

Skin55 Limited

55 Harley Street

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 9 November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive 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 effective?

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

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive 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.

Background

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.

Skin55 Limited is a consultant led provider of specialist dermatology services from a location at 55 Harley Street, London, W1G 8QR. The location consists of five floors as well as a lower ground floor. The reception, waiting room and administrative office are on the ground floor as is the accessible toilet. The lower ground floor is the main area for therapies which includes a laser room, two theatres for minor surgery and a nurse treatment room including equipment for phototherapy. There are ten consultation rooms throughout the premises as well as regular toilet facilities. The location has a lift installed providing access to all floors.

The provider employs a practice manager, three nurses and two reception staff. The nursing staff consist of a band 7 equivalent nurse and two band 6 equivalent nurses. There are approximately ten consultant dermatologists who rent rooms from the provider and work under practising privileges (the granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services). All the consultants hold NHS substantive positions. The consultants source their own patients and provide treatment and care with the

Summary of findings

support of the provider's nursing team. One nurse specialises in skin cancer, the second nurse leads on dermatology and the third nurse leads on theatre and surgery.

Services provided include skin cancer care, medical and surgical dermatology (under local anaesthetic), laser treatment, phototherapy, mole mapping and wound care. There is a walk-in nurse clinic Wednesday and Thursday 9.30am to 11.30am providing wound care and suture removal. However, at the time of our inspection there had been no demand for this service. The clinic opens 9am to 6pm Monday to Friday and 9am to 12pm alternate Saturdays. The consultants provide consultations and minor surgical procedures for approximately 60 patients a week.

The provider is registered with the Care Quality Commission (CQC) for the regulated activities of Treatment of Disease Disorder or Injury, Surgical Procedures and Diagnostic & Screening Procedures.

The lead consultant is the registered manager. A registered manager is a person who is registered with the CQC 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 received eight completed CQC comment cards which were all very positive about the service provided. We were unable to speak with any patients directly at the inspection.

Our key findings were:

- Systems and processes were in place to keep people safe.
- Staff were aware of current evidence based guidance and they had the skills, knowledge and experience to carry out their roles. Although reception staff had not received formal safeguarding training.
- There was some evidence that the clinic audited clinical outcomes for example postoperative complications were monitored on an on-going basis.
- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- There was a complaints procedure in place however information on how to complain was not readily available.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.

There were areas where the provider could make improvements and should:

- Review safeguarding training for reception staff.
- Review the information available to patients on fees, chaperoning and the complaints procedure.
- Review the facilities for those patients who are hard of hearing.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- Systems and processes were in place to keep people safe.
- There was a system in place for the reporting and investigation of incidents and significant events. Lessons learnt were shared with staff.
- There were arrangements in place to deal with emergencies and major incidents.

Are services effective?

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

- Staff were aware of current evidence based guidance.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was some evidence that the clinic audited clinical outcomes for example postoperative complications were monitored on an on-going basis.
- There were formal processes in place to ensure all members of staff received an appraisal.
- Staff had received training appropriate to their roles, including training in infection control, basic life support and chaperoning. Although reception staff had not received formal training in safeguarding children and vulnerable adults.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider had not implemented safeguarding training for reception staff.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- We received eight completed Care Quality Commission comment cards which were all very positive about the staff at the clinic.
- We were told that any treatment including fees was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have information about fees readily available.

Are services responsive to people's needs?

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

- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- Access to the clinic was available for people with mobility needs.
- Staff told us that they had access to translation services for those patients whose first language was not English.
- There was a complaints procedure in place.

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have a hearing loop to aid those patients who were hard of hearing and information on how to complain was not readily available.

Summary of findings

Are services well-led?

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

- Leaders had the capacity and skills to deliver high-quality, sustainable care.
 - The clinic had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
 - There were clear responsibilities, roles and systems of accountability to support good governance and management.
 - The clinic engaged and involved patients and staff to support high-quality sustainable services.
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55 Harley Street

Detailed findings

Background to this inspection

The inspection on November 2017 was led by a CQC inspector and included a GP specialist advisor.

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?

Our findings

Safety systems and processes

The clinic had appropriate systems to keep people safe and safeguarded from abuse.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Safeguarding referral protocols were displayed in the consultation rooms.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults. All clinical staff were trained to child protection or child safeguarding level three. However, reception staff had not received any safeguarding training.
- The clinic had a chaperone policy in place. However, there were no notices displayed in the waiting room to advise patients that chaperones were available if required. We saw records of patients being offered a chaperone during consultations including intimate examinations. Staff who acted as chaperones had received chaperone training, understood the role, and they had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We reviewed the personnel files of all the staff employed by the provider and found that the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, written references and appropriate checks through the DBS. The consultants were appropriately vetted before they were allowed to work at the clinic. The provider had a new consultant checklist which included proof of professional registration, indemnity insurance, references, DBS check, proof of identity and evidence of NHS annual appraisal.

- There was a system in place for dealing with pathology results. Pathology specimens were sent to a professional laboratory for analysis. We were told that test results were sent by encrypted email daily by the laboratory directly to the requesting consultant with the practice manager of the clinic copied in to the secure email. Therefore the provider had procedures in place to ensure test results were received by the consultants. The provider told us that because the consultants were working under practising privileges it was their responsibility to ensure they were communicated to patients as they were not employees of the clinic. Although the provider did not monitor when patients received their results there were effective lines of communication with the consultants and their secretaries to minimise the risks of patients not receiving them.

Monitoring health & safety and responding to risks

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The clinic had an up to date fire risk assessment and a fire evacuation plan.
- The clinic had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health. A legionella risk assessment had been carried out (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Infection control

- We observed the premises to be clean and tidy and there were cleaning schedules in place. Innoculation injury protocols were displayed in the treatment and minor surgery rooms and body fluid spillage kits available. All equipment was single use and there was an adequate supply of personal protective equipment.
- There were infection control policies in place and records confirmed that staff had received up to date training. Clinical waste was segregated appropriately and a professional company was contracted to remove it.
- Infection control audits had been undertaken regularly to monitor infection control risks.
- All clinical staff were vaccinated against hepatitis B.

Premises and equipment

Are services safe?

- All electrical and clinical equipment including laser and phototherapy equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- Portable appliance testing (PAT) of portable electrical appliances was up to date.
- The regulations for the safe use of laser equipment were being followed; There was a Laser Protection Advisor (LPA), a staff member appointed as the Laser Protection Supervisor (LPS) and local rules for laser safety in place.
- Liquid nitrogen for use in cryotherapy was risk assessed and stored appropriately.

Risks to patients

The clinic had arrangements in place to respond to emergencies and major incidents in line with the Resuscitation Council (UK) guidelines and the British National Formulary (BNF).

- The clinic had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- All staff received annual basic life support training and there were emergency medicines available in the one of the minor surgery rooms.
- Emergency medicines were easily available to staff in a secure area of the practice and all staff knew of their location. All the medicines were in date, appropriate and stored securely.
- There was a surgical safety checklist which was completed prior to dermatology surgery. The checklist detailed patients' allergies, if they had a pacemaker or other implantable electric devices fitted and if they were on anticoagulation therapy.
- The clinic had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Staffing

- All the consultants working under practising privileges at the clinic were appropriately registered with the General Medical Council (GMC) the medical professionals' regulatory body with a licence to practice and they had their own professional indemnity insurance that covered the scope of their practice.
- All the consultants had a current responsible officer. (All doctors working in the United Kingdom are required to

have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practice). All the doctors were following the appraisal and revalidation processes.

- All nursing staff employed in the service were appropriately registered with the Nursing & Midwifery Council (NMC) the nursing professionals' regulatory body with a licence to practice and they had professional indemnity insurance from the provider that covered the scope of their practice.

Information to deliver safe care and treatment

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

- The consultants were responsible for recording patients' medical notes from consultations and procedures manually on paper. Copies of notes from individual consultants were shared with the clinic, scanned into the clinical IT system and stored in a secure database. Computers were password protected with restricted access. The electronic copies were sent to the consultants by encrypted email which was only accessible through the clinical system. Paper medical notes were stored securely at the clinic in locked cupboards for one month after which they were confidentially shredded.

Safe and appropriate use of medicines

The clinic had reliable systems for appropriate and safe handling of medicines. However, we found shortfalls in respect of patient safety alerts.

- There was a medicines management policy in place. The provider held limited stocks of medicines which were local anaesthetics used for minor surgery and steroid creams used for dermatological conditions. All stocks were monitored appropriately and stored securely.
- Although there was some evidence that nursing staff received and acted on safety alerts, the clinic had no overarching system in place for receiving, disseminating and acting on patient safety alerts from the Medicines and Healthcare Regulatory Agency (MHRA). After the inspection the provider completed a review of all MHRA alerts distributed over the previous 12 months and

Are services safe?

found none were relevant to their practice. In addition, the provider told us that they had reviewed the arrangements for receiving and acting on patient safety alerts.

- All prescriptions were issued on a private basis by individual consultants. When a prescription had been issued the clinic scanned a copy into the patient's medical notes on the clinical computer system.
- The clinic did not hold stocks of any controlled drugs and the consultants did not prescribe any controlled drugs.

Track record on safety

The clinic had a good track record on safety.

- There was an incident reporting policy for staff to follow and there were procedures in place for the reporting of incidents and significant events. There had been four significant events reported in the last 12 months all of which had been investigated and action taken to prevent recurrence. For example, a pathology sample

was mislabelled because there were two sets of patients notes in the treatment room which got mixed up. The mistake was corrected with the laboratory and staff instructed to ensure only one set of patient notes were left out at any one time. Learning was shared amongst staff.

Lessons learnt and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

- When there were unexpected or unintended safety incidents:
- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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.

Monitoring care and treatment

The clinic collected and monitored information on care and treatment. For example, the clinic carried out on-going monitoring of postoperative complications following surgery and carried out audits to monitor safety checks prior to dermatological surgery.

Effective staffing

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

- The clinic had an induction programme for newly appointed staff. This covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The clinic could demonstrate role-specific training and updating for relevant staff. We saw evidence of Continual Professional Development (CPD) for all the nursing staff.
- Nursing staff had up to date training in specialist areas such as laser treatment, phototherapy and wound care.
- The learning needs of staff were identified through a system of appraisals. All staff had received an appraisal in the last 12 months. The consultants had to provide evidence of an up to date NHS annual appraisal before they were allowed to work at the clinic.
- Staff received training that included: safeguarding, basic life support, fire safety awareness, chaperoning,

consent. However, non-clinical staff had not received any formal training in safeguarding. The provider told us at the inspection that they would arrange appropriate training for them.

- There was evidence of clinical supervision of nursing staff including mentorship and support from the provider.

Coordinating patient care and information sharing

There was a limited need to work with other services.

- All consultants were specialist dermatologists and therefore did not refer patients on. The provider told us that individual consultants shared information with patients' NHS GP if required however this process was not monitored. On occasion patients were referred to the clinic by other local private healthcare specialists.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The clinic provided patient educational days for example education on skincare and sun damage and a skin cancer screening day at no cost.

Consent to care and treatment

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

- The clinic had a consent policy in place and staff had received training on consent. We saw documented examples of where consent had been sought for example for dermatology surgery (under local anaesthetic).
- The consultant and nursing staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

Our findings

Kindness, respect and compassion

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- We received eight completed Care Quality Commission comment cards which were all very positive about the staff at the clinic. We were not able to speak with any patients directly at the inspection.
- Patient testimonials on the clinics website were all very positive about the service provided.

Involvement in decisions about care and treatment

- We were told that any treatment including fees was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.

- Standard information about fees was not detailed on the provider website and information leaflets on fees were not readily available at the clinic.

Privacy and Dignity

The clinic respected and promoted patients' privacy and dignity

- The treatment and minor surgery rooms were set up to maintain patients' privacy and dignity during examinations, investigations and treatments.
- A private room was available if patients wanted to discuss sensitive issues or appeared distressed.
- The clinic complied with the Data Protection Act.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The clinic met patients' needs through the way it organised and delivered services. It took account of patient needs and preferences.

- Access to the clinic was suitable for disabled patients. For example, a portable ramp was available for patients with mobility issues to access the main entrance, there were accessible toilet facilities on the ground floor and the premises had a lift installed.
- Staff told us that they had access to translation services for those patients whose first language was not English.
- There was no hearing loop available at reception to aid those patients who were hard of hearing.
- Information about the clinic including services offered was on the clinics website and in the waiting room.

Timely access to the service

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

- The clinic was open 9am to 6pm Monday to Friday and 9am to 12pm alternate Saturdays. There was a walk-in nurse woundcare clinic 9.30am to 11.30am Wednesday

and Thursday however at the time of our inspection this service had not been used by any patients. Patients did not have direct access to appointments via the clinic as the patients were sourced by the consultants. Instead the clinic facilitated booking of appointments through the consultants' secretaries. The clinic was given each consultants' clinic list 24 hours in advance and appointments would then be scheduled in. For minor surgical procedures the clinic was informed 48 hours in advance. For woundcare patients were given a choice of appointment times.

Listening and learning from concerns and complaints

- There was a policy and procedures in place for handling complaints and concerns.
- The clinic manager was the designated responsible person who handled all complaints in the clinic. A complaints leaflet was available on request behind the reception desk however there was no information on how to complain in the waiting room or on the clinic website.
- The provider told us that clinical complaints were handled by the appropriate consultant however this was not clearly stated in the complaints policy. The clinic had received one formal complaint in the last 12 months which had been dealt with appropriately.

Are services well-led?

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

Our findings

Leadership capacity and capability

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

- The registered manager had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The registered manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The clinic 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. There was a realistic strategy and a five year business plan to achieve priorities.
- The clinic developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- A mission statement and the values were displayed in the clinic.
- The clinic monitored its progress against delivery of the strategy.

Culture

The clinic had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work in the clinic. The practice focused on the needs of patients.
- Openness, honesty and transparency were the norm including with patients when responding to incidents and complaints.
- Staff felt able to raise concerns and were encouraged to do so. They had confidence that they would be addressed.
- There were processes for providing all staff with the development they need. This included high quality appraisal and career development conversations.

- There was a strong emphasis on the safety and well-being of staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- There was a clear staffing structure and staff were aware of their own roles and accountabilities. The clinic manager, registered manager and nursing staff had lead roles in key areas. For example, the registered manager was the safeguarding lead, the clinic manager was the lead for handling complaints and the senior nurse was the lead for infection control.
- Practice specific policies were implemented and available to all staff on the shared drive of the computer system.
- Staff meetings were held monthly and clinical governance meetings bimonthly.

Managing risks, issues and performance

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

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety risk assessment had been completed including fire and Control of Substances Hazardous to Health (COSHH).
- Internal audit was used to monitor quality. For example, the provider monitored postoperative complications following surgery, infection control audits were carried out and audits to monitor the safety of dermatological surgery.

Appropriate and accurate information

Appropriate, accurate information was effectively processed and acted upon.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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

Are services well-led?

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

The clinic engaged and involved patients and staff to support high-quality sustainable services.

- The clinic had a system in place to gather feedback from patients in the form of a feedback questionnaire available in the clinic and online on the clinics website. Feedback was collected from patients on an on-going basis. The latest results were displayed on the clinic's website. The results showed that from 14 responses 93% were very likely to recommend the clinic to a friend, family member or colleague.
- The provider engaged with staff through appraisal and staff meetings.

Continuous improvement and innovation

There were robust systems and processes for learning, continuous improvement and innovation

- There was a focus on continuous learning and improvement at all levels within the clinic. For example, the provider had introduced a new laser treatment service and they had supported training for the nurses to lead the service.
- The provider told us they were planning to introduce a Mohs surgery clinic (Mohs micrographic surgery is considered the most effective technique for treating many basal cell carcinomas (BCCs) and squamous cell carcinomas (SCCs), the two most common types of skin cancer) and a histology laboratory for live reporting of mole excisions.