

Midland Skin Clinic

Inspection report

38 Harborne Road
Birmingham
B15 3HE
Tel:

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

This service is rated as Good overall.

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 Midland Skin Clinic as part of our inspection programme.

This service provides independent dermatology services for adults and children, offering a mix of regulated skin treatments as well as other non-regulated aesthetic treatments. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We only inspected and reported on the services which are within the scope of registration with the CQC.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of diagnostic and screening procedures, treatment of disease, disorder or injury and surgical procedures.

Dr Sajjadali Rajpar 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.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Policies and procedures were in place to support the delivery of safe services.
- The premises and equipment were well maintained, and appropriate risk assessments were undertaken to ensure the safety of patients and staff.
- There were regular reviews of the effectiveness of treatments, services and procedures to ensure care and treatment was delivered in line with evidence-based guidelines.
- Patients received effective care and treatment that met their needs.
- There were systems in place for identifying, acting and learning from incidents and complaints to support service improvement.
- Staff treated patients with kindness, dignity and respect.
- The practice organised and delivered services to meet patients' needs.
- There was a clear strategy and vision for the service. The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser to CQC.

Background to Midland Skin Clinic

Dr Sajjadali Rajpar is the registered provider and is located at Midland Skin Clinic, Consulting Rooms Ltd, 38 Harborne Road, Birmingham, B15 3HE

The service registered with the Care Quality Commission in January 2022 to provide the following regulated activities:

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

Midland Skin Clinic is an independent provider of medical services. The service provides medical dermatology for adults and children which includes treatment for skin conditions such as acne, acne scarring, hair loss and surgical procedures such as moles, lesions and skin cancer removals. The provider also provides aesthetic procedures which are not regulated by the CQC. All of the services provided are private and are therefore fee paying, no NHS services are provided at the service. Some of the patients seen at the service will be seen once or twice, while others will receive long term care.

The service is provided from a two storey fully converted building which is shared with other organisations. Midland Skin provides services on the first floor with two consultation rooms. The service is centrally located and there is on-site parking. Services available are on a prebookable appointment basis. Patients can book appointments directly with the service by telephone or via the website. The clinic is staffed by a medical director who is a consultant dermatologist and registered manager, a part time consultant dermatologist, two health care assistants, an independent governance advisor and two administrative assistance. The service is open Monday to Friday between 9am and 5pm.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking account of the circumstances arising from the pandemic, and in order to reduce risk we have conducted our inspection differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Requesting evidence from the provider
- A shorter site visit

During the inspection:

- We spoke with the provider/clinicians and the administration staff.
- Reviewed key documents which support the governance and delivery of the service
- Made observations about the areas the service was delivered from
- Looked at information the service 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?

We rated safe as Good because:

The service had established safety processes to keep staff and patients safe. This included safeguarding people from abuse, minimising the risks to patient safety, and reporting incidents.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies 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.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). For example, there was a named IPC lead in place and monthly audits were undertaken.
- The provider had undertaken a legionella risk assessment of the premises and regular water checks were carried out to monitor and mitigate the risk of legionella.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw that portable appliance testing (PAT) and calibration of relevant equipment had been undertaken in the last 12 months. There were policies and systems in place for safely managing healthcare waste and sharps disposal. The service had risk assessments and procedures in place to monitor the safety of the premises such as the control of substances hazardous to health (COSHH).
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. The provider had appointed a health and safety officer, a fire marshal and carried out their own health and safety checks on a weekly basis. In addition, they held quarterly meetings with the provider of the building to review any health and safety and premises of the building as some risk assessments had been carried out by the provider, whilst others were provided by the building owner.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. A panic button was installed in each consultation room and they knew how to identify and manage patients with severe infections, for example sepsis. The service had a defibrillator and oxygen on the premises which were regularly checked.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Are services safe?

- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. All clinicians were trained in first aid and basic life support.

Information to deliver safe care and treatment

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

- Individual care records were comprehensive and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. For example, consent forms, history, examination and treatment plans which demonstrated information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, a copy of patients care plans was sent to patients and their GP's and contained links to relevant information guides or fact sheets in line with best practice.
- The service had a system in place 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. Where skin cancers were indicated the service could call on multi-disciplinary expertise, and urgent referrals were made. There was a failsafe system in place to follow up these patients where required.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. In addition, they carried out a review of stock, record keeping and had relevant policies in place.
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, a process to manage Medicines and Healthcare products Regulatory Agency (MHRA) alerts and best practice guidance.
- 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.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were 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. For example, we saw standing agenda items such as complaints and safety alerts and a planned programme of audits and monitoring as part of best practice. This included treatment outcomes, medicines management and patient satisfaction. The service had systems in place for knowing about notifiable safety incidents.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. For example, the provider was transparent about services and fees with detailed information available on their website with appointment and treatment guides and estimates to enable patients to make an informed choice about their treatment.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. For example, we saw evidence that safety alerts were reviewed and actioned at team meetings held on a fortnightly basis.

Are services effective?

We rated effective as Good because:

The provider reviewed and monitored care and treatment to ensure it provided effective services. They carried out audits to assess and improve quality. Staff received training appropriate to their roles.

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 and delivered care and treatment in line with current legislation, standards and guidance. For example: The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) and the British Association of Dermatologists best practice guidelines. In addition, the provider was part of a wider multi-disciplinary team for dermatology and gave patients factsheets and information in line with best practice.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. For example, electronic assessments records were detailed and contained compulsory prompts which enabled patients to complete accurate information to assess safety as part of the assessment process. The provider was able to signpost patients for additional support. For example, psychological support.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, care plans were completed for patients requiring a number of appointments which contained information and guidance to understand their treatment in more detail.
- Staff assessed and managed patients' pain where appropriate.
- The service used technology and equipment to improve treatment and to support patients' independence. For example, the provider had invested in equipment such as bariatric chairs and the latest laser equipment to meet patients needs.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements for example, they used best practice guidance from the British Society for Dermatologists. In addition, the provider was an advisory board member for research and education, had links with two universities and produced a number of podcasts, journals and publications in line with good practice.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, we saw a planned programme of continuous audits which included control of infection audit, post procedure infection audit, patient records and consent audit and treatment outcomes audit.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council and were up to date with revalidation

Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

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 referred to, and communicated effectively with, other services when appropriate. For example, staff referred to and communicated with the patient's GP when undertaking procedures and treatment to ensure any health risks were considered.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and appropriate treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. For example, the provider produced blogs to the public on their website and patients were provided with treatment plans to manage their care.
- Assessments were carried out to ensure that the treatment patients were asking for was correct. Alternative treatments were offered if deemed more appropriate for their needs.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- We saw examples of where patients' needs could not be met, that staff redirected them to the appropriate services.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Staff treated patients with kindness and compassion and involved them in decisions about their care. The service asked all patients for feedback and their responses were positive. Staff protected patients' privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The provider understood patients personal and medical needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service sought feedback on the quality of clinical care patients received. The provider followed up feedback from online reviews and had carried out a review of their patient satisfaction results in the last 12 months.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Patient feedback told us, that they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients and were accessible in a timely way.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, the provider had expanded services to include children due to increasing enquiries for children's dermatology and a lack of local provision.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider had risk assessed accessibility for all patients accessing the service and put measures in place for wheelchair access.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, the provider was part of a multidisciplinary network.
- Patients had access to aftercare, advice and support at the clinic. For example, care plans were provided to patients.

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 compassionately. In addition to complaints being made and investigated, the provider operated a zero tolerance policy which was available on their website.
- 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 had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Choose a rating because:

The service was well-led, organised and had a culture that supported high quality sustainable care. There were clear governance arrangements and policies and procedures to support staff.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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 developed its vision, values and strategy jointly with staff and external partners. For example, the aim was to understand and exceed the expectations of patients and for staff to support each other and encourage all team members to participate in achieving their aims and objectives by being open and honest.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy and there were fortnightly team meetings to review progress.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of its patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. For example, all staff we spoke to reported an open and positive culture and were encouraged to share ideas for improvement.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally. In addition, the provider had appointed a freedom to speak up guardian should staff have any concerns.
- There were positive relationships between staff and leaders. Staff felt the culture of the service was professional, supportive open and approachable. All members of staff were considered valued members of the team.

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 governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, the provider employed an independent governance advisor for quality and oversight, and we saw evidence of governance meetings held every three months. All policies and procedures were held electronically and available for staff to access.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The service was registered with the information commissioner's office (ICO).
- The service used performance information, which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was a planned programme of clinical audit and clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. For example, staff had undertaken medical emergency scenario training.

Are services well-led?

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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 the public, patients, staff and external partners and acted on them to shape services and culture. Staff could describe the systems in place for sharing and reviewing feedback. The service regularly analysed online feedback received and responded to any comments. We saw evidence that the provider carried out a review of their patient feedback every six months to identify ways to improve the service further.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance. For example, we saw evidence of service activity in the last 12 months which included the appointment type and procedure carried out.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, the provider was involved in podcasts and research papers in dermatology and information given to patients contained up to date guidance that was regularly kept updated by the provider.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work and we saw many examples of where the provider had made adjustments and improvements to the service to improve outcomes and best practice. For example, pre-assessment templates had been improved to support efficiency during appointments.
- The service used information about care and treatment to make improvements for example, they used best practice guidance from the British Society for Dermatologists. In addition, the provider was an advisory board member for research and education and produced a number of podcasts, journals and publications in line with good practice.