

Lighthouse Medical Limited

The Lighthouse Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 19 December 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.

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.

The Lighthouse Clinic provides NHS Dermatology services for the Island's community and evidence-based treatments for private clients. The clinic has a contract with the Isle of Wight Hospital Trust to provide dermatology services for hospital patients for the Isle of Wight until March 2019. The majority of patients are referred NHS patients. The clinical lead 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

Feedback was provided by 56 patients about the service obtained through comment cards. All the feedback was positive and patients commented that they had received the very best care, provided in a caring and professional manner. Patients told us that they felt welcomed and safe and treated with compassion, respect and dignity.

Our key findings were:

Summary of findings

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The clinic had clearly defined and embedded systems to minimise any risks to client safety.
- Staff were aware of current evidence based guidance. Staff had received training to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The clinic proactively sought feedback from staff and clients, which it acted on.
- The provider was aware of the requirements of the duty of candour.
- The clinic encouraged a culture of openness and honesty. The clinic had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and protected time for training was built into staff rotas.

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.

- When things went wrong clients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The clinic had processes and services to minimise risks to client safety.
- Staff demonstrated that they understood their safeguarding responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Risk assessments relating to the health, safety and welfare of clients and staff using the clinic had been completed in full. For example: The clinic had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

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

- Clinic audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff assisted with the training of other health care professionals to understand and meet the range and complexity of patient's needs.

Are services caring?

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

- Comment cards we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained client and information confidentiality.

Are services responsive to people's needs?

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

- The clinic understood its patient profile and had used this understanding to meet their needs.
 - Patients could book appointments through the clinic itself, via the website or by telephoning direct.
 - Patients said they found it easy to make an appointment.
 - The clinic was well equipped to treat patients and meet their needs.
 - Information about how to complain was available at the clinic and on their website.
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Summary of findings

Are services well-led?

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

- The clinic had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The clinic had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework mainly supported the delivery of the strategy and good quality care. Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The provider was aware of the requirements of the duty of candour.
- The clinic encouraged a culture of openness and honesty. The clinic had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and protected time for training was built into staff rotas.

The Lighthouse Clinic

Detailed findings

Background to this inspection

The Lighthouse Clinic is run by Lighthouse Medical Limited at one location at 62 Crocker Street, Newport, Isle Of Wight, PO30 5DA.

The clinic is contracted to provide all NHS Dermatology services on the Isle of Wight and also provide an independent Consultant-led Dermatology service. The clinic operating office hours are 0800-1830 Monday to Thursday, 0800-1700 Friday with varying evening and early morning appointments available during weekdays.

The inspection took place on 19 December 2017 and the inspection was led by a CQC inspector who had access to advice from a GP specialist advisor.

During our visit we:

- Spoke with a range of staff including, the directors, the registered manager, the clinic manager, therapists and receptionists. We also spoke with patients who used the clinic.

- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the clinic.
- Looked at information the clinic used to deliver care and treatment plans.

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

Safety systems and processes.

Arrangements for safeguarding patients 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. We saw that GPs had received up to date level three safeguarding of children in December 2017 and this was confirmed by the supply of certificates. All members of staff had received child safeguarding and vulnerable adult safeguarding training to the levels required and training matrix identified when the next dates for training were planned.

Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding vulnerable adults and the Mental Capacity Act 2005 relevant to their role.

The clinic had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.

The registered manager was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit took place on 25 August 2017 and the clinic scored above or in line with the target scores. An action plan had been prepared and the actions completed, for example sharps bins were now labelled correctly and there was proper clear segregation of clinical and non clinical waste. We saw from minutes of meetings that infection control was a standing area and infection control was discussed and actions raised, for example aseptic techniques had been reviewed in the use of clinical equipment and refresher training was set up for all staff.

The clinic had its own policy to request Disclosure and Barring Services (DBS) checks for staff. We saw that in the three recruitment checks we looked at DBS checks had been carried out. Staff acting as chaperones were DBS checked and had received chaperone training.

The clinic worked with the hospital trust 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.

All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. For example the phototherapy equipment was calibrated and serviced by a qualified engineer in November 2017. Phototherapy also known as light treatment or PUVA is the treatment of various skin conditions using ultraviolet light.

The building was owned by Lighthouse Medical Limited and had been modified and updated over the years. The design, maintenance and use of facilities and premises kept people safe. The building had been refurbished in 2016 and all works were signed off by building control and fire services.

Risks to patients.

The clinic conducted safety risk assessments using the services of a private company the last full assessment being completed in May 2017. There were a number of safety policies which were regularly reviewed and communicated to staff. Staff received safety information from the clinic as part of their induction and refresher training. Actions identified in the last risk assessment had been completed, for example the assessment highlighted that risk assessment of display screen equipment was not recorded correctly. This action was completed within six weeks and assessments were conducted and recorded with follow up assessments to be completed annually.

We saw that staffing levels and skill mix was planned and reviewed so that patients received safe care and treatment at all times and staff did not work excessive hours. We were told that the clinic does not use locums and we saw that the clinic had a well-planned work schedule. This was reflected in the dermatology performance figures showing that the waiting times for non urgent procedures was nine weeks which was less than any other comparable service in the Wessex area. Records relating to employed staff include

Are services safe?

information relevant to their recruitment. We looked at three personnel files and they contained all the relevant information about role description, recruitment processes, employment contracts, past employment and qualifications.

The clinic told us that they had not had an emergency situation but had adequate arrangements to respond to emergencies and major incidents.

All staff had received annual basic life support training. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The clinic had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.

Information to deliver safe care and treatment.

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 accurate and available to relevant staff in an accessible way.

The clinic had in place all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way. We saw examples of training completed by members of staff including safeguarding, basic life support, infection control, fire safety and information governance.

Safe and appropriate use of medicines.

The arrangements for managing medicines, including emergency medicines, in the clinic minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

There were processes for handling private prescriptions.

Patient Specific Directions (PSD) had been adopted by the clinic to allow nurses to administer medicines in line with legislation. These directions were always with consultant reference.

A patient specific direction (PSD) is a written instruction from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient.

All the medicines we checked were in date and stored securely.

Track record on safety.

We reviewed safety records, incident reports, safety alerts and minutes of meetings where significant events were discussed. The clinic carried out analysis of the significant events

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Lessons learned 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

The clinic gave affected people reasonable support, truthful information and a verbal and written apology.

As patients were referred from the local hospital the clinic also monitored complaints and incidents made to the hospital via the Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provided a point of contact for patients, their families and their carers.

An example of how an incident was dealt with was when a patient specimen pot and form due for histology testing had different information on. The histology department phoned the clinic for clarification, this was found in the patient's notes, surgery notes and a biopsy book. The members of staff were informed of the error made at the time of checking the pots and forms as standard procedure. The learning from this incident was identified as importance of maintaining vigilance in accuracy during biopsy clinics and this was discussed with staff.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment.

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The clinic had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The clinic also used guidelines supplied by the British Association of Dermatology.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Monitoring care and treatment.

The clinic provided information relating to results for dermatology services in the local area showing times taken from GP to referral to treatment. Where data had been supplied this clinic was performing better than all the other locations. This was reflected in the dermatology performance figures showing that the waiting times for non urgent procedures was nine weeks which was less than any other comparable service in the Wessex area.

Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit took place on 25 August 2017 and the clinic scored above or in line with the target scores. An action plan had been prepared and the actions completed, for example sharps bins were now labelled correctly and there was proper clear segregation of clinical and non clinical waste. We saw from minutes of meetings that infection control was a standing area and infection control was discussed and actions raised, for example aseptic techniques had been reviewed in the use of clinical equipment and refresher training was set up for all staff.

There was a systematic programme of clinical and internal audit to monitor quality, operational challenges and systems to identify where action should be taken. For example we saw an audit relating to Methotrexate use in dermatology using British Association of Dermatology

guidelines. The clinic reviewed 25 patients in July 2017 and found that they were overall completing the required guidelines. They should improve in recording drug history and advice to patients about the drug interactions, drug toxicity and alcohol use. There was a recommendation that the notes be re audited in July 2018.

Effective staffing.

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding children and vulnerable adults to the required level, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing.

Staff, teams and services work together within and across organisations to deliver effective care and treatment.

We saw details of various performance meetings involving the Isle of Wight clinical commission group where performance was reviewed and scrutinised. The clinic shared performance information and also had monthly performance meetings with the Isle of Wight NHS Trust. This gave assurance that care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.

Supporting patients to live healthier lives.

The clinic identified patients who may be in need of extra support and signposted those to relevant services. The clinic also went out into the community to give advice as reported in an NHS newsletter. Specialist Skin Nurses spent a morning at Boots in Newport giving advice on sun protection, how to spot the early signs of skin cancer,

Are services effective?

(for example, treatment is effective)

answering questions and providing support on a whole range of skin conditions including how to identify moles that may be showing signs of malignancy using the ABCD (Asymmetry, Boarder, Colour & Diameter).

Consent to care and treatment.

The provider had made information and support available to help patients understand the care and treatment options. We saw examples of client consent forms which required the client to read and initial each page to indicate they had understood the information.

Staff understood and applied the legislation and guidance, including the Mental Capacity Act 2005. Staff could demonstrate when people may require support in obtaining consent and work within the ethos of the Mental Capacity Act 2005.

All the patient comment card replies reported that they were supported to make decisions. We were told that questions were always answered professionally and they were not pressured by staff to make decisions.

The process for seeking consent was monitored to ensure it complied with legislation and relevant national guidance.

In the case of private patients full, clear, detailed information was provided about the costs of initial / further consultations, all treatment, including any options or choices and responding to any queries or concerns during or after treatment. The information also included costs of medicines supplied, tests (including reporting timescales), further treatment and follow up.

Are services caring?

Our findings

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

Kindness, respect and compassion.

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

All of the 56 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Involvement in decisions about care and treatment.

Patients told us they felt involved in decision making about the care and treatment they received. They also told us 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. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about the services provided by the clinic and prices and full profiles of the clinicians was also available on the practice website.

Privacy and Dignity.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they offered them a private room to discuss their needs. Patients were given the option to be treated by a clinician of the same gender.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs.

The clinic understood its population profile and had used this understanding to meet the needs of its population:

The facilities and premises were appropriate for the services that were planned and delivered.

Appointment times were scheduled to ensure clients' needs and preferences (where appropriate) met. The provider made reasonable adjustments to the environment, for choice of doctor (or other professional / service) or treatment options to enable clients to receive care and treatment.

The provider took into account the needs of different clients on the grounds of age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, pregnancy and maternity. We saw staff training records for disability awareness training and equality and diversity training.

There was evidence that the provider gathered the views of patients when planning and delivering services. We saw patient survey results conducted in March 2017 which showed clients were extremely happy with the services provided.

There was evidence of reasonable effort and action to remove barriers when people found it hard to access or use services. For example, the building was grade two listed in a conservation area and physical modifications for wheelchair access had been made at the rear of the

premises. The majority of treatments could be performed in a ground floor treatment room. The team was trained to ascertain a client's access requirements at the time of the telephone enquiry in order to better serve their needs.

Timely access to the service.

Office hours were 0800-1830 Monday to Thursday, 0800-1700 Friday with varying evening and early morning appointments available during weekdays. The clinic had been approached by the Isle of Wight Clinical Commissioning Group to provide some GP appointments during weekends, but this had not commenced at the time of our inspection.

All reasonable efforts and adjustments were made to enable patients to receive their care or treatment.

Patients reported they had access to, and received, information in the manner that best suited them and that they could understand.

Listening and learning from concerns and complaints.

We were told by the clinic that they had not received any formal complaints since October 2016

There was a complaints system in place, which was publicised, accessible and understood by staff and patients who used the clinic.

As some patients were referred from the local hospital the clinic also monitored complaints and incidents made to the hospital via the Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provided a point of contact for patients, their families and their carers.

There was openness and transparency in how complaints were dealt with. Information was provided about the steps patients could take if they were not satisfied with the findings or outcome once the complaint had been responded to.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

The clinic employed two dermatology consultants, five GPs with special interest in dermatology, a cancer nurse specialist, a dermatology senior nurse, a clinic nurse and four health care assistants. The clinicians were supported by a general manager and team of administrators and receptionists. Care and treatment records were complete, legible and accurate, and were kept secure.

Vision and strategy.

The clinic vision is to make a difference and improve the quality of life for their patients.

The provider had systems in place to support communication about the quality and safety of services and what actions had been taken as a result of concerns, complaints and compliments. Training had been provided to the team to identify every moment of contact the clinic had with patients both before their first visit (phone calls, emails, website enquiry forms, advertisements, website content) and at their first and subsequent visits (initial consultation, treatments, follow-ups, surveys, emails, call). The purpose was to ensure that at every contact moment the service provided was on-brand and in keeping with the desired patient experience.

Culture.

Duty of candour, openness, honesty and transparency and challenges to poor practice were evident.

Staff told us that they were well supported by the management who were present and visible. Staff told us they were able to talk to managers and felt that they were listened to and would help.

The mission statement was to deliver consistently high quality care, improved outcomes, efficient use of resources and to go that extra mile to provide a service they could all feel proud of.

Patient comment cards confirmed that they felt the clinic was providing this

Governance arrangements.

There was a senior clinical lead responsible for the governance of the safe and effective provision of care.

There was an effective approach for identifying where quality and / or safety was being compromised and steps were taken in response to issues. These include audits of clinical care, prescribing, notes, infection prevention and risks, incidents and near misses.

Staff were supported and managed at all times and were clear about their lines of accountability.

There was a registered manager in post who understood their responsibilities and was supported by the provider.

We saw minutes of meetings with the Isle of Wight NHS trust as sub-contract review meetings held monthly where quality, governance and performance was discussed and any actions raised.

Managing risks, issues and performance.

Staff were supported to meet their professional standards and follow their professional codes of conduct, with regular appraisals and training.

There was a systematic programme of clinical and internal audit to monitor quality, operational challenges and systems to identify where action should be taken.

Appropriate and accurate information.

The provider has an understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances. This information used to measure for improvement. For example the provider collected patient views and has made some changes around the waiting area after a patients comments about the head room when sitting next to a fire place and leaflets in the middle floor of the clinic were changed as they gave out conflicting advice.

Engagement with patients, the public, staff and external partners.

The clinic provided training to GP practices on the Isle of Wight. An example seen was a Continuing Professional Development Training afternoon in December 2017 on dermatology for practice and community nurses presented by an advanced nurse practitioner and consultant from the Lighthouse Clinic. Fourteen nurses attended from all over the Island and feedback seen was very positive and reported as very useful and educational.

Continuous improvement and innovation.

The clinic had been approached by the Isle of Wight Clinical Commissioning Group to provide some GP appointments during weekends, but this had not commenced at the time

Are services well-led?

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

of our inspection. The clinic told us that they were working with the Department of Health to assist in the running of sexual health services on the isle of Wight and developing private services for island patients.