

# The London Skin and Hair Clinic Holborn

## Inspection report

233 High Holborn  
London  
WC1V 7DN  
Tel: 02071834565

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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

The London Skin and Hair Clinic (Holborn) provides private medical diagnoses and treatments for dermatological conditions. The clinic is located at 233 High Holborn, First Floor, London WC1V 7DN.

The service has a 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.

We carried out an announced comprehensive inspection at The London Skin and Hair Clinic on 19 December 2022 as part of our inspection programme.

## **Our key findings were:**

- People had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing.
- Feedback from patients was positive about the way doctors explained procedures and highly positive about the compassion of the service's nurse and reception team.
- The provider was not undertaking periodic Infection Prevention and Control audits. Shortly after our inspection we were sent confirming evidence that an audit had taken place.
- We saw evidence of quality improvement activity. For example, a recent internal audit of doctors' note taking, clinical audits and evidence of discussion of clinical practice and significant events at clinical meetings.
- The service was tailored to meet patients' needs and delivered in a way to ensure flexibility, choice and continuity of care.
- Practice management arrangements supported the delivery of patient centre care and treatment.

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

- Take action to monitor recently introduced protocols for communicating with patients' NHS GPs in instances where the service prescribes Isotretinoin. Isotretinoin is a medication prescribed to treat severe acne that should not be used during pregnancy as it can cause birth defects.
- Take action to introduce a written protocol governing its existing patient identification arrangements.
- Take action to introduce a periodic programme of internal note taking audits and systems to invite learning from clinical audits.

# Overall summary

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

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.

## Background to The London Skin and Hair Clinic Holborn

### **Background to The London Skin and Hair Clinic (Holborn)**

The London Skin and Hair Clinic (Holborn) provides private medical diagnoses and treatments for dermatological conditions and is based in Holborn, Central London.

The service is located on the first floor of an office block and is serviced by a lift. The service is open Monday – Friday 9:00am – 6:00pm and Saturday 9:30am – 5:00pm. The clinical team is comprised of generalist consultant dermatologists alongside specialist dermatologists and healthcare specialists. One of the service's consultants is also its Medical Director. A practice manager and administrative staff provide administrative support.

The London Skin and Hair Clinic (Holborn) is registered with the Care Quality Commission to carry out the regulated activities of Surgical Procedures, Treatment of disease, disorder or injury and Diagnostic and screening procedures.

# Are services safe?

## We rated safe as Good because:

- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety.
- There was an open culture in which safety incidents were integral to learning and improvement.
- There were clearly defined and embedded systems and processes to keep patients safe and safeguarded from abuse.

## Safety systems and processes

### We looked at how the service kept 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. The service had systems to safeguard children and vulnerable adults from abuse.
- There were arrangements in place for verifying the identity of patients (including children) although these were not governed by a written protocol.
- The service had systems in place to enable it to work 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. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The service had clear systems to keep people safe and safeguarded from abuse (including a designated Safeguarding Lead and readily accessible Local Authority safeguarding guidance). They knew how to identify and report concerns.
- When we looked at systems in place to manage infection prevention and control (IPC) risks we noted the provider was not undertaking periodic Infection Prevention and Control audits. Shortly after our inspection we were sent evidence the service had undertaken an audit. Records confirmed that IPC protocols arrangements were discussed at practice meetings. For example, minutes of a December 2022 Medical Advisory Committee meeting noted that a needlestick injury had prompted a review of the practice's needlestick injuries protocol, in order to ensure it reflected current best practice.
- Records showed that in March 2021 the provider's Landlord had commissioned an external contractor to assess risks associated with a bacterium called Legionella (which can proliferate in building water systems). An associated water sample analysis confirmed the absence of the Legionella bacterium. We noted that a January 2022 annual review highlighted that actions relating to annual servicing of thermostatic mixer valves and descaling of taps had not yet been actioned.
- We noted that three aesthetic medical devices had not received an annual service and calibration as per manufacturers' instructions. Shortly after our inspection we were advised that servicing had taken place and that a protocol would be introduced governing annual service and calibration of the service's aesthetic medical devices.

## 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.

# Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections and administrative staff had undertaken sepsis awareness training.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

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

- We looked at a selection of individual care records and confirmed these were written and managed in a way that kept patients safe. The care records 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### We looked at systems for appropriate and safe handling of medicines.

- We noted the provider undertook periodic checks of emergency medicines and equipment although we noted the absence of a medicine called Diazepam which is used to treat seizures. When this was highlighted, we were told the medicine would immediately be ordered.
- The service kept prescription stationery securely and monitored its use.
- The service prescribed Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Leaders were aware of rules and regulations to ensure the safe management of controlled drugs.
- 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.
- There were arrangements in place for verifying the identity of patients including children but we noted this was not governed by a written protocol.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Records confirmed regular meetings took place to discuss cases and monitor activity. This helped the service to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service had systems in place to ensure learning and improvement took place when things went wrong.

- Records confirmed there was a system for recording and acting on significant events. For example, records confirmed an incident involving flammable gauze had been discussed and triggered improved patient safety protocols.

# Are services safe?

- Staff understood their duty to raise concerns and report incidents and near misses.
- 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.

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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. We were assured there were suitable arrangements in place to disseminate alerts to all members of the team.

# Are services effective?

## **We rated effective as Good because:**

- The provider assessed needs and delivered care in line with current evidence-based guidance.
- We saw evidence of quality improvement activity. For example, a recent internal audit of consultants' note taking, clinical audits and evidence of discussion of clinical practice and significant events.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

## **Effective needs assessment, care and treatment**

The provider had systems to keep clinicians up to date with current evidence-based practice.

- 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) best practice guidelines.
- Patients' immediate needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.

## **Monitoring care and treatment**

### **The service was actively involved in quality improvement activity.**

- Clinicians routinely discussed current evidence-based guidance at Medical Advisory Committee (MAC) meetings. Records also confirmed discussion of significant events and patient feedback.
- Multi-disciplinary Team Meetings (MDT) took place where complex cases were discussed and we noted doctors who held MDTs had been asked to attend MAC meetings to provide feedback.
- We saw evidence of clinical audits undertaken by consultant dermatologists although it was unclear how learning was shared amongst clinical staff working at the service.
- Shortly after our inspection the service sent us a copy of a recent consultants' note taking audit. However, we noted the service was not undertaking a structured programme of clinical 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.
- Clinicians were registered with the General Medical Council (GMC) 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**

### **We looked at how staff worked together, and worked well with other organisations, to deliver effective care and treatment.**



# Are services effective?

- We noted clinicians prescribed Isotretinoin (a medication prescribed to treat severe acne that should not be used during pregnancy as it can cause birth defects). Records confirmed that this risk had been discussed at a clinical meeting and that patient consent forms had subsequently been amended so patients were aware of the risk. However, we noted the absence of a written protocol outlining how the service would communicate Isotretinoin prescribing to a patient's NHS GP. Shortly after our inspection we were sent a copy of the required protocol.
- With the exception of the point raised above, patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, clinicians ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their NHS GP.
- 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 advice so they could self-care.
- 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.
- 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.

# Are services caring?

## **We rated caring as Good because:**

- There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Feedback from patients was positive about the way staff treated them.

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received. For example, all 275 patient feedback forms received between September 2022 and November 2022 gave the service a 4 or five star rating (one being the lowest rating and five being highest rating). Patients spoke positively about the kindness of reception staff and the service's nurse; and about how doctors treated them with compassion.
- 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.**

- Interpreting services were available for patients who did not have English as a first language.
- Patients fed back that 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. For example, all 275 patient feedback forms received between September 2022 and November 2022 gave the service a 4 or five star rating. Patients routinely fed back that consultants took time to explain procedures.

## **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:**

- The service was planned and delivered in a way that met the needs of its patients. The importance of flexibility, choice and continuity of care was reflected in how care was delivered.
- Patients could access the right care at the right time. Access to appointments and services was managed to take account of people's needs, including those with urgent needs.
- The service had systems in place to respond appropriately to complaints.

## **Responding to and meeting people's needs**

### **The provider organised and delivered services to meet the healthcare needs of its patients and took account of their needs and preferences.**

- The provider understood the preferences and needs of their patients and strove to provide patient centred and flexible services.
- The facilities and premises were appropriate for the services delivered.

## **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, 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.
- Arrangements were in place to allow patients to make contact outside the service's opening times. Patients were advised they could call at any time if they experienced an emergency.

## **Listening and learning from concerns and complaints**

### **The service took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.**

- The service had a complaints policy and procedures in place.
- Information about how to make a complaint was available on the premises.
- The service had received two complaints in the previous 12 months. Systems were in place to ensure that learning from complaints drove service improvement.

# Are services well-led?

## **We rated well-led as Good because:**

- Leaders strove to deliver motivate staff to succeed. There was a common focus across the service on improving quality of care and patient's experiences.
- There were effective processes in place to identify, understand, monitor and address current and future risks.
- There were systems to support improvement and innovation work including the use of internal audit and significant events analyses.
- However, governance arrangements did not always operate effectively regarding, for example, safeguarding training, calibration of medical devices and managing infection risks. When these issues were highlighted, we noted the provider took prompt action.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

## **Leadership capacity and capability**

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

- The Medical Director and Director were knowledgeable about issues and priorities relating to the quality and future of services and told us the main challenge was regarding recruitment of administrative support staff.

## **Vision and strategy**

### **The service had a clear vision to deliver high quality, patient centred care.**

- The Medical Director and Director had the experience, capacity and capability to ensure that this vision was delivered.
- Staff were aware of and understood the vision and values of the service; and their role in delivering patient centred care.
- Regular staff meetings took place so as to scrutinise delivery and ensure staff engagement.

## **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 patients.
- Systems were in place to ensure openness, honesty and transparency were demonstrated when responding to incidents. 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.

## **Governance arrangements**

### **We looked at responsibilities, roles and systems of accountability to support good governance and management.**

# Are services well-led?

- Governance arrangements did not always operate effectively regarding, for example, safeguarding training, calibration of medical devices and managing infection risks. When these issues were highlighted, we noted the provider took prompt action.
- We also saw evidence of how the service's practice manager had improved governance systems to support the service in delivering good quality care.
- 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.
- 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 provider had plans in place for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- 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, staff and external partners to support high-quality sustainable services.**

- The service routinely undertook patient surveys and considered survey findings.
- Staff were proud of the organisation as a place to work and spoke highly of the service's listening culture.
- The service was transparent, collaborative and open with stakeholders about performance.

## 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. For example, we saw how a recent significant incident had triggered patient safety improvements.
- The service had systems in place to undertake internal reviews of incidents and to ensure that learning was shared and used to make improvements.
- There were systems to support improvement including regular Medical Advisory Committee meetings where clinical practice and governance matters were discussed.