

DMC Healthcare Limited

Inspection report

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2020
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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.

Overall summary

We carried out this short notice announced inspection on 30 July in response to concerns raised about the provider. These concerns related to whistleblowing and the suspension of the provider's level four dermatology service by Kent and Medway CCG (level four services are also known as tertiary care and include cancer management). Due to the issues associated with the COVID-19 pandemic we carried out an inspection at the provider's head office on 30 July then we undertook remote interviews and review of evidence we requested submitted electronically. This inspection focused only on the community dermatology services.

The service was not rated as a consequence of this inspection.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- we reviewed over 1,000 documents provided by DMC Healthcare Limited during the inspection
- information from our ongoing monitoring of data about services
- information from the provider, patients, the public and other organisations.

Our key findings were:

- The provider had recently made significant changes to the service. They had implemented a new clinical governance structure, which included regional clinical lead roles.
- The service was in the process of reviewing and introducing new systems and processes.
- Due to the significant changes made in the service we could not assure ourselves at this inspection of patient safety or quality as it was too early to demonstrate the impact or effectiveness of these.
- Leaders in the service had not always ensured that systems and processes were operating as they intended.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure that care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

A warning notice was issued in relation to the prescribing of a particular medicine used to treat severe acne and the monitoring of certain patient groups prescribed this medicine.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- The provider should continue to review and improve the way that significant events and incidents are identified, recorded, investigated and the learning from these shared.

We are mindful of the impact of COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Dr Rosie Benneyworth BM BS BMedSchi MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team consisted of a CQC lead inspector and a CQC inspection manager and was supported remotely by a CQC GP national clinical advisor, a member of the CQC medicines team and three other CQC inspectors.

Background to DMC Healthcare Limited

DMC Healthcare Limited is an independent provider of a range of NHS services, including primary care GP practices and walk in centres, radiology reporting, endoscopy services and community dermatology services.

This inspection focused only on the community dermatology services.

At the time of our inspection the service was managed from DMC Healthcare's corporate head office in London (35-37 Sylvan Grove, London SE15 1PD) and we only visited this location. Services were delivered from local healthcare sites including GP practices and community hospitals and a teledermatology service.

Teledermatology involves sending digital photographs of the skin condition with the clinical history through the standard referral process. This can allow patients to receive a rapid opinion on diagnosis and management as an alternative to a face to face appointment.

The medical director is the registered manager and at the time of our inspection they were also the registered manager for seven other services. 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.

DMC Healthcare Limited holds contracts to provide consultant led community-based dermatology care and advice for tier one to three services, which does not include referral for suspected cancer. At the time of our inspection DMC Healthcare Limited had a total caseload of approximately 9,300 patients on their waiting lists. These contracts are to provide this service to NHS patients registered within the following CCGs.

- NHS Barking and Dagenham Clinical Commissioning Group
- NHS Havering Clinical Commissioning Group
- NHS Redbridge Clinical Commissioning Group

- NHS Southport and Formby Clinical Commissioning Group
- NHS South Sefton Clinical Commissioning Group
- NHS Lincolnshire East Lincolnshire Clinical Commissioning Group (now part of Lincolnshire Clinical Commissioning Group)
- NHS Leeds Clinical Commissioning Group
- NHS Wakefield Clinical Commissioning Group
- NHS Redditch and Bromsgrove (now part of Herefordshire and Worcester Clinical Commissioning Group)
- NHS Redditch and Bromsgrove (now part of Herefordshire and Worcester Clinical Commissioning Group)
- NHS Wyre Forest Clinical Commissioning Group (now part of Herefordshire and Worcester Clinical Commissioning Group)
- NHS South Worcester Clinical Commissioning Group (now part of Herefordshire and Worcester Clinical Commissioning Group)
- NHS East Riding of Yorkshire Clinical Commissioning Group
- NHS Brent Clinical Commissioning Group
- NHS Harrow Clinical Commissioning Group
- NHS Bexley Clinical Commissioning Group (now part of South East London Clinical Commissioning Group)

DMC Healthcare Limited also provided tier one to four dermatology services, which included referrals for suspected skin cancers in Kent until June 2020. This inspection did not include the Kent services as at the time of our inspection DMC Healthcare Limited was no longer providing dermatology services to patients in Kent.

DMC Healthcare Limited is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Family planning services

How we inspected this service

We gathered information from the provider regarding their waiting times, clinical audits and clinical governance and reviewed this prior to our inspection.

During the inspection we interviewed staff and the board of directors. The interviews were carried out in person, through video conferences or telephone calls. We also reviewed a large number of documents sent to us electronically by the provider.

Are services safe?

Safety systems and processes

- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. However, the evidence provided showed that they had not always completed checks in line with their own policy. The provider's recruitment and selection policy stated that two satisfactory references, in writing, were required prior to the employee starting work. We reviewed the records of eleven members of staff who were in clinical lead roles or clinical dermatologist roles and found that three only had one reference recorded and three had no references recorded.
- 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).
- The provider did not demonstrate that staff vaccination was maintained in line with current Public Health England (PHE) guidance where relevant to their role. For example, we reviewed the staff records of eight health care assistants and found that three of these had no immunisation details recorded.

Safe and appropriate use of medicines

- The service had an audit plan and carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The results of audits were shared with clinicians at six monthly dermatology meetings.
- The service did not prescribe Schedule 2 or 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.

- Staff had not always prescribed, administered or supplied medicines to patients and given advice on medicines in line with legal requirements and current national guidance. We found that 33 patients who were prescribed a medicine to treat severe acne had not been monitored appropriately after treatment had been stopped.

Lessons learned and improvements made

- We found there were multiple systems for recording significant events and incidents. It was not always easy to determine whether all serious incidents, significant events or near misses learning had been identified, recorded and investigated appropriately.
- On the first day of our inspection we asked the provider for details of all the significant events, serious incidents or other learning opportunities that they had recorded in the last twelve months. We asked again during the inspection for this information, in writing and during interviews with board members. The evidence that the provider gave us was not sufficient to determine whether these had all been recorded or investigated appropriately.
- We also found that learning wasn't always implemented or embedded as similar incidents occurred again. For example, delays in reporting biopsy results.
- We saw evidence that serious incidents and some significant events were discussed at meetings although we noted they were not standing agenda items in these meetings.
- It was not possible from the evidence provided to determine whether all the concerns raised by Clinical Commissioning Groups had been investigated appropriately or lessons learnt.

Are services well-led?

Leadership capacity and capability;

- The board of DMC Healthcare Limited had responsibility for other healthcare services that they were providing, this meant their time was split between the services. Three members of the board told us they were reducing the number of services that they provided in order to concentrate resources on the remaining services, including this dermatology service.
- During June and July 2020, the board made significant changes to the senior leadership team and clinical leadership structure. This included introducing a national clinical director for the dermatology plastic surgery role, in addition to the national clinical director for dermatology and a regional clinical leadership structure. During our inspection we raised concerns around the amount of time allocated to the national and regional clinical leads to complete their roles. Members of the board told us that the changes to the senior clinical leadership team was to improve clinical oversight and the national clinical director roles would be reviewed over the next three months.
- At the time of our inspection it was too early to demonstrate whether the new structure would be effective.
- We found when we asked the provider for documentary evidence there were some delays in them sending the evidence requested. For example, evidence regarding the length of time patients had been on waiting lists was initially requested during the inspection at the head office on 30 July 2020 and we received information for only two CCGs. We requested the information for the remaining CCGs again on 18 September 2020 to be provided by 21 September 2020. This information was provided on 25 September 2020. The provider gave no indication as to why there were delays in them providing the information requested.
- We asked for feedback from the clinical commissioning groups (CCGs) who had contracted with DMC Healthcare Limited to provide community dermatology services. We received mixed feedback from the CCGs. Two CCGs told us that they had raised concerns about performance with the provider in the last six months. Three CCGs told us that they were in the process of undertaking quality reviews of the providers performance and we received no feedback from the remaining CCGs.

Governance arrangements

- At the time of our inspection structures, processes and systems to support good governance and management were being reviewed and changes were being made.
- We found that leaders had established policies, procedures and activities to ensure safety but had not always assured themselves that they were operating as intended. For example, staff recruitment files did not contain information required by the providers recruitment and selection policy.

Managing risks, issues and performance

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However, the provider had not demonstrated that risks had been appropriately identified or addressed. For example, an audit showed that some surgical procedures had been booked out of the scope of practice of the clinician. However, inappropriate appointments continued to be booked after this was raised as a concern. The clinician did not work outside their scope of practice and ensured that patients were rebooked with an appropriate clinician.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through peer review audit of their consultations, prescribing and referral decisions. We saw evidence that where performance did not meet DMC expectations, leaders in the service took action.
- We saw evidence that the new national clinical director for dermatology plastic surgery had started to audit the surgical excisions carried out by DMC. At the time of our inspection only one clinician's work had been audited, and we were told the audit had identified some specific concerns. We looked but did not see evidence that these had been raised as a significant event.
- There was a clinical audit program in place and at the time of our inspection this was due to be reviewed by the new national clinical directors and regional leads. Learning from audits was shared with all clinicians at internal bi-annual dermatology conferences.

Appropriate and accurate information

- The service used performance information which was reported to the board and monthly reports were submitted to the contracting clinical commissioning groups. These were monitored and management and staff were held to account.

Are services well-led?

- We saw evidence that during the COVID-19 pandemic the provider continued to submit performance reports to contracting clinical commissioning groups.
- Quality and operational information was collected, and performance information was combined with the views of patients.
- We asked the provider to provide information in relation to their caseload and waiting lists for patients to attend appointments. The data that was sent by the provider showed that the total caseload did not always align to the total waiting list numbers. The provider explained that this was due to patients awaiting diagnostic results not being included in these figures. It was therefore hard to determine how many patients were actually on the waiting list.
- The provider had recently introduced a new schedule for dermatology meetings, including operational huddles several times a week and clinical meetings. Staff we spoke with told us that they found the meetings useful. However, at the time of our inspection most clinical leaders were new in role so they told us had only attended one meeting.
- We saw evidence that in June 2020 the provider implemented an action tracker to monitor progress in key areas such as operations, governance, finance and data reporting, which was reviewed at a strategy operations governance monthly meeting. It was too early to demonstrate whether this was being used effectively.
- We saw evidence that information regarding the service was shared with staff electronically through dermatology newsletters.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met...</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">Records did not provide evidence that staff vaccination was maintained in line with Public Health England guidance.Records did not provide evidence that recruitment checks were completed in line with providers recruitment policy.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

A warning notice was issued in relation to the prescribing of a particular medicine used to treat severe acne and the monitoring of certain patient groups prescribed this medicine.