Southface Dermatology Clinic

Inspection report

1 Avenue Road
Christchurch
BH23 2BU
Tel: 01202702827

Date of inspection visit: 11 August 2021
Date of publication: 13/06/2022

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.

This service was registered by the CQC on 19 August 2020 and this is the first time since then that it has been inspected and rated.

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 Southface Dermatology Clinic on 11th August 2021 as part of our inspection programme.

Southface Dermatology Clinic is registered under the Health and Social Care Act 2008 to provide the following regulated activities:

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

This service provides independent dermatology services, 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.

The Medical Director 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.

Due to the current pandemic we were unable to obtain comments from patients via our normal process of asking the provider to place comment cards within the service location. However, we saw from internal surveys, emails and reviews on social media that patients were consistently positive about the service, describing staff as professional, caring, welcoming and friendly. Patients also commented on feeling safe. We did not speak with patients on the day, as there were none attending for regulated activities.

Our key findings were:

Overall summary

- The service had safety systems and processes in place to keep people safe. There were systems to identify, monitor and manage risks and to learn from incidents.
- 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.
- Staff treated patients with compassion, respect and kindness and involved them in decisions about their care.
- There was a clear strategy and vision for the service. The leadership and governance arrangements promoted good quality care.

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

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Southface Dermatology Clinic

Southface Dermatology Clinic is operated by Southface Consultancy Limited, from premises at 1 Avenue Road, Christchurch, Dorset, BH23 2BU.

Southface Consultancy Limited trades under it's parent organisation Southface Skin Clinic Limited, which itself operates under a separate CQC registration of Nuffield Health Bournemouth.

Finances are linked through the parent organisation Southface Skin Clinic Limited and patients are seen for care in both locations. For example - a patient may be seen for a consultation at Southface Skin Clinic Ltd and then have surgery at Southface Consultancy Limited (Southface Dermatology Clinic – Christchurch, or vice versa).

For the purpose of registration each organisation has its own registration with Companies House and Southface Consultancy Limited is registered with CQC as a separate provider.

We only inspected and reported on the services which are within scope of registration with the CQC relating to Southface Consultancy Limited, at their premises of 1 Avenue Road, Christchurch, Dorset, BH23 2BU.

A link to the clinic's website is below:

https://www.southfaceskin.com/

The clinic first registered with the CQC in August 2020 and is registered to treat patients aged 12 and over. The services offered include those that fall under registration, such as mole checks/ removal, minor dermatological operations (removal of skin tags, warts and cosmetic blemishes), and medical acne treatment. Other procedures, that do not fall under scope of registration include non-surgical wart and verruca removal, skin peels, anti-ageing injectables, and dermal fillers.

The Clinic is located on a residential road and is the first floor of a detached house, with free off-road parking. The clinic has a reception area, two treatment rooms, one used for surgical procedures and the other for activities which are out of scope of regulated activity such as laser hair removal. Only private healthcare is provided. It is open for regulated activity Tuesday 9-5pm Wednesday 9-6.30pm Thursday 9-5pm.

How we inspected this service

Before the inspection, we asked the provider to send us some information, which was reviewed prior to the inspection day. We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with all the staff present including the registered manager, the practice manager, non-clinical and clinical staff. We made observations of the facilities and service provision and reviewed documents, records and information held by the service.

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.

Good

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 for example, the registered manager had registered with Pan Dorset Safeguarding Children's Partnership to ensure updates and training were up to date. The partnership was launched in August 2019 and is led by the following four organisations: Bournemouth, Christchurch and Poole Council, Dorset Council, NHS Dorset Clinical Commissioning Group (CCG) and Dorset Police.
- 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. They knew how to identify and report concerns.
- The service was performing minor operations and so had sufficient stock of single use disposable items. There were also sufficient stocks of personal protective equipment, including aprons and gloves.
- There was an effective system to manage infection prevention and control for example, all staff had completed infection control training within the past year. We saw the provider had carried out a hand hygiene audit in April 2021, followed by a cleaning audit in July 2021 and an infection control audit/risk assessment in August 2021. Action had been taken to address any gaps identified for example, some loose paint and laminate had been replaced near the stock cupboard and hand soap had been replaced by a Hibi-scrub cleanser attached to the wall in the toilet.
- The registered nurse was the infection control lead and was supported by other clinical staff in ensuring that the premises were clean with appropriate infection prevention control measures in place.
- There were appropriate arrangements for the management of Legionella risk associated with hot and cold-water systems (Legionella is a specific bacterium found in water supplies, which if undetected can cause ill health or death) for example, regular checks were carried out on water quality and temperatures in line with current guidance via an external contractor who conducted monthly checks. We saw the last recorded check was 28 July 2021.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

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.

Good

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. Staff were up to date with basic life support training and the use of emergency equipment and how to support a patient in an anaphylactic reaction. (An anaphylactic reaction is a severe reaction to something a patient is allergic to, such as a medicine, which may be potentially life threatening).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There was an established process for sending samples for histology (analysis) and receiving results for review. Patients were contacted and appropriate referrals to other services made when needed.
- The service gave patients information and guidance documents (from the British Association of Dermatologists) relating to their treatment and after-care. They included advice on possible side effects and what to do.
- 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. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

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 written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available 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.
- 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.

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 emergency medicines and equipment minimised risks.
- The service kept prescription stationery securely and monitored its use.
- 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.
- 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

Good

Are services safe?

The service learned and made improvements when things went wrong.

- 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 adequate 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. There had been two incidents recorded in the previous 12 months. All incidents were investigated by the medical director, in collaboration with the relevant staff member(s) involved. Changes were made, to systems and the environment, where appropriate. Written and verbal apologies were given and explanations provided for example, a disabled patient provided feedback that the previous access ramp to the service could be improved, resulting in immediate action to upgrade it and revise the risk assessment procedures associated with the booking process.
- 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 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.

Good

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 needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the British Society for Dermatological Surgery and the British Association of Dermatologists.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

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 the British Society for Dermatological Surgery checklists to inform their annual skin cancer excision and surgical site infection audits.

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 (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- 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. This included the patient's own GP and the local NHS hospital.
- 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 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.

Good

Are services effective?

- 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.

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 verbal and written advice, pre and post treatment, so they could self-care. Information was available online and within the clinic.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

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. Parental consent was obtained for patients under 18 years of age.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The service monitored the process for seeking consent appropriately.

Good

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 service sought feedback on the quality of clinical care patients received, this included online feedback, surveys, and a suggestion box in the clinic. Patients also provided feedback via emails, letters and cards.
- Although we were unable to place comment cards within the service due to COVID-19 restrictions, we did see other patient feedback, which showed that patients were positive about the way staff treated people for example, we saw 57 google reviews in which patients commented that they felt safe and COVID-19 secure whilst at the clinic. They also stated that staff were friendly and that they had received excellent, professional care at the clinic. Overall patient satisfaction levels were 4.8 out of 5 stars.
- 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. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Feedback from patients indicated 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.

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.
- Clinic doors were closed when staff were with patients. Other staff knocked on the door and waited before entering, to maintain patients' privacy and dignity.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs. There were short waiting times for appointments, patients were advised of treatment prices in advance and staff made patients aware of their complaints policy.

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, patient needs were assessed at time of booking and consultation. The service had longer opening hours one day a week to accommodate different population groups and staff were flexible with clinic times, to see patients earlier or later than published times, should the need arise.
- 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. Access to the premises had been reviewed and modified following patient feedback and was suitable for patients with restricted mobility.

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 for example, four weeks and these were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use and that there was always a good availability of appointments.
- Referrals and transfers to other services were undertaken in a timely way for example, if test results indicated a cancerous tissue, the patient would be prioritised for treatment at the clinic. The service follows the British Society of Dermatological Surgery guidelines and any case involving higher risk was immediately referred to hospital for treatment.

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.
- 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 policy was available for patients to read at the clinic and on their website and all staff were able to demonstrate a sound understanding of the content and procedures to follow.
- There was a culture of seeking feedback to improve services.

Good

Are services well-led?

We rated well-led as Good because:

Leaders and managers understood the needs of the service and patients using the service. They created positive relationships in line with the service's values. There was a clear governance framework and risks were identified and managed. These included risks relating to information management. There was a strong emphasis on patient experience and service improvement.

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 for example, the service's registered manager was a fellow of the Royal College of Physicians and a member of multiple dermatology societies, including the British Association of Dermatologists, the British Society for Dermatological Surgery and the British Cosmetic Dermatology Society. They were also a qualified doctor with over 25 years' experience of working within the NHS and private sector. In 2005 they achieved the post of Consultant Dermatologist at a local NHS hospital and were experienced in the management and leadership of skin surgery, skin cancer diagnosis, treatment and management, laser therapy and aesthetic medicine.
- 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 service 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, to provide patients with access to a comprehensive range of dermatology and skin care services in a professional clinical environment. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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 via quarterly team meetings. The service was aware of CQC requirements and had produced an appropriate range of policies, procedures and risk assessments, which were up to date and acted upon.

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.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- 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. The medical director and

registered manager had arrangements in place to conduct medical appraisals with the clinical staff. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, 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. There was no lone working at the service and all staff were trained and competency checked before they worked in areas of risk.
- The service actively promoted equality and diversity. Staff had received equality and diversity training and staff felt they were treated equally.
- There were positive relationships between staff and teams and a strong culture of a one team approach between the clinical and non-clinical staff.

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.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The service submitted data or notifications to external organisations as required for example the Care Quality Commission had received an updated statement of purpose from the clinic to notify of changes to the staffing profile, scope and services provided.
- 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. Clinical notes were kept e-electronically, any paper records were scanned into the electronic system before being shredded and disposed of in the confidential waste.

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 for example, the service ensured safety alerts were responded to.
- The service had a named fire safety officer, who ensured the fire safety policy was adhered to. We saw evidence that fire alarm checks, equipment checks and fire drills had been completed and recorded in the fire safety log, by the named individual.
- The service ensured there was co-ordinated person-centred care and that consent was obtained to both treatment and providing treatment details to patients GP's.
- There was an effective meeting structure in place, supported by a system for cascading information.
- The service had processes to manage current and future performance. 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 clear evidence of action to change services to improve quality.

Good

Are services well-led?

- There was a named person responsible for ensuring emergency medical equipment was maintained and tested and we saw evidence that documented checks had been completed appropriately, for example the oxygen cylinder had been serviced on 2 August 2021 and was last checked on 10 August 2021.
- The provider had plans in place and had trained staff for major incidents. They had also tested their response to a medical emergency by holding a resuscitation exercise in February 2021.

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 for example at the quarterly team meeting.

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. Patients were encouraged to provide feedback following their treatment at the clinic.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. Immediately following our inspection, the registered manager contacted their website designer to add a form on the website for compliments as well as complaints to be captured and fed into existing feedback loops.
- Staff could describe to us the systems in place to give feedback, for example the complaints procedure as well as on-line google reviews, emails, thank you cards and suggestion box within reception.
- Staff told us they had quarterly meetings where feedback was discussed and where they could raise any suggestions with the registered manager and practice manager as required.
- The service was transparent, collaborative and open with stakeholders about performance.
- Staff were aware of the whistleblowing policy.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The clinic had published their complaints procedure on their website and there were leaflets available for patients upon request at reception. The clinic told us they had not received a single complaint in the past twelve months but had received high levels of patient satisfaction as recorded on google reviews for example, 4.8 out of 5 stars for 57 reviews. We saw they had updated their Significant Events Analysis policy on 26 July 2021, which was supported by a reporting form and all staff were clear on the procedures to follow.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Good

Are services well-led?

There were systems to support improvement and innovation work, for example the quarterly staff meeting has standing agenda items where learning from complaints, significant events, training and continuous professional development can be shared and discussed and team-based solutions found.