

LINIA Skin Clinic

Inspection report


64 Harley Street
London
W1G 7HB
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

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. (Previous inspection 12 April 2018 – the service was not rated at this time).

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 LINIA Skin Clinic 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.

LINIA Skin Clinic is a consultant led dermatology service. The service provides private medical dermatology, and aesthetic procedures to paying patients aged 18 years and over. Aesthetic procedures are not regulated by the CQC. Therefore, at LINIA Skin Clinic, we were only able to inspect the services which were subject to regulation.

The consultant dermatologist 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. 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 general 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.

Feedback from people using the service was very positive. People spoke highly of the service they received from the clinic and told us they would recommend the service to others.

Our key findings were:

- There were safe and effective recruitment procedures in place to ensure staff were suitable for their role.
- People were offered appointments at a date and time convenient to them.
- People had access to and received detailed and clear information about treatments to enable them to make an informed decision.
- Staff had access to information they needed to carry out assessments in a timely and accessible way and in line with relevant and current evidence-based guidance and standards.
- Staff were supported with their personal development but had not completed all core training.
- There were clear responsibilities, roles and systems for accountability to support good governance and management.
- There was evidence that the practice took into account feedback from patients.
- The provider had a clear vision to deliver high quality care for patients.

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

- Consider implementing a business continuity plan.
- Obtain assurances that delegated responsibilities, such as health and safety checks and emergency equipment and medicines checks are regularly undertaken.
- Carry out an infection prevention and control audit specifically for the rooms used by LINIA Skin Clinic.
- Ensure staff complete core training.
- Review safeguarding flowchart to reflect policies and procedures for LINIA Skin Clinic.
- Ensure details of how to make a complaint are readily available for patients.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC inspector and was supported by a CQC team inspector and a GP specialist advisor.

Background to LINIA Skin Clinic

LINIA Skin Clinic is a consultant led dermatology service. The service provides medical dermatology, and aesthetic procedures, the aesthetic procedures are exempt by law from CQC regulation.

Services are provided from 64 Harley Street, London W1G7HB in the London borough of Westminster. All patients attending the clinic referred themselves for treatment. The patients seen at the service are predominately for aesthetic procedures.

Staffing comprises of one consultant dermatologist and one receptionist/therapist.

The service is open 10am to 5pm on Monday and Wednesday, 10am to 7pm on Tuesday and Thursday and on between 10am and 4pm on Fridays. However, the service only provides dermatological treatments on a Tuesday and Thursday from 10am to 7pm. The service is registered with the CQC to provide treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

Additional information about services provided are available via the provider website at

How we inspected this service:

Before visiting we reviewed a range of information we held about the service and asked the service to send us a range of information. During the visit we spoke with two staff members which included the registered Manager and the receptionist/therapist. We gained feedback from the 20 completed CQC comment cards. We also observed telephone interactions and reviewed service policies, procedures and other relevant documentation.

Further details about the service can be found on the provider website:

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?

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. There were separate safeguarding policies for adults and children and these clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a flowchart on display for staff reference regarding the procedures to be taken in the event of a safeguarding concern. However, the details within the flow chart reflected another registered service within the building.
- The registered manager, was the lead for safeguarding and had completed the relevant safeguarding training. The receptionists/therapist however had not received safeguarding training but steps had been taken to enroll this member of staff on suitable training in the future.
- 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). No new staff had been employed since the last inspection.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). Infection control policy was in place for staff reference. The registered manager was the designated infection control lead. The cleaning was undertaken by contract cleaners, which was arranged by the landlord. Staff knew of their responsibilities for cleaning equipment. Following the inspection, the provider forwarded details of an infection control audit undertaken within the building, however this did not cover the clinic rooms of LINIA Skin Clinic. Patients commented that they felt the clinic was very hygienic, safe, clean and well looked after.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

- The landlord carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- The number and mix of staff needed was appropriate to the level of service at the time of the inspection.
- No new staff had been employed since the last inspection and no locum staff had been used. The service, however had an induction procedure in place should this situation change in the future.
- The doctor understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis and had received annual basic life support training. The receptionist/therapist however had not received training in core training such as basic life support.
- The service shared medicines and equipment to deal with medical emergencies with another service provider located on the ground floor, within the building. We checked these and found they were stored appropriately and checked regularly, however the registered manager did not have arrangements in place to reassure himself that these checks had been carried out accordingly.
- The service did not have comprehensive business continuity plan for major incidents such as power failure or building damage.

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 registration form that patients were asked to complete prior to treatment requested GP's contact details, and patients could select if they did not wish for LINIA Skin Clinic to contact their GP.

Are services safe?

- Patients provided personal details at the time of registration including their name, address and date of birth. Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address provided at registration. The service did not cater for children.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance where necessary.

Safe and appropriate use of medicines

- Emergency medicines available to the service were appropriately stored, checked and within date.
- Staff prescribed and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. We were informed that these were undertaken by the building management, copies were kept centrally within the building.

Lessons learned and improvements made

- There was a system for recording and acting on significant events, but there had been no significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating should something go 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 in place for knowing about notifiable safety incidents

Are services effective?

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the British Association of Dermatologist. The doctor was a member of the British Cosmetic Association.
- Patients completed a comprehensive questionnaire regarding their previous medical history. Where patients had allergies this was recorded in the notes.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

- The provider had not yet undertaken quality improvement activity such as clinical audits due to the low volume of patients attending the service for dermatology reasons. However, the doctor told us they planned to carry out an audit relating to acne treatment in the near future.
- The service used patient feedback relating to their experience of the care and treatment to make improvements.

Effective staffing

- The lead GP of the service had the skills, knowledge and experience to carry out the services provided. They had access to a range of on-line training. The provider had clearly identified core training requirements and had effective systems to stay up to date with training and the latest developments in research and techniques.
- Staff were encouraged and given opportunities to develop, and we saw evidence of certification in areas such as laser treatment. However, the receptionist/

therapist had not undertaken training in core training such as basic life support, safeguarding, infection control and data protection. This was discussed during the inspection and immediate steps were taken to enrol this staff member on the core training.

- No new staff had started employment at the practice since our last inspection. No locum or relief staff were used.

Coordinating patient care and information sharing

Staff worked together to deliver effective care and treatment.

- Before providing treatment, the doctor at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The service requested details of patients' NHS GPs at the time of registration, however due to the nature of the service provided information was not routinely shared with the NHS GP. The service told us they would share information if required, such as any abnormal blood result for example.

Supporting patients to live healthier lives

- Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.
- Where appropriate, staff gave people advice so they could self-care. For example, the practice gave verbal advice on smoking cessation, sun protection and healthy eating.

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.
- Staff supported patients to make decisions.
- Records reviewed demonstrated appropriate information and consent had been sought.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We received a total of 20 Care Quality Commission comment cards, all contained positive feedback about the service and staff and the way that they were treated. Comments described the staff as very attentive, professional, lovely, caring and helpful.
- The service sought feedback on the quality of clinical care patients received. Following each consultation or treatment, a survey questionnaire was sent directly to the email address of each person who had used the service. The registered manager could review the responses on their personal devices as soon as the review was completed and could respond accordingly.
- 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.

- Interpretation services were available if needed for patients who did not have English as a first language.
- 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. Patients who had completed on-line reviews also commented positively on the support provided and described the team as professional and knowledgeable. Patients had also commented that the doctor had taken time to listen and understand their situation.
- Details of the range of services offered including the cost, was available on the clinic website.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Staff gave good examples of how they maintained people's privacy and dignity during consultations and treatments including the use of modesty blankets.
- Doors were closed during consultations and conversations could not be overheard.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, staff told us how the service had responded to an on-line review and improved how they managed people's expectations relating to the results of treatments offered.
- The facilities and premises were appropriate for the services delivered. The service was situated on the first floor. Staff told us that people with mobility problems enquiring about the service, were informed that there was no lift to the first floor.
- People could make contact with the clinic via an online contact us form or by telephone. Appointments could be made by telephone or online.
- There was a comprehensive price list so that patients were aware of the total costs of any particular course of treatment.

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. Appointments could be booked online and over the telephone.
- The service's opening hours for dermatology treatments were Tuesday 10am-7pm and Thursday 10-7pm. The service did not offer out of hours care.

Listening and learning from concerns and complaints

There had been no complaints made about the services in the previous year.

- The service had complaints policy and procedures in place, however details of how to make a complaint was not readily available for patients.
- The provider was able to show us how they would manage any complaints. The provider took on board patient's feedback and reviewed their services accordingly.

Are services well-led?

Leadership capacity and capability;

- The service leader had the capacity and skills to deliver high-quality, sustainable care.
- The service leader was knowledgeable about issues and priorities relating to the quality and future of services and was visible and approachable. Staff told us that they were listened to and that the service leader took onboard their suggestions.

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 aimed to offer skilled care to enable patients to achieve their optimum state of health and well-being and to treat patients with respect at all times.

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 and enjoyed their role. There were positive relationships between staff the service leader.
- The service focused on the needs of patients.
- There had been no significant events or complaint against the service. 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.

Governance arrangements

There were 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.
- Staff were clear on their roles and accountabilities.
- There were implemented policies and procedures in place, which were available to staff.

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. However, there was a lack of oversight for ensuring that delegated duties such as environmental checks had been completed.
- Not all staff had completed mandatory training, but the provider had plans in place to train staff for major incidents such as basic life support.

Appropriate and accurate information

The service acted on appropriate and accurate 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.
- Patients completed a comprehensive questionnaire regarding their previous medical history and allergies were record.
- Patients' GPs were not routinely informed of treatment, but would be notified of abnormal blood results for example.

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.

- Staff told us they always strived to offer patients the best possible service to their clients and welcomed feedback from patients.
- Patients were encouraged to share their views through the completion of an on-line review following their consultation. These comments were available for prospective patients to help them make an informed decision about using the service. The practice responded to on-line reviews and where necessary shared evidence-based papers to explain various treatment options.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The consultant dermatologist and registered manager was a member of The British Cosmetic Dermatology Group (BCDG). This is a national

Are services well-led?

group of dermatologists offering unbiased educational programmes and supports clinical and laboratory research into cosmetic dermatology. He also attends as many conferences and meetings as possible to stay up-to-date with the latest research and techniques.

- The service took note of patient reviews and comments and learning was shared and used to make improvements.
- The receptionist/therapist had not completed certificated essential training. This was discussed during the inspection and assurances were given that they had since been booked onto essential training courses.