

ScreenCancer UK Head Office

Inspection report

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Date of inspection visit: 17 July 2019
Date of publication: 13/09/2019

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?

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 ScreenCancer UK Head Office on 17 July 2019. The inspection was the services first inspection since registering with CQC in October 2018. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

ScreenCancer UK Head Office provide skin screening services undertaken by a pharmacist in a number of Boots the Chemist stores across the UK. Skin scanning images are sent to ScreenCancer UK Head Office, where they are reviewed by specialists/dermatologists for a diagnosis, specialist advice and if required, treatment recommendations. Patients under the age of 18 are not provided with screening without the appropriate supervision of a parent and/or legal guardian.

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 Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. ScreenCancer UK Head Office provides a range of

non-surgical screening. For example, mole screening which is not within the registration of this service, instead they are registered with the contracted organisation and are regulated under their own individual registration. Therefore, we did not inspect or report on these services. The operational manager 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.

We were unable to speak to any patients during the inspection. We reviewed online reviews, from which we saw that there were five responses in the last 12 months, all of which were positive.

Our key findings were:

- The provider had systems, processes and practices to keep people safe.
- Systems to support safety within the head office and outsourced buildings (Boots the Chemist) were effective and well embedded.
- The provider put the Patients' needs before financial consideration.
- There was a strong emphasis on continuous learning for clinical staff.
- There was information for patients on how to approach their treatment. This included providing links to the latest dermatological research.
- Patients were enabled to be as knowledgeable about their choices as possible.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to ScreenCancer UK Head Office

ScreenCancer UK Limited is the registered provider of services where reviews of skin screening are carried out at the location ScreenCancer UK Head Office. They are registered to provide the regulated activity of treatment of disease, disorder or injury.

We inspected ScreenCancer UK Head Office, Innovation Centre Medway, Maidstone Road, Chatham, Kent, ME5 9FD. Website:

We did not inspect any of the Boots sites as part of this inspection, as they are registered under their own individual CQC registration for the regulated activity of diagnostic and screening.

ScreenCancer UK Head Office employs an operational manager, three specialist office based staff (all of whom have experience of working within dermatology in a hospital setting. For example, nurse and health care assistants) and a consultant dermatologist.

ScreenCancer UK Head Office provide skin screening services undertaken by a pharmacist in a number of Boots the Chemist stores across the UK (including Northern Ireland), for new diagnosis or treating patients with an existing skin condition, the service can provide alternative dermatology care. The Skin Scanning Service at Boots is a private pay option for patients looking for dermatology care outside of the NHS (exclusions and charges apply). Skin scanning images are sent from Boots to ScreenCancer UK via a secure online software system, held centrally at the ScreenCancer UK Head Office. The images are reviewed by a specialist and if required, are referred to the consultant dermatologist, who reviews the images and writes a report. Reports are then sent to the client, via a text message which includes an access code to enable patients to access their report online. No reports are sent directly to the patient's own GP. Patients, when signing consent forms and before skin screening is carried out, are informed that the sharing of the report with their own GP is their responsibility. Patients can

contact the head office for after care advice and guidance once they have received the report; which ranges from advice on changing skin care regimes and use of over the counter treatments to clarification of recommended treatments specified by the consultant dermatologist (which can include a private prescription or long-term treatment which their own GP would be responsible for).

The head office is open from 9am to 5pm Monday to Friday and an out of hour contact telephone is available from 8am to 9am and 5pm to 9pm on weekdays and 8am to 9pm at the weekend.

How we inspected this service

Prior to the inspection we gathered and reviewed information from the provider. There was no information of concern received from stakeholders. During our visit we:

- Spoke with the registered manager/nominated individual, a specialist and the consultant dermatologist.
- Reviewed five online reviews where patients shared their views and experiences of the service.
- Looked at documents the service 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 Good because:

- Systems and processes ensured treatment was delivered in a safe way.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. 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.
- The service had systems to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were 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 staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The provider had an effective system to ensure that infection prevention and control procedures were appropriately managed within the sites where screening was carried out.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- The provider ensured that appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them, within the sites where screening was carried out.

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 any emergencies that occurred within their office premises.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements to cover all potential liabilities. All clinicians had professional medical indemnity.

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 service did not share information with other agencies. All individual reports were held on a secure website, which only authorised staff and the client themselves could access.
- The service had a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Prescribing safety

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

- The service kept prescription stationery securely and monitored its use.
- The service carried out regular prescription audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed medicines to patients and gave advice on medicines, in line with legal requirements and current national guidance. Only private prescriptions were issued, if treatment was deemed necessary.

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.

Are services safe?

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
 - There had been no incidents from the time of the services registration with CQC. However, there were adequate systems which would enable incidents to be reviewed and investigated when things went wrong.
- 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 for knowing about notifiable safety incidents.
 - The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism to disseminate alerts to all members of the team.

Are services effective?

- Patients' needs were effectively assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance.

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 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 as the National Institute for Health and Care Excellence (NICE) best practice guidelines and those from the British Association of Dermatologists.
- 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
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example; reviews of consultations and prescribing trends.
- As the service was in its infancy, there was no evidence available yet relating to clinical audits. We were told that the service was waiting to reach a critical number of 200 cases, in order to have a proportionate number of cases before having planned case reviews and discussion between staff.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council (NMC) and were up to date with revalidation.

- 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.

Coordinating patient care and information sharing

Staff 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, between themselves and operational screening staff at the Boots locations providing skin screening services.
- Before providing treatment, doctors/clinicians 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 informed to share details of their screening report 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. No medicines liable to abuse or misuse, were prescribed by the service.
- Patient information was not shared with anyone other than authorised staff and the client. 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 back to their own registered GP.

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 patients advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care

Are services effective?

provider for additional support. 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.

- 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 .

- There was clear information on the service's website with regards to how the service worked and what costs applied, including a set of frequently asked questions for further supporting information.
- The website had a set of terms and conditions and details on how the client could contact them with any enquiries.
- Information about the cost of resulting prescriptions were known in advance and paid for at the pharmacy they were collected from.
- Staff understood the requirements of legislation and guidance and verified that consent had been appropriately recorded before offering treatment.
- Staff supported patients to make decisions. Staff had been trained to assess and record a client's mental capacity, where appropriate.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

- The provider actively promoted the health of the population and feedback from patients was consistently positive about the service they received.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- All staff had undertaken training on their roles and responsibilities in relation to data protection and information governance and the provider was registered with the Information Commissioner's Office.
- All authorised staff and the consultant dermatologist could access client records remotely but ensured this was always done in a private and secure location, which were appropriately risk assessed. The computer system used by the service was encrypted.
- Feedback from patients was positive about the way staff treated people.
- 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.

- For patients under the age of 18; parents, guardians or carers were appropriately involved.
- Staff communicated with people in a way that they could understand. For example, using emails where patients did not have equipment to support receiving a text message.
- Patients were able to access their reports via the patient portal, which they could sign into via the website using the access code provided by the service.
- Patient information guides about how to use the service and technical issues were available. A member of staff was available to respond to any enquiries.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The provider assessed and was assured that if patients wanted to discuss sensitive issues or appeared distressed; pharmacists (located in Boots stores) could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

- The provider organised and delivered services to meet patients' needs, in a timely way.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of client needs and preferences.

- The digital application did not allow people to contact the service from abroad. Any prescriptions issued were delivered within the UK to a Boots pharmacy of the client's choice, should they not be returning to the store where the skin screening was undertaken.
- The head office facilities and premises were appropriate for the services delivered.
- Client reports were available online two working days following screening. Access to reports, via the website, was all day every day or sent via the postal service if requested.

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 assessment/screening 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.

Listening and learning from concerns and complaints

The service would take complaints and concerns seriously and would respond 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 had arrangements to inform 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 a complaints policy and procedures.
- No concerns or complaints had been raised with the service to date.

Are services well-led?

We rated well-led as Good because:

- It was led and managed effectively and drove the delivery and improvement of high-quality, person-centred care and because leaders had an inspiring shared purpose.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- 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.

- Policies and procedures were designed to promote openness, honesty and transparency should incidents and complaints arise. 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. 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.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

Are services well-led?

- 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. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had good policies and procedures to govern and have oversight of safety alerts, incidents, and complaints.
- The provider had plans and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- Patients could rate the service they received. This was constantly monitored and the service had strategies for responding if it fell below the provider's standards, this would trigger a review of the consultation to address any shortfalls.
- Staff could describe to us the systems in place to give feedback.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were 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, as well as incidents and complaints if and when they occurred.
- 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.