Dermatology Consulting Ltd

Dermatology Consulting:Skin, Laser and Cosmetic Clinic

Inspection report

6 Frant Road
Tunbridge Wells
Kent
TN2 5SE
Tel: 01892517620
Website: www.dermatologyconsulting.co.uk

Date of inspection visit: 14 November 2017
Date of publication: 06/12/2017

Overall summary

We carried out an announced comprehensive inspection on 14 November 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 found two elements of notable practice namely:

- the provider had produced their own range of informative leaflets. These were very detailed. There were references in these leaflets to international research so that patients, who wished to become more involved, could access academic and technical material.
- There was a very wide range of lasers available allowing patients to be treated at the clinic rather than refering elsewhere.

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations of the Health and Social Care Act 2008.

Dermatology Consulting:Skin, Laser and Cosmetic Clinic is a consultant lead dermatology service. It is located in

Summary of findings

detached premises in Royal Tunbridge Wells. It treats private patients. There is car parking on site. The staff comprise, a consultant dermatologist, seven nurses, administration, reception staff and cleaning staff.

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

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Therefore, at Dermatology Consulting: Skin, Laser and Cosmetic Clinic, we were only able to inspect the services which were subject to regulation.

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

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 56 comment cards all of which were very positive about the standard of care received. There was praise for the clinical staff, particularly for their diagnostic and listening skills. There was also praise for the reception staff for being caring and attentive.

Our key findings were:

- The care provided was safe. There was a culture of placing safety at the core of activity. Systems to support safe and safety within the building were effective and well embedded.
- The provider put the patients' needs before other considerations with patients being advised that no treatment or a "wait and see" approach were the favoured options if that was clinically in the patients' best interests.
- The was a strong emphasis on continuous learning for staff
- There was abundant information for patients on how to approach their treatment. This included providing in-house leaflets, as well as standard leaflets, and links to the latest dermatological research. Patients were enabled to be as knowledgeable about their choices as possible.
- There was a very wide range of lasers available allowing patients to be treated at the clinic rather than referring elsewhere.

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.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients 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 practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

- Staff were aware of current evidence based guidance and acted upon it.
- Clinical 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 worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The record of minor surgery included all the necessary details

Are services caring?

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

- The CQC comment cards 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.
- Patients were treated with kindness and respect,
- The provider maintained patient 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 provider took account of the needs and preferences of patients such as those with a learning disability.
- The CQC comment cards showed that patients said it was easy to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples we reviewed showed that the provider responded quickly to issues raised. There evidence of learning from complaints.

Summary of findings

Are services well-led?

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

- The provider had a clear vision and strategy to deliver high quality care to become a centre of excellence. 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 policies and procedures to govern activity were effective. There were regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- There was a culture of openness and honesty.
- The provider had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Dermatology Consulting:Skin, Laser and Cosmetic Clinic

Detailed findings

Background to this inspection

We inspected Dermatology Consulting: Skin, Laser and Cosmetic Clinic on 14 November 2017.

The inspection was led by a CQC inspector, there was a second CQC inspector and GP(general practitioner).

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

We interviewed staff, reviewed of documents, talked with the provider, inspected the facilities and the building. We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 56 comment cards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Safety systems and processes

There were clearly defined and embedded systems, processes and practices to minimise risks to patient safety

- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding. All clinical staff were trained to level three and all staff had received training on safeguarding children and vulnerable adults relevant to their role. Staff knew who the lead for safeguarding was and how to make reports to them.
- There were notices in the waiting area that advised patients that chaperones were available. There were always sufficient staff on duty so that chaperones could be provided if requested.
- The premises were clean and tidy. There were cleaning schedules and systems for monitoring their effectiveness. There were regular cleaning audits. As well as daily cleaning activity there was a system of deep cleaning, where all the areas of the premises were cleaned on a rotational basis.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. We reviewed one file for a consultant who had been granted practising privileges and it contained all the necessary information. The information included, for example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body.
- All staff had received a Disclosure and Barring Service (DBS) check, in accordance with the provider's policy. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All the clinical staff were recorded on their appropriate professional register and had undertaken professional revalidation as required.

The practice 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).
- The provider had specialist advice on the management of lasers from an accredited laser protection adviser and had conformed to the advice provided. For example there was a laser protection supervisor at a local level, room blinds were sealed to prevent the egress of laser light and there were special non reflective taps in the laser treatment rooms.
- The laser equipment was maintained in accordance with the manufactures' instructions. We saw evidence of regular servicing, testing and calibration. We examined two laser treatment rooms in detail. There was written guidance in the treatment rooms regarding the use of equipment. All treatments were logged in books in the treatment rooms as well as in the patient's records. Safety goggles and check-lists were available in rooms where laser equipment was used. This helped to ensure that equipment was used safely and patients and staff were protected. Door were kept locked from the inside when the lasers were in use

Risks to patients

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an emergency call system in each treatment room so that patients could call for assistance.
- All staff received basic life support annually and all nursing and medical staff had completed annual training in immediate life support for both adults and children. The provider had completed advanced adult and paediatric life support courses
- There was a defibrillator on the premises and oxygen with adult and children's masks. There were emergency medicines available and staff knew where they were located.
- There were first aid kits and epipens (an injection which can reverse the symptoms of an allergic reaction) for children and adults at various strategic points around the building.
- All the medicines we checked were in date and stored securely.
- 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.
- The provider had a single professional indemnity policy covering all the staff and clinical activities within the building.

Are services safe?

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system and their intranet system.

- Where material had been sent for testing, such as skin or blood samples, there were systems to help ensure that results were received and checked against the patients' record.
- The patients' GPs were kept informed about the treatment. Where patients did not continue with a course of treatment the provider had a system to help ensure that GP were notified about any follow ups activity that might be necessary.

Safe and appropriate use of medicines

- There were processes for handling medicines which included the review of high risk medicines. For example patients prescribed certain acne treatments, which carried higher levels of risk, had blood tests in accordance with the best practice guidelines for that medicine.
- There was an awareness of the need for stewardship in the use of antibiotic medicines, however the antibiotics, generally used in dermatology practice, did not fall into those classes where resistance to their use was a major cause for concern.
- The provider received pharmacy advice from several different sources to help ensure that their prescribing practice remained safe and up to date.

Track record on safety

There was a system for reporting, recording and managing serious untoward incidents.

- There had been no serious untoward incidents in the last year. There had been three incidents which the clinic had recorded as minor events, near misses or accidents over the last year.
- We reviewed safety records, incident reports and minutes of meetings where significant events were discussed. There was a system for receiving safety alerts, such as those relating to the use of medicines or medical devices. We they assessed to decide if they were relevant to the provider and acted upon when necessary.

Lessons learned and improvements made

We saw evidence that lessons were shared and action was taken to improve safety in the practice.

- For example an incident involving the use of a local anaesthetic cream had been discussed at staff meetings and all staff had received additional instruction in the use of the cream.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

- When there were unexpected or unintended safety incidents. The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such those from the British association of Dermatologists.

- Patients completed a comprehensive questionnaire regarding their previous medical history. Where patients had allergies this was recorded in the notes. A red flag was placed on the front of the patients' record so that all staff would be aware of the allergy.

Monitoring care and treatment

There was evidence of quality improvement including clinical audit:

- There had been audits of infection arising from minor surgery. This had showed that there had been no post-surgery infection. It had identified that some of the wording in the documentation used for the post-surgery examination was confusing and made it difficult to compare outcomes. Therefore the provider changed the wording and the methodology for the post infection audit so that comparisons, in future audit, could be more meaningful.
- There had been an audit of patients re attendance for body mapping of skin moles. This is important as it is the changes to the map over time that help in diagnoses. The audit identified that a change in the process for obtaining consent and reminding patients might increase the re attendance rates. The changes were carried out and re attendance rates increased.
- There had been audits of the effectiveness of photo dynamic therapy (this involves the use of light-sensitive medication and a light source to destroy abnormal cells), of medicine prescribing (carried out independently) and of the turnaround time for correspondence, such as referral letters.

Effective staffing

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

- Staff received training that included: safeguarding, fire safety awareness, appropriate levels of life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The learning needs of staff were identified through a system of appraisals, meetings and formal and informal reviews. 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 nurses. All staff had received an appraisal within the last 12 months.
- There was regular training at staff clinical meeting where new developments, for example, in the use of lasers were discussed.

Coordinating patient care and information sharing

From documents we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

- Referral letters were timely and contained the necessary information.
- Staff worked together and with other health professionals to patients' needs and to assess and plan on-going care and treatment. For example the provider worked with the local skin cancer multi-disciplinary team (MDT). Where patients referred services outside the local area the provider had an established network to help ensure that liaison with the relevant MDT was maintained.

Supporting patients to live healthier lives

- As routine the provider advised patients on the harmful effects of excessive sunlight (ultraviolet UV) on skin and the links between this and skin cancers. It provided a range of skin products to protect against UV damage.
- The advice was not restricted to products that the provider sold but included speciality products and those available in "high street" stores.

Consent to care and treatment

- All patients provided written consent as in the provider's policy. There had been audits of consent which show that staff comply with the policy.
- Where there was minor surgery there was a separate consent form. There was always a delay between the patient consenting to the surgery, and the surgery taking place so that patients had the opportunity to consider (or re-consider) their decision.

Are services caring?

Our findings

Kindness, respect and compassion

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

- 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 could offer them a private room to discuss their needs.
- The provider had patients with learning disabilities and other specialist needs. There was a compassionate approach to accommodating them, for example by making their appointments for quiet times

All of the 56 patient Care Quality Commission comment cards we received were very positive about the service experienced. Of those 22 specifically mentioned the caring attitude of staff, both in reception and in clinically.

Involvement in decisions about care and treatment

- There was evidence in the treatment plans of patients' involvement in decisions about their care.
- We saw that there were information leaflets about the various treatments, including the potential benefits and limitations of treatments. In addition to leaflets from the manufactures and the British Association of Dermatologists, the provider had produced their own range of informative leaflets. These were very detailed, but explained the issues in plain english. There were references in these leaflets to international research so that patients, who wished to become more involved, could access academic and technical guidance. The leaflets also contained diagrams to facilitate explanation.

Privacy and Dignity

- Patients' confidential information was protected. The provider employed a local technology company to manage their intranet system. The provider had never had a cyber security breach. However in the light of recent national breaches of medical security they had reviewed systems and sought additional guidance from a specialist cyber security company. After implementing the recommendations suggested by the company, they felt gave an additionally advanced level of cyber security.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The provider had evening clinics on Tuesday, Wednesdays and Thursdays. There was a Saturday clinic once a month.
- There were longer appointments available for patients with a learning disability
- There were accessible facilities, with a ramp to the front entrance, translation services and a hearing loop
- The provider was able to receive and respond to patients concerns, out of hours. Calls were diverted from the office to the provider who was able to respond, using a system so that confidential telephone numbers were protected.
- The provider put the patients' needs before other consideration with some patients being advised that no treatment or a "wait and see" approach were the favoured options if that was clinically in the patients' best interests.

Timely access to the service

- The service was open from 9am to 5pm Monday to Friday.
- There were arrangements to support patients outside of those hours. Telephones were answered during the clinic's opening hours. Patients were given advice on what to do following minor surgery if there were any complications. The policy was to answer e-mails within 24 hours. When the provider was away for any length of time, such as annual leave, the work load before and after was adjusted accordingly. For example, treatment for complex cases would not be commenced before an annual leave period.

Listening and learning from concerns and complaints

There had been no complaints in the previous year related to treatments regulated by the Care Quality Commission.

- However, there was a clear complaints policy and leaflets informing patients as to how to complain on display in the clinic. There was evidence that the staff know how to handle complaints appropriately.

Are services well-led?

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

Our findings

Leadership capacity and capability

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the service and ensure high quality care.

They prioritised safe, high quality and compassionate care. Staff told us the provider was approachable and always took the time to listen to all members of staff. Most staff had been with the provider for a long time and there was a very low staff turnover.

Vision and strategy

The provider had a vision to be a centre of excellence providing the highest quality Dermatology Care which was effective, caring, safe and evidence based. This was underpinned by a strategy of putting into practice the latest research from the most influential international dermatology meetings and current research.

There was evidence that the provider was using the latest and most influential current research. The most recent treatments and most recent technical innovations were available. Patients were shown, in leaflets and discussions the evidence base for their treatments.

Culture

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of meetings. There were whole staff meetings and clinical meetings with the nursing staff and the provider.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The provider held regular social events, including celebrating staff birthdays and gifts and other recognition of key events such as retirement or maternity/paternity leave.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included training for all staff on communicating with patients about notifiable safety incidents. There was a culture of openness and honesty. We looked at some examples in detail and found that the practice had systems to ensure that when things went wrong with care and treatment:

- Patients received reasonable support, truthful information and a verbal and written apology.
- There were written records of verbal interactions as well as written correspondence.

Governance arrangements

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The provider, nurses and administrators had lead roles in key areas. For example there were leads for, finance, clinical supervision, staffing and appraisal.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- The provider met regularly, to review unusual cases, with the director of dermatopathology (a joint subspecialty of dermatology and pathology) at St John's Institute of Dermatopathology (an internationally recognised centre of excellence for the treatment, research and teaching of diseases of the skin).
- Clinical governance arrangements were expanding to take account of the increase in both treatments available and additional consultants on site.

Managing risks, issues and performance

There were risk assessments to monitor safety and to mitigate risks. For example:

- The provider had installed a new laser. A risk assessment identified that the advice given by the UK representative for the laser company did not seem to provide adequate infection control. Therefore, the provider sought the advice of a consultant microbiologist and developed a safe method for minimising any risk of infection.The complexities of the

Are services well-led?

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

situation showed the provider that they needed to review the management of infection prevention control within the service. They had done so one of the staff had taken on an enhanced role.
- There were regular test of the fire safety equipment and regular fire drills, on different days of the week.
- Patients were "patch tested" (treatment carried out on a small unobtrusive area) for allergies and suitability for laser treatment before treatment.
- There were protocols for prescribing medicines and ensuring that associated blood tests were completed.
- There was a though assessment of the control of substances hazardous to health.
- There was an awareness of performance. For example the provider knew how many patients had attended and what treatment each individual had received.

Appropriate and accurate information

- Patients completed a comprehensive questionnaire regarding their previous medical history and allergies were record in way that all staff carrying out treatment would be aware of them.
- Patients GPs were routinely informed of treatment, save where the patient had not consented to this.
- Referral letters were timely and contained the appropriate information.

Engagement with patients, the public, staff and external partners

The provider encouraged and valued feedback from patients and staff

- There were high levels of staff satisfaction. Staff we spoke with were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement.
- The provider regularly surveyed patients about their satisfaction with the service and this was consistently high.
- There were 56 CQC patient comment cards. All the comments were very positive.
- There was evidence of liaison with external partners for example, with various vascular surgeons (for treatment of vein disorders), skin cancer specialists and skin surgery specialists.

Continuous improvement and innovation

- There were plans to increase the number of visiting consultants on the site. This would give patients access to the right care closer to home.
- There was a strong emphasis on understanding new technology coming to the market. The provider attended national and international dermatological conferences and learning events.
- The provider was involved in dermatology training, both to doctors visiting the clinic, locally to GPs, and to junior doctors in the local hospital. This was provided free of charge. The provider also regularly taught postgraduate dermatology students on the internationally recognised dermatology course at Cardiff University.