

## Enterprise Healthcare Solutions Ltd

# Enterprise Health Care

### Inspection report

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### Overall summary

We carried out an announced focussed inspection on 21 November 2018 to ask the service the following key questions; Are services safe and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services well-led?**

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

CQC inspected the service on 27 June 2018 and as a result asked the provider to make improvements regarding: staff training, regularly reviewing emergency use equipment and medicines, its definition of significant events and to record minutes of meetings. We issued requirement notices for breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We checked these areas as part of this focussed inspection and found all issues had been resolved.

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 as a focussed

follow up inspection to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, in respect of issues we found at the previous inspection.

The report for our previous inspection in June 2018 can be found on the CQC website by selecting the Reports tab from: <https://www.cqc.org.uk/location/1-4487596434>.

Enterprise Health Care (also known as London Dermatology Clinic) is a private service providing general dermatology consultations and treatments. It also conducts minor cosmetic treatments to day-clients using a range of non-invasive or minimally invasive procedures. It is located in Eastcheap, London. It provides services to adults and children between the ages of four to 18.

The registered manager is a qualified GP with a special interest in dermatology, who shares the day-to-day management of the service with a director of the service who is a qualified pharmacist. 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.

#### **Our key findings were:**

# Summary of findings

- The service had changed its definition of significant events to include acts or omissions in clinical, organisational and communication areas that provided an opportunity to identify an area of learning, improvement or the dissemination of good practice.
- Staff personnel files contained evidence staff had received training to an appropriate level in safeguarding training for vulnerable adults and children.
- The service had implemented an appropriate system for checking equipment for use in a medical emergency, and was regularly reviewing its stocks of emergency medicines. It had an appropriate re-ordering system to replace any used or soon to expire stock.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Enterprise Health Care

## Detailed findings

### Background to this inspection

Enterprise Health Care (also known as London Dermatology Clinic) is registered with the Care Quality Commission to provide the regulated activities of: diagnostic and screening; and treatment of disease, disorder; and injury and surgical procedures.

The service provides dermatologist and plastic surgeon consultations to patients with skin conditions and imperfections. Any surgical procedures are performed on a day patient basis using local anaesthetic. Any patients requiring further investigations or any additional support are referred to other services, for instance, their own GP.

The service address is:

Peek House; 20 Eastcheap, London, EC3M 1EB

It is open and clinics run:

Tuesdays 10.00am to 8.00pm,

Wednesdays 6.00pm to 9.00pm,

Fridays 5.00pm to 9.00pm,

Saturdays 10.00am to 2.00pm.

The clinical staff team at the service consists of two part-time female consultant dermatologists and a part-time male plastic surgeon. The non-clinical team is led by the registered manager (a practising GP) and a director (a qualified pharmacist) who both work part-time. The

registered manager and director share the management responsibilities between them and one or the other is always present during clinic hours. In addition, there are three part-time assistants/administrators. The service employs an independent call answering service to take and pass on messages outside of clinic hours.

We carried out an announced focussed inspection at Enterprise Health Care (also known as London Dermatology Clinic) on 21 November 2018. Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP Specialist Advisor. Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We also reviewed any notifications received, and the information provided from the pre-inspection information request sent to the service prior to this inspection.

The service, which commenced trading in November 2017, was previously inspected by CQC on 27 June 2018.

During our visit we:

- Spoke with a range of staff including the registered manager, an assistant/administrator.
- Looked at the systems in place for the running of the service.
- Looked at rooms and equipment used in the delivery of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions are made.

# Are services safe?

## Our findings

During the previous inspection in June 2018 we found the service was not providing safe care in accordance with the relevant regulations, as insufficient arrangements were in place to safeguard people, the service had failed to ensure that staff were recruited and supported appropriately, and the service had failed to carry out regular checks of emergency equipment and medicines for use in an emergency.

### Safety systems and processes

During the previous inspection in June 2018 we found the service had failed to ensure that all staff personnel files contained evidence of interviews having taken place. Nor had all staff received all of the training we would expect staff at the service to have undertaken. In addition, it was not ensuring: sharps boxes (used to safely dispose of hypodermic needles and other sharp medical instruments) were properly labelled; fire extinguishers were regularly checked; emergency equipment and emergency use medicines were regularly checked; or that it was properly identifying significant events. At this inspection we found these issues had been rectified by the service:

- Recruitment procedures were in place to ensure staff were suitably qualified and skilled for their role. When we looked at staff personnel files we found all of the appropriate recruitment checks had been undertaken, including: interview summaries, and training in the Mental Capacity Act and information governance.
- Sharps boxes were properly labelled to ensure the date of assembly was recorded.
- All staff had completed appropriate safeguarding training for vulnerable adults and children to an appropriate level that reflected legislation and local requirements.
- The service had implemented a system of regular checks to ensure fire extinguishers were properly maintained.

### Risks to patients

During the previous inspection in June 2018 we found the service was not carrying out regular checks on its equipment for use in a medical emergency or on its stock

of emergency medicines. Nor did it have contact details for adult and child safeguarding teams for all parts of England to match its potential patient base. At this inspection we found these issues had been rectified by the service:

- The service had oxygen, a defibrillator, and a supply of emergency medicines, for use in a medical emergency. A risk assessment had been carried out to determine which emergency medicines to stock. The service regularly checked the equipment and stocks of emergency medicines. Following our previous inspection in June 2018 the service introduced a system to log the regular checks it was undertaking. Staff were also provided with information to enable them to identify and report any issues they found.
- The service had contact details to enable them to report any safeguarding concerns for patients who lived locally. As the patient population it served lived across England the service had obtained and displayed contact details to enable staff to contact all local authority safeguarding teams in England.

### Track record on safety

During our previous inspection in June 2018 we found that the service's procedure for recording significant events only included clinical events that resulted in death or life-changing injury (none had been recorded). At this inspection we found the service had acted to change this:

- The service had changed its definition of significant events to include acts or omissions in clinical, organisational and communication areas that provided an opportunity to identify an area of learning, improvement or the dissemination of good practice.
- We saw significant events were recorded in minutes of meetings. Where appropriate the service gave affected people written and verbal apologies. Four significant events had been recorded, of which we reviewed two, and found they had been appropriately recorded, investigated and reviewed. For example, a patient was asked a question in reception about the dose of a medicine they were taking. The patient did not complain but it was explained to the member of staff it was a breach of patient confidentiality to discuss a patient's medication regime where it might be overheard. The practice used it as a learning

## Are services safe?

opportunity and discussed the incident in a meeting and reviewed, as a learning exercise, other potential scenarios where there could be a breach of confidentiality.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

During our previous inspection in June 2018 we found the service was not well led, in accordance with the relevant regulations, as the service did not have clear governance arrangements, including: ensuring all staff had completed all necessary training; regularly checking emergency use equipment and medicines; and recording minutes of meetings. When we re-inspected the service in August 2018 we found that these issues had been rectified.

### Governance arrangements

During our previous inspection in June 2018 we found that the service had failed to put effective systems in place to ensure that: all staff had received all of the training we would expect staff of the service to have undertaken; all staff had received safeguarding training to an appropriate level; it was regularly checking its emergency use equipment and stock of emergency use medicines; staff knew how to access policies and procedures; it had contact details for all local authority safeguarding teams in England; that it kept a record of meetings. At this inspection we found it had taken action to rectify all of these issues:

- The service provided us with evidence staff had completed all of the outstanding training, including: information governance and Mental Capacity Act. It had placed copies of all training on staff personnel files.
- All staff personnel files we looked at contained evidence staff had received training to an appropriate level in safeguarding training for vulnerable adults and children.
- We saw that the service had implemented an appropriate system for checking equipment for use in a medical emergency. We also noted the practice was regularly reviewing its stocks of emergency medicines, and had an appropriate re-ordering system to replace any used or soon to expire stock.
- Staff we spoke to were aware how to access the service' policies and procedures.
- As the service saw patients who lived in various parts of England it had displayed contact details to enable them to report, in a timely way, any suspected safeguarding issues to the appropriate local authority adult or child safeguarding teams throughout England.
- The service had implemented regular meetings for staff and clinicians. We saw evidence of meetings minutes which showed evidence that actions identified at meetings were followed up.