approach to assessing, planning and delivering care and treatment to people who used services. The safe use of innovative and pioneering approaches to care and how it was delivered were actively encouraged. New evidence based techniques and technologies were used to support the delivery of high-quality care.

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 provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such those from the British association of Dermatologists and the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The clinic had advanced technology and an extensive range of laser treatments. For example, they were among the first clinics to have fractionated lasers to treat scars and they still received referrals from a wide geographical area for this. The provider raised awareness of the possibilities for scar improvement to local GPs and other consultants in the areas and received referrals from consultant plastic surgeons and other doctors to improve scars.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Patients completed a comprehensive questionnaire regarding their previous medical history. Where patients had allergies, this was recorded in the notes. A red flag was placed on the front of the patients' record so that all staff would be aware of the allergy.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Audits around consent were performed regularly. The consent forms were revised earlier this year after review from lawyers and clinical staff. A wide range of information leaflets produced both from professional bodies (such as the British Association of Dermatologists) and produced bespoke by the clinic were available for patient information. These had been updated according to patient feedback and made them easier to understand. Engagement with stakeholders improved the development of tools and supported to give patients informed consent. For example, following a governance meeting, a pre-operative information leaflet was developed in response to a request from a patient.
- Patient satisfaction surveys were also performed from time to time in order to see if there was anything further that could be done to improve the services, and a suggestion box was located in a prominent position in the waiting room for patients' comments.
- The provider was open to feedback and suggestions from patients and adapted their practice according to feedback, for example, updating their consent and information leaflets. The service used external people and professionals, for example, infection control advisors, "secret callers", to ensure an independent and objective approach.
- The clinic had annual audit plan agreed at clinical governance meetings. Monthly audits run included post surgical wound infection, decontamination of equipment and photodynamic therapy data recording. British Association of Dermatology national audits were run annually. The clinic had only four cases for the 2018 audit on bullous pemphigoid (a rare skin condition that causes itching, redness and blisters). The official required number for the audit was five cases but the team ran the audit for their own information and found their care to be within national standards.

Effective staffing

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

- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. For example,

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the practice manager/head nurse had attended a two-day conference in Slovenia organised by a laser company with the consultant. Afterwards they were able to speak to the lecturers who had most relevance or interest and there was an exchange of knowledge whereby the decision was made to change protocols at the clinic.

- 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 (GMC)/Nursing and Midwifery Council and were up to date with revalidation.
- The learning needs of staff were identified through a system of appraisals, meetings and formal and informal reviews. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating nurses. All staff had received an appraisal within the last 12 months.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, the two newly appointed infection control nurses had been supported and funded to attend two days on prevention of infection (PIC) in October 2019.
- 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.
- There was regular training at staff clinical meetings where new developments, for example, in the use of lasers were discussed. The practice had held a mental health training session for staff in which issues relevant to both staff and patients were discussed.

Coordinating patient care and information sharing

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

- The systems to manage and share the information that was needed to deliver effective care were coordinated across services and supported integrated care for people who used services.
- Referral letters were timely and contained the necessary information. For example, referral letters for skin cancer were seen by the doctor and triaged, staff were also aware and highlighted letters, urgent daily slots could also be used to prioritise, complying with the two-week cancer referral rule effectively, as waiting times were rarely more than two weeks. The consultant would add extra Saturday/late Thursday appointments if concerned that waiting times were increasing, we noted that this happened once a month on average.
- Staff worked together and with other health professionals to assess and plan patients' ongoing care and treatment. For example, the provider worked with the local skin cancer multi-disciplinary team (MDT). Where patients were referred to services outside the local area the provider had an established network to help ensure that liaison with the relevant MDT was maintained. We saw a log of cases discussed and records of results in patient's records.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, we saw letters regarding a patient with ADHD/autism (an attention deficit hyperactivity disorder)

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where the doctor had consulted with a paediatric mental health specialist for advice about the option of using a medicine for severe acne, which they then did successfully.

- 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.

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. For example, as routine the provider advised patients on the harmful effects of excessive sunlight (ultraviolet UV) on skin and the links between this and skin cancers. It provided a range of skin products to protect against UV damage.
- The advice was not restricted to products that the provider sold but included speciality products and those available in “high street” stores.

Consent to care and treatment

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

- All patients provided written consent as in the provider’s policy. There had been audits of consent which show that staff complied with the policy.
- 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. For example, the provider had produced treatment specific consent forms and sought legal advice where there was uncertainty in a case, around capacity due to age or illness.
- Where there was minor surgery there was a separate consent form. There was always a delay between the patient consenting to the surgery, and the surgery taking place so that patients had the opportunity to consider (or re-consider) their decision.

Are services caring?

We rated caring as Good because:

Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated people. People thought that staff went the extra mile and the care they received exceeded their expectations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception 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 provider had patients with learning disabilities and other specialist needs. There was a compassionate approach to accommodating them, for example by making their appointments for quiet times
- 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.
- We saw thank you letters from patients commenting on kindness and care.
- We saw pie charts which showed the percentage of patients, approximately 70% who had been recommended to the clinic by family and friends and by other patients.

All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Of those 20 specifically mentioned the caring attitude of staff, both in reception and clinically.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- There was evidence in the treatment plans of patients' involvement in decisions about their care.
- We saw that there were information leaflets about the various treatments, including the potential benefits and limitations of treatments. In addition to leaflets from the manufactures and the British Association of Dermatologists, the provider had produced their own range of informative leaflets. These were very detailed but explained the issues in plain English. There were references in these leaflets to international research so that patients, who wished to become more involved, could access academic and technical guidance. The leaflets also contained diagrams to facilitate explanation.
- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. Nurses told us that the doctor would ask them to call patients a couple of days after consultations to check their understanding and if there were any questions.

Privacy and Dignity

The service respected respect 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:

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. This included people who were in vulnerable circumstances or who had complex needs.

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. For example, the provider had evening clinics on Tuesday, Wednesdays and Thursdays. There was a Saturday clinic once a month.
- The clinic was innovative in that it offered a wide range of products and treatments for certain conditions.
- There were longer appointments available for patients with a learning disability
- There were accessible facilities, with a ramp to the front entrance, translation services and a hearing loop
- The provider was able to receive and respond to patients' concerns out of hours. Calls were diverted from the office to the provider who was able to respond, using a system so that confidential telephone numbers were protected.
- The provider was open to feedback and suggestions from patients and adapted their practice according to feedback. For example, updating their consent and information leaflets. The service used external people and professionals, for example, infection control advisors, "secret callers", to ensure an independent and objective approach.
- The provider put the patients' needs before other consideration with some patients being advised that no treatment or a "wait and see" approach was sometimes the favoured option.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Patients could access the service and appointments in a way that suited them, either contacting the clinic by phone or via their website. The clinic responded to email enquiries prior to the patient booking a consultation appointment in order to ensure the consultation was appropriate to them and was used in the most effective way. Patient queries by emails were responded to quickly. Clinical emails from patients with concerns or queries about their treatment were seen by the provider as they arose and acted upon on the same day.
- There were arrangements to support patients outside of those hours. Telephones were answered from 9am to 9pm Monday to Friday. Patients were given advice on what to do following minor surgery if there were any complications. The policy was to answer e-mails within 24 hours. When the provider was away for any length of time, such as annual leave, the work load before and after was adjusted accordingly. For example, treatment for complex cases would not be commenced before an annual leave period.

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.

- There was evidence of learning from complaints. Sometimes it was difficult to evidence if a treatment had been effective, particularly over a longer time period. This had led to concerns from some patients. The provider had developed a speciality photography room where progress, or the lack of it, could be measured. This had eliminated cases of dispute. It has also allowed the provider to analyse those instances where they did not achieve the anticipated outcome and so improve their treatments and the advice they provided to patients.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made

Are services responsive to people's needs?

complaints compassionately. For example, we looked at two complaints and saw that lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

- 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.

Are services well-led?

We rated well-led as Outstanding because:

The leadership, governance and culture was used to drive and improve the delivery of high-quality person-centred care.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.
- The provider was a broadly trained (adult/paediatrics) dermatologist whose research had been published.
- The provider was able to demonstrate monthly data which evidenced that a significant proportion of patients had come to her through word of mouth. Feedback received by letter, feedback forms/online and CQC comments cards were overwhelmingly positive.
- The provider was able to give several examples of the care they took to research the evidence for treatments and then study success in practice. The provider avoided using a specific, potentially lucrative (and popular) laser treatment, because there was a lack of evidence to offset concerns they had about possible 'side effects'.
- The provider was able to give examples of the most recent evidence base for their work, not just in cosmetic dermatology but in general dermatology also. For example, in discussing sun protection the provider was able to cite a very recent study which had discounted the link between sun cream application and frontal fibrosing alopecia (a form of scarring hair loss affecting the hair margin on the front of the scalp).
- The provider's extensive patient literature clearly evidenced their use of NICE and British Association of Dermatology guidelines and patients' letters demonstrated the provider's explanation of these guidelines to patients.
- Leaders at all levels 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.

- The provider had a vision to be a centre of excellence providing the highest quality Dermatology Care which was effective, caring, safe and evidence based. This was underpinned by a strategy of putting into practice the latest research from the most influential international dermatology meetings and current research.
- There was evidence that the provider was achieving this. The most recent treatments and most recent technical innovations were available. Patients were shown, in leaflets and discussions the evidence base for their treatments.
- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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.

- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There was consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. There was a culture of openness and honesty. We looked at some examples in detail and found that the practice had systems to ensure that when things went wrong with care and treatment: Patients received reasonable support, truthful information and a verbal and written apology. There were written records of verbal interactions as well as written correspondence.

Are services well-led?

- 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. 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 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.

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that: there was a clear staffing structure and that staff were aware of their own roles and responsibilities. The provider, nurses and administrators had lead roles in key areas. For example, there were leads for, finance, clinical supervision, staffing and appraisal.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- The provider met regularly, to review unusual cases, with the director of dermatopathology (a joint subspecialty of dermatology and pathology) at St John's Institute of Dermatopathology (an internationally recognised centre of excellence for the treatment, research and teaching of diseases of the skin).

- Clinical governance arrangements were expanding to take account of the increase in both treatments available and additional consultants on site.
- The provider had installed new lasers. A risk assessment identified that these lasers created a micro plume of smoke that might be carcinogenic (having the potential to cause cancer).
- The provider had installed appropriate venting and staff used specialist masks when using these devices. The complexities of the situation showed the provider that they needed to review the management of infection prevention control within the service. They had done, so two of the staff had taken on an enhanced role.
- There were regular tests of the fire safety equipment and regular fire drills, on different days of the week.
- Patients were "patch tested" (treatment carried out on a small unobtrusive area) for allergies before treatment.
- There were protocols for prescribing medicines and ensuring that associated blood tests were completed.

Managing risks, issues and performance

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

- There was a thorough assessment of the control of substances hazardous to health.
- There was an awareness of performance. For example, the provider knew how many patients had attended and what treatment each individual had received.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Patients completed a comprehensive questionnaire regarding their previous medical history and allergies were record in way that all staff carrying out treatment would be aware of them.
- Patients' GPs were routinely informed of treatment, save where the patient had not consented to this.
- Referral letters were timely and contained the appropriate 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.

Are services well-led?

- 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 strong 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 provider regularly surveyed patients about their satisfaction with the service and the results were consistently high. For example, the most recent patient satisfaction survey for November 2018 showed that 100% said they were 'definitely' greeted promptly and courteously when they arrived at the reception desk. Also, 10 patients aged ten and under, who attended Dermatology Consulting were surveyed for their feedback after they had had their consultation. The patients surveyed were 10 patients seen during November- December inclusive 2018. The patients were asked to record how they felt about the visit using a visual score card using smiling faces "How do you feel after visiting us?" 10 /10 patients replied "happy".
- There were 40 CQC patient comment cards. All the comments were positive.
- There was evidence of liaison with external partners for example, with various vascular surgeons (for treatment of vein disorders), skin cancer specialists and skin surgery specialists.
- Staff could describe to us the systems in place to give feedback. For example, through staff meetings, or through the provider's open-door policy. 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 strong focus on continuous learning and improvement.
- There were plans to increase the number of visiting consultants on the site. This would give patients access to the right care closer to home.
- There was a strong emphasis on understanding new technology coming to the market. The provider attended national and international dermatological conferences and learning events. There were plans to introduce UVB therapy (a form of therapy using ultraviolet light) for the treatment of difficult or widespread cases of psoriasis.
- The provider was involved in dermatology training, and supported local GPs in-house and at their surgeries, junior doctors and specialist registrars in dermatology in the local hospital. This was provided without charge. The provider also taught on an MSc Postgraduate Diploma course in dermatology at Cardiff University.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. For example, when a patient misunderstood skin care directions after a treatment, full care was given at the practice, advice was sought from a specialist unit and again the relevant patient information leaflet was adapted to further clarify instructions (that a person's face should be washed daily between cream applications).
- 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 was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. They were currently assessing a laser treatment for hair loss disorders. They have had an academic interest in hair disorders and published books on hair disorders in the past. They had started to assess it in a couple of patients, and if they found it effective, they would plan to extend it to a wider group of patients and present/publish the findings.