

Eudelo Medical Limited

Eudelo

Inspection report






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Date of inspection visit: 26 June 2019
Date of publication: 16/10/2019

Ratings

Overall rating for this service

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

Overall summary

This service is rated as Good overall. (Previous inspection 13 February 2018.)

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 Eudelo on 26 June 2019 as part of our current inspection programme. We previously inspected this service on 13 February 2018 using our previous methodology, where we did not apply ratings.

Eudelo (which is an abbreviation of European Dermatology London) is an independent provider of medical dermatology, and non-surgical cosmetic procedures not regulated by the CQC. It is based in the London Borough of Lambeth. Services are provided on a fee-paying basis.

Summary of findings

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 regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Eudelo provides a range of non-surgical cosmetic interventions (known as aesthetic dermatology), for example smoothing wrinkles and facial hair removal. These interventions are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

One of the organisation's directors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received 32 completed CQC comment cards which were all extremely positive about the service:

- Patients commented that the staff were professional and caring, the environment was clean and comfortable, and that options were thoroughly and patiently explained.
- Almost all patients commented that they were extremely happy with the outcomes of their procedures and treatment.
- Many patients said that they felt they were not pressured into choosing unnecessary or inappropriate treatments.
- Some patients said the service and results achieved were superior to what they had experienced previously at other providers.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- There was an open and transparent approach to safety and a system in place for recording, reporting and

learning from significant events and incidents. The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents happened, the service learned from them and reviewed their processes to implement improvements.

- There were clearly defined and embedded systems, processes and practices to keep people safe and safeguarded from abuse, and for identifying and mitigating risks of health and safety.
- Patients received effective care and treatment that met their needs.
- The service organised and delivered services to meet patients' needs. Patients said that they could access care and treatment in a timely way.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines and best practice.
- Patients told us that all staff treated them with kindness and respect and that they felt involved in discussions about their treatment options.
- Patient satisfaction with the service was consistently high.
- Clinical staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

We saw an example of outstanding practice:

- The service used an integrated range of comprehensive information technology systems to manage and share information in real time to support the delivery of care and treatment. This included an advanced digital patient management platform, a digital recall system and a laboratory results logging system. An electronic daily log was used to manage incidents, significant events and patient feedback, and this was accessible to all staff.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Eudelo

Detailed findings

Background to this inspection

The registered provider of the service is Eudelo Medical Limited, which is an independent provider of medical dermatology (and non-surgical cosmetic procedures not regulated by the CQC) from its sole location at 63 Bondway, London SW8 1SJ. We visited this location as part of the inspection.

Services are available to any fee-paying patient, including adults and children. Most patients are adults. All services are private and offered on a fee-paying basis; no NHS services are available.

The service is operated by two directors, one being the manager of the service and the other being the Medical Director and a Dermatologist. The service also employs six further dermatologists, two aesthetic doctors, five medical aestheticians, a clinic manager, a treatment co-ordinator, four receptionists and an administrator.

The service is open from 9am until 7pm on Mondays to Fridays, and on Saturdays from 9am to 4pm. All services are provided at the Bondway site. Home visits, telephone consultations and online appointments are not provided.

The service is located on the lower ground floor of a leased building which is wheelchair accessible. A bus station, train station and tube station are all approximately 100 metres away.

The service website address is: www.eudelo.com.

How we inspected this service

We reviewed information about the service in advance of our inspection visit. This included:

- Data and other information we held about the service.
- Material we requested and received directly from the service ahead of the inspection.
- Information available on the service's website.
- Patient feedback and reviews accessible on various websites.

During the inspection visit we undertook a range of approaches. This included interviewing clinical and non-clinical staff, reviewing feedback from patients who had used the service, speaking with patients, reviewing documents, examining electronic systems, and assessing the building and equipment.

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

We rated safe as Good because:

Eudelo demonstrated they provided services in a way that consistently promoted and ensured patient safety.

Safety systems and processes

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

- The service carried out safety risk assessments and had appropriate related safety policies. These were regularly reviewed and shared with all staff. Staff received safety information as part of their ongoing training and development.
- The service had an appropriate process for receiving, managing and responding to alerts, including those received from the MHRA (Medicines and Healthcare products Regulatory Agency) and other agencies including the British Association of Dermatology and the Independent Doctors Federation. Alerts were received, managed and actioned by the Medical Director and the service's manager.
- The service participated in relevant national and international safety programmes.
- The service had systems to safeguard children and vulnerable adults from abuse. There were detailed policies and supporting operating procedures which had been reviewed in the last 12 months, and these were accessible to all staff.
- All staff received up-to-date safeguarding and safety training appropriate to their role. Safeguarding level three (clinician) and level two (all other staff) training was mandatory for all staff. Staff we spoke with demonstrated they understood their responsibilities in relation to safeguarding, including reporting concerns to external agencies.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took appropriate steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The service carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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).

- There was an effective system to manage infection prevention and control. There was a detailed policy, and associated cleaning schedules were being used with actions documented. The service had carried out a detailed infection control audit in the last 12 months and had achieved 98.7% compliance with its required standards.
- Arrangements to manage the risks associated with legionella were in place. There were sufficient systems for safely managing healthcare waste.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff demonstrated they knew how to identify and manage patients with severe infections, for example sepsis.
- Appropriate insurance schedules were in place to cover all potential liabilities, including professional indemnity arrangements.
- All staff had received basic life support training.
- Emergency medicines and oxygen were situated on-site.
- A defibrillator was situated on-site.
- The service had a business continuity plan for major incidents such as power failure or building damage.
- The service had implemented measures in the form of a questionnaire and accompanying procedures to manage the risk of body dysmorphic disorder (BDD). (BDD is an anxiety disorder related to perceived flaws in appearance and body image.)

Information to deliver safe care and treatment

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

- The service understood their responsibility to communicate with other health professionals, for example when referring patients over to secondary care.

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 and accessible to staff.
- The service had effective systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There was a comprehensive programme of regular meetings for staff to promote patient safety. This included dedicated weekly and monthly meetings for key functions (for example operations and governance) and for staff groups (for example practitioners and reception staff).
- The service was in the process of introducing daily meetings for all staff at the start of each day to discuss any challenges or issues.
- The service used a comprehensive digital patient management system which supported real-time information sharing between staff. This included patient notes, referrals, correspondence and consent documentation.
- There was a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- 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.

- Clinical staff were recognised as leads in their field and had contributed to research and development of national and international guidelines in dermatology.
- The systems and arrangements for managing medicines minimised risks. This included emergency medicines and relevant equipment.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were appropriate measures for verifying the identity of patients, including children and accompanying adults.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The service used an electronic daily log which all staff could access, review, update and modify. This was used to document, manage and act upon risks and potential risks in real time. The service was able to use this log to identify and report trends including types of risk and risks over time.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service used an external consultant to carry out a review of practice annually and implemented appropriate actions as a response to findings.
- The service used a comprehensive electronic daily log system which was updated in real time. This was used to manage incidents, significant events, near misses, and patient feedback (including complaints). The system was accessible to all staff.
- Staff understood their duty to raise concerns and report incidents and near misses and were supported when doing so.
- There were appropriate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. We reviewed examples of learning which were addressed appropriately, including for example where disposable face shields had been placed in all consultation and treatment rooms.
- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a process to disseminate alerts to staff.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Eudelo provided effective care that met with current evidence-based guidance and standards. There was a system for completing audits, collecting feedback and evidence of accurate, safe recording of information.

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 which was relevant to their service.

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- The service prioritised the introduction of new and pioneering approaches to care and treatment.
- Patients' immediate and ongoing needs and preferences were fully assessed in a holistic way. The service included consideration of patients' home skincare regime, nutrition, and emotional wellbeing as part of their approach.
- The service had a proactive approach to introducing new tests and treatments to support the effective assessment of patients.
- We saw evidence of appropriate use of care plans, care pathways, and associated supporting processes.
- 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 completed audits to identify and make improvements to the service provided. Audits had a positive impact on quality of care and outcomes for patients. There was evidence of action to resolve concerns and improve quality.
- The service had carried out clinical audits which we reviewed. This included repeat-cycle audits of treatment outcomes, and medicine use.

- Patient satisfaction, medical records and infection control audits had been undertaken in addition to clinical audits in the last 12 months.

Effective staffing

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

- All staff were appropriately qualified. The service had a comprehensive induction programme for all newly appointed staff.
- Doctors were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The service understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were sufficiently maintained and were up-to-date. Staff were encouraged and given opportunities to develop.
- The service had made a training portal which included management training available to all staff. Staff told us this was to support career progression and succession planning.
- The service could demonstrate that staff had undertaken role-specific training and relevant updates. Records of training were correctly maintained and were up to date.
- Staff were encouraged to access relevant articles and literature to expand their knowledge.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff communicated effectively with other services when appropriate, for example by sharing information with patients' NHS GPs in line with GMC guidance.
- Before providing treatment, staff ensured they had adequate knowledge of the patient's health and their medicines history.
- The service used a comprehensive system to receive, log and review laboratory test results consistently.
- The service employed a range of doctors, dermatologists, therapists and specialists who were able to work collaboratively to deliver comprehensive care and treatment.
- We saw examples of patients being signposted to alternative, more suitable sources of treatment where this was judged to be appropriate.

Are services effective?

(for example, treatment is effective)

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.

- We saw evidence that staff gave patients advice so they could self-care where this was appropriate.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. The service used an up-to-date list of referral addresses which was available to all staff on the service intranet.

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 had devised a range of over 30 detailed consent forms which were specific to each procedure being offered to patients.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Staff demonstrated understanding of the concept of Gillick competence in respect of the care and treatment of children under 16.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated caring as Good because:

Eudelo demonstrated that they ensured patients were involved in decisions about their treatment, that their needs were respected, and that services were provided in ways that were caring and supportive.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was consistently positive about the way staff treated them.
- Staff demonstrated they understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Patients had access to a dedicated treatment co-ordinator who was responsible for triaging and overseeing care throughout the delivery.
- The service gave patients timely, comprehensive support and information. This included ongoing support during and following treatment by telephone and email.

Involvement in decisions about care and treatment

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

- Interpretation services were available 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. Many patients said that they felt they were not pressured into choosing unnecessary or inappropriate treatments.
- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients can access and understand the information they are given).

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff could demonstrate they recognised the importance of people's dignity and respect.
- Patients commented that all staff were respectful and ensured their dignity was maintained at all times.
- Staff knew that if patients wished 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?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Eudelo ensured they responded to patients' needs for treatment and that they were able to deliver those services.

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 service offered appointments which were at least 30 minutes long, and provided longer appointments where these were requested or needed.
- The service understood the needs of their patients and improved services in response to those needs. This included, for example, contacting individual patients who had not reported complete satisfaction with treatment outcomes with the aim of obtaining detailed feedback to identify areas for improvement.
- The service provided individualised treatment and care plans which were designed in consultation with each patient in accordance with their needs.
- The service had recently introduced routine follow-up calls with consenting patients to gather feedback and provide additional support and guidance to individuals where necessary.
- The service facilities and premises were appropriate for the services delivered. The service had designed and invested in providing a comfortable and relaxing clinic environment. A wide range of complimentary refreshments were available to patients.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- The service had a hearing loop.

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, diagnosis and treatment. Patient feedback was consistently positive in relation to access and timeliness of service provision.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment and booking system was convenient, comprehensive and easy to use.
- The service provided a range of measures to support timely access to care and treatment. This included an additional telephone answering facility to support the reception team; automated email and text messaging reminders; and out-of-hours support.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded 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 with concern and compassion.
- 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 learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The service had received no formal complaints in the 16 months since the last CQC inspection. The service had responded to two incidences of informal feedback in order to improve services.
- Service staff were able to describe in detail the processes they would follow in the event of receiving a formal complaint or informal feedback. This aligned with the service's complaints policy and procedures which had been regularly reviewed and updated.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

Eudelo provided services which were well led and well organised, within a culture that was keen to promote high quality care in keeping with their systems and procedures.

Leadership capacity and capability

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

- Directors and other senior staff demonstrated they were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Directors were visible and approachable. They worked closely with other staff to deliver effective, inclusive and compassionate leadership.
- Managers – and staff identified as having the potential to become future managers – received ongoing leadership and management training. A training portal which included management training was available to all staff.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service was using business coaches to support the development and of its strategy and objectives.
- The service developed its vision, values and strategy by including all staff. Staff were aware of and understood the vision, values and strategy and their role in achieving these.
- The service used business monitoring software to monitor objectives and progress against these. This was accessible for all staff.

Culture

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

- Staff we spoke with felt respected, supported and valued and told us they were proud to contribute to the service.
- The service focused on the needs of patients.
- The service 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 suitably and with confidentiality where appropriate.
- There were processes for providing all staff with the development they needed. This included formal annual appraisal and supervision arrangements. All staff had received formal appraisals in the last 12 months.
- There was a strong emphasis on the safety and well-being of staff as well as patients.
- There was evidence of positive relationships between all staff at all levels.

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 service used information effectively to support good governance.
- The service maintained a comprehensive programme of meetings to support effective governance and management.
- There was suitable oversight for emergency medicines and equipment.
- There was appropriate consideration for how to deal with medical emergencies.
- Staff demonstrated awareness of their own and others' roles, accountabilities and responsibilities.
- There were proper policies, procedures and activities to ensure safety, and staff were assured that these were operating as intended.

Managing risks, issues and performance

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

Are services well-led?

Good 

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

- There were effective processes to identify, understand, monitor and address current and future risks which included risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through oversight and consideration of consultations, prescribing, referral decisions and patient feedback.
- Directors and other senior staff had oversight of safety alerts, incidents, and complaints.
- Clinical and other audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The service had plans for managing major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Relevant information was used appropriately to monitor and improve performance. This included the views of patients.
- The service had a comprehensive programme of regular meetings to share information and to promote quality care and patient safety.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and sufficiently detailed.
- There were sufficient arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from patients and staff, and acted on them to shape services and culture.
- There was a high level of staff involvement and engagement. For example, staff could engage in meetings, by using an online staff discussion forum, and during one-to-one meetings with managers.

- We saw examples of where staff ideas and suggestions had contributed to service development and improvement, for example implementing the daily log and weekly staff meetings.
- There was a staff suggestion box, and staff we spoke with were aware of this and had used it to contribute their ideas and feedback.
- The service used social media and internet reviews to monitor patient satisfaction. The majority of feedback was positive.
- The service carried out patient surveys and analysed the results with the aim of improving performance and quality.
- The service was transparent, collaborative and open about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Learning was shared between staff through immediate feedback and through staff meetings.
- The service was proactive in searching for ways to improve. The service used internal reviews of incidents and events to inform learning, and conducted reviews with external consultants to further identify opportunities to improve care, treatment and ways of working.
- The service used patient surveys, a suggestion box, and results of interactions with patients to inform continuous improvement.
- We saw examples where improvements had been implemented, for example introducing routine follow-up calls to patients; the establishment of a treatment co-ordinator function; and a more comprehensive complaints procedure.
- We saw examples of innovation. This included for example a process designed and implemented by the service involving consent forms, witness signatures and photographs to promote safe treatment.
- The service was proactive in introducing tests and treatments to improve patient outcomes, for example carrying out additional allergy testing.
- Service staff were recognised as opinion leaders within their field and contributed to national and international events and initiatives.