

Royal Tunbridge Well Skin Clinic Ltd

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Inspection report

Cobden House,
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Tunbridge Wells,
Kent,
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Tel: 01892 535577
Website: www.rtwskin.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 12 November 2018 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 care 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

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.

Royal Tunbridge Well Skin Clinic is a doctor led dermatology service. It is in detached premises in Royal Tunbridge Wells. It treats private patients. There is car parking on site. The staff comprise, a doctor specialising in dermatology, an ascetic doctor, nursing staff, administration, reception staff and cleaning staff.

The clinic is open during a range of hours including some evening and Saturday opening. The hours are advertised on the service's website.

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.

Summary of findings

Therefore, at Royal Tunbridge Well Skin Clinic Ltd, 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 23 comment cards all of which were very positive about the standard of care received. There was praise for all the staff, from the helpfulness of those on reception to the communication skill of clinicians.

Our key findings were:

- The care provided was safe. There was a culture of placing safety at the core of activity. Staff told us they were encouraged to contribute to the organisation as a whole whether on safety or any other matters.
- The provider put the patients' needs before other considerations with patients being advised that no treatment or a "wait and see" approach were the favoured options if that was clinically in the patients' best interests.
- The provider was technically innovative, adopting, after suitable research and trials, new medical and information technology.
- There was a strong emphasis on continuous learning for staff. The provider recognised consultation skills were central to patient's care as well as satisfaction and had worked hard to maintain and improve this.

Professor Steve Field CBE FRCP FFPH FRCGP Chief
Inspector of General Practice

Royal Tunbridge Well Skin Clinic Ltd

Detailed findings

Background to this inspection

Royal Tunbridge Well Skin Clinic is located at:

Cobden House,
25 London Road,
Tunbridge Wells,
Kent,
TN1 1DA.

01892 535577

Website: www.rtwskin.co.uk

It is a doctor led clinic providing aesthetic skin treatments as well as medical treatment for a limited range of dermatological conditions. It has strong connections with other local services and refers to them patients it deems outside the scope of its services. There is a travel vaccination service.

The clinic is open Monday to Saturday inclusive 9am to 6pm and until 8pm Wednesday and Thursday.

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

We reviewed information from the provider including evidence of staffing levels and training, audit, policies and the statement of purpose.

We interviewed staff, reviewed documents, talked with the provider, inspected the facilities and the building. We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards.

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 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. 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- 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.
- 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.
- There was an effective system to manage infection prevention and control.
- The provider had taken some steps to address the risks of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) through they were not comprehensive. Immediately following the inspection the provider supplied evidence that they had undertaken a comprehensive Legionella risk assessment with actions to address the issues raised..

- 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 light.
- The laser equipment was maintained in accordance with the manufactures' instructions. We saw evidence of regular servicing, testing and calibration. We examined all the laser treatment rooms. There was guidance available 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. Door were kept locked from the inside when the lasers were in use. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There was a defibrillator on the premises. There were first aid kits and EpiPen's (an injection which can reverse the symptoms of an allergic reaction) for children and adults at various strategic points around the building.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

Information to deliver safe care and treatment

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

Are services safe?

- 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.
- The service had a system in place to retain medical records in line with current guidance
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There were processes for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients during remote or online consultations.

Track record on safety

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.

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 were systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and acted to improve safety in the service. For example, there had been a breach data protection in respect of personal information. The provider identified this. It was properly recorded. The facts were reported to the Information Commissioner and the advice the Commissioner gave was heeded. The provider investigated the incident. They had suspended the activity that had resulted in the breach and were in discussion with the software provider about how the breach could be avoided in the future.
- The provider was aware of 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

There had been no unexpected or unintended safety incidents, however the provider had arrangements to::

- give affected people reasonable support, truthful information and a verbal and written apology and
- keep written records of verbal interactions as well as written correspondence.

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 agency staff.

Are services effective?

(for example, treatment is effective)

Our findings

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. For example National Institute for Health and Care Excellence (NICE) best practice guidelines for the use of Botox in the treatment of migraine and other standards such those from the British Association of Dermatologists and the Primary Care Dermatology Society.
- Patients completed a comprehensive questionnaire regarding their previous medical history. Where patients had allergies, this was recorded in the notes. An appropriate “flag” was placed on the patients’ electronic record so that all staff would be aware of the allergy.
- 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 and where they did not made appropriate referrals.
- 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.

- There had been an audit of consent where Botox treatment had been given. As a result the service made changes to the recording of consent ensuring that patients signed consent which fully documented the discussion had between patient and clinician. There had been an audit of patients who did not return to scheduled appointments to collect biopsy (samples sent for testing) results. This resulted in a decision to seek consent to post biopsy results to patients where they wish to receive results in this manner.

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) and Nursing and Midwifery Council They were up to date with revalidation.
- The provider understood the learning needs of staff and provided time and training to meet them. Records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Staff worked together, and 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 we saw referral letters concerning management of wound infection and for surgical procedures. The letters were timely and comprehensive.
- 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. Where patient’s samples were sent for testing the patient’s doctor checked that the required pathology work had been done before the patient returned for the follow up appointment. However there was no overarching system, for example should the doctor be on sick leave, to ensure that all the material sent for testing had been tested and results checked. We discussed this with the provider who understood the importance of the issue. The provider decided to institute a system of tracking all patients’ samples sent for testing so as to reduce these risks.
- 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. For example, medicines for the treatment of severe acne. Where patients agreed to share their information, letters were sent to their registered GP in line with GMC guidance.

Are services effective?

(for example, treatment is effective)

- 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 have 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example patients were advised about the risks of exposure to sunlight.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service monitored the process for seeking consent appropriately. 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?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat 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.
- Of the 23 patient Care Quality Commission comment cards we received 11 specifically used the word caring, or a variation thereof, in the response.

Involvement in decisions about care and treatment

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

- Information leaflets were available in various formats and languages, if required, 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.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Patients' confidential information was protected. The provider employed staff member specifically to manage information technology and protect patient confidentiality.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example the provider had a removable ramp so that patients in wheelchairs could access the premises. The doctor had received feedback from a wheelchair user specifically thanking the service for their consideration.

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 reported that the appointment system was easy to use.

- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took/did not take complaints and concerns seriously and responded/did not 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 informed 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 complaint policies and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. There had been no complaints in the previous year related to treatments regulated by the Care Quality Commission. However, from other issues they had identified the main cause of concern as being communication with patients. For example sometimes patients said they were not aware of the limitations of procedures. The provider had undertaken additional training for staff so that communication was improved, better managing the expectations of patients and thus reducing complaints.

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.

- 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.
- Staff were aware of and understood the ethos of the service, its 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.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, the provider had identified a breach the data protection regulations. The patients affected were informed of the issue. Lessons had been learned from the event.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with 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. 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, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. There were regular clinical meetings and where appropriate the results of discussions were recorded.
- 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.

- 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 oversight of safety alerts, incidents, and complaints.

Are services well-led?

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

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. 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, staff and external partners to support high-quality sustainable services.

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture. For example the provider had detailed succession planning in various positions as a result of the information provided to them by staff.
- 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. For example the travel vaccinations nurse told us how, as they were new to this role, their training had been supported by the provider. We also saw that staff suggestions such as developing web based appointment systems were supported by the provider.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- 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 a referral centre for a major supplier of lasers. This meant that the manufacturer used the provider's facilities to demonstrate new and improved technology. The providers operators therefore were always needed to be up to date with innovations in their field.