

# Dermashine Healthcare Ltd

# Holmedale Health

## Inspection report

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Date of inspection visit: 29 May 2019  
Date of publication: 16/07/2019

### Ratings

#### Overall rating for this service

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. We previously inspected the service on 10 July 2018. We found the service was providing care in accordance with the relevant regulations.

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 Holmedale Health on 29 May 2019 as part of our inspection programme.

At our previous inspection in July 2018 we identified areas where the provider should make improvements:

- Review governance processes so they are established and maintained to evidence the systems and

# Summary of findings

processes followed. For example, medicine checks, cleaning processes and the follow up and monitoring processes used to monitor the quality of the minor surgery service.

- Review the process and policy for the treatment of and confirmation of the identity of parents before performing a procedure on a minor (child or infant).
- Review systems to ensure that any new clinical equipment owned by the provider will be checked regularly to ensure it has been calibrated where required.
- Review systems to demonstrate that requests have been sought to contact the NHS GP where appropriate.

We checked these areas as part of this comprehensive inspection and found those areas had been resolved.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Services included the provision of advice or treatment by a medical practitioner, including the prescribing of medicines, healthcare screening and minor surgery. The aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we did not inspect or report on these services.

## Our key findings were:

- Patients records were stored electronically and were encrypted to ensure they were safe and secure and adhered to data protection legislation.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.
- Patients who used the service had an initial consultation where a detailed medical history was taken from the patient. Patients and others who used the service were able to access detailed information regarding the services offered and delivered by the provider.
- The website for the service was very clear and easily understood. In addition, it contained valuable information regarding treatments available and fees payable.
- Patient satisfaction with the standard and quality of services received was high.
- The clinic had processes in place to securely share relevant information with others such as the patient's GP and when required, safeguarding bodies and private healthcare facilities.

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

# Holmedale Health

## Detailed findings

### Background to this inspection

Holmedale Health (Dermashine Healthcare Ltd) medical aesthetics and healthcare clinic is based in Exeter. The service offers medical services including private medical practice, private specialist consultations, minor surgery and a range of healthcare services to promote overall health and well-being. These include steroid injections, minor surgery, medical letters, private consultations, blood tests, allergy testing and medical consultations.

The service operates from The Consulting Rooms, 34 Denmark Road, Exeter, EX1 1SE. This is a converted GP practice which is accessible for any patient with mobility issues and those bringing children to the clinic. For example, it has level floor surfaces. The provider has use of two treatment rooms and equipment within these rooms which were rented from the host location of the building and of another organisation whom the provider offers a service for. Patients had access to other areas of the medical centre such as the waiting areas and accessible toilets.

The service is delivered by one male doctor who also works as a GP locally. The GP is trained and experienced in minor surgery and carries out the procedure within the clinic and for a local GP practice on a regular basis. Patients are greeted by the receptionist (employed by the host location). The provider manages bookings for the clinic and records on a clinical system.

The clinic operates weekly from 9am to 5.30pm Monday to Friday. Home consultations are available on request.

#### How we inspected this service

As part of the preparation for the inspection, we reviewed information provided for us by the service. In addition; we reviewed the information we held on our records regarding this provider.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we interviewed the provider, looked at the clinical system and patient records and reviewed documents relating to the service.

We received 31 Care Quality Commission comment cards. These were positive regarding the care delivered and the polite and helpful attitude of the provider. Many stated that the service was professional, efficient and informative. They found the provider friendly and would recommend the service to others.

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

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

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

# Are services safe?

## Our findings

**We rated safe as Choose a rating because:**

### Safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies and protocols had been developed which covered safeguarding, whistleblowing, management of disclosure and referral. The policies had been reviewed in April 2019 and clearly outlined processes to be adhered to.
- We saw evidence that the provider was up to date with all professional training requirements. We saw that records of required training were kept and were informed that clinicians also undertook self-directed learning to support their own professional development. For example, the provider had updated cervical smear and basic life support training in May 2019.
- The service was planned around patient and provider availability. The GP carried out between 10 and 12 procedures per week.
- The provider did not employ staff but provided evidence of a Disclosure and Barring Service (DBS) check for himself. (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 persons who may be vulnerable).
- The provider had received training on safeguarding children and vulnerable people relevant to their role. For example, they were trained to child protection or child safeguarding level four.
- Posters were displayed offering chaperones. This service was provided by staff employed by the host or partner organisations. The provider had assurances that these staff had received training in chaperoning and had evidence of DBS checks.
- At our inspection in July 2018, the provider told us he verbally confirmed the identity of parents and the legal authority of accompanying adults before performing a procedure on a Minor (child or infant). At this inspection we saw that the provider had updated the policy and

procedure to include identification checks of parents and the legal authority of accompanying adults before undertaking a consultation or treating a minor (child or infant).

- The provider maintained appropriate standards of cleanliness and hygiene. Patients commented that the service appeared hygienic and clean. Equipment used was single use and cleaning equipment was readily available. The provider explained that he wiped surfaces at the beginning of each session and prior to and after procedures taking place. We saw cleaning schedules which demonstrated this had been done.
- The provider had infection control procedures in place to reduce the risk and spread of infection. The policy had been reviewed in May 2019. We inspected the treatment room where consultations and procedures were undertaken. The two rooms and waiting area appeared clean and were in good overall condition.
- Appropriate systems were in place for clinical waste disposal. Records were seen of contracts held for clinical waste and clinical sharps.
- We reviewed the legionella risk assessment for the premises and confirmed that the provider was aware of the control measures in place (Legionella is a bacterium which can contaminate water systems in buildings).

### Risks to patients

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

The clinic had arrangements in place to respond to emergencies and major incidents.

- The provider had received basic life support training.
- The clinic had access to a defibrillator on the premises and oxygen with adult and children's masks which the provider demonstrated they knew how to use. A first aid kit and accident book were also available on-site.
- Emergency medicines were safely stored and were accessible to staff in a secure area of the clinic. We saw that the emergency medicine stock included medicines used for the emergency treatment of allergic reactions or minor surgery.

At the time of inspection, the provider did not have a policy in place advising reception staff of steps to take should there be a medical emergency when the GP was

## Are services safe?

unavailable. Following inspection, the provider sent us evidence to show they had implemented a medical emergency protocol which had been read and signed by all relevant staff.

The provider had a health and safety protocol and had agreements in place to use equipment and facilities belonging to BUPA and the host location. BUPA staff and the host location were able to provide evidence to show that:

- All electrical equipment was checked to ensure it was safe to use.
- BUPA clinical equipment was checked regularly to ensure it was working properly and had been calibrated.
- Clinical rooms storing medical gases were appropriately signed.
- The provider worked closely with the host location and was made aware of any issues which could adversely impact on health and safety. We saw evidence that the host location maintained fire safety systems and equipment. For example, they carried out regular fire alarm tests and evacuation drills. Staff from the clinic were aware of evacuation procedures and routes.
- The provider had undertaken a health and safety risk assessment in April 2019 which included equipment, premises, infection prevention and control and fire. The risk assessment demonstrated compliance with the provider's policies and procedures.

At our inspection in July 2018, processes to ensure recently purchased equipment owned by the provider was regularly checked to ensure it had been calibrated had not been established. For example, the sphygmomanometer (machine for testing a patient's blood pressure) and pulse oximeter had not received the appropriate checks. At this inspection we saw that testing of this equipment had been undertaken.

The provider had medical indemnity insurance in place and was registered on the GMC and performers list.

### Information to deliver safe care and treatment

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

Whilst the opportunity for working with other services was limited, the provider did so when this was necessary and appropriate. For example, the provider spoke with the consultant microbiologist at the local private hospital.

If a procedure was unsuitable for a patient, we saw records to demonstrate that the provider had referred the patient back to their own GP.

Patients records were stored electronically and were encrypted to ensure they were safe and secure and adhered to data protection legislation. The GP was able to access patient's records remotely on devices which were also encrypted.

The provider had processes in place to share information with safeguarding bodies when required.

The provider did not have a procedure for checking test results in the event that the GP was unable to due to an unforeseen reason, for example illness or injury. We discussed this with the provider and following inspection they implemented a procedure for reception staff, employed by the host location to follow if the GP was absent. The procedure detailed that in the event of an unforeseen absence of the GP, the reception staff would contact the local laboratory who would then write directly to patients with their results, highlighting any abnormal levels which needed attention by their NHS GP.

### Safe and appropriate use of medicines

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

The arrangements for managing medicines, including emergency medicines in the clinic minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

At our inspection in July 2018 the provider told us that medicines were checked on a regular basis but they did not have a formal process to document that these checks had been conducted. At our inspection in May 2019 we found that the provider had introduced a formal monthly check document to show that these checks had taken place. All the medicines and equipment checked on inspection were in date and the expiring dates were clearly labelled.

Prescription stationary was stored securely, and logs were in place to monitor the distribution of prescription pads.

### Track record on safety

#### The service had a good safety record.

There was a system in place for reporting and recording significant events. The provider had systems and processes

## Are services safe?

in place to identify, record, analyse and learn from incidents and complaints. The provider was able to share how these processes would work should a significant event take place. There had not been any significant events recorded for the services registered.

There was a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA).

### **Lessons learned and improvements made**

#### **The service learned and made improvements when things went wrong.**

We were told that any significant events and complaints received by the service would be reviewed and investigated.

The provider was aware of the requirements of the Duty of Candour. This means that people who used services were told when they were affected by something which had gone wrong; were given an apology and informed of any actions taken to prevent any recurrence. The provider encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated effective as Choose a rating because:**

**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 need and delivered care in line with relevant and current evidence based guidance.

- Patients who used the service had an initial consultation where a detailed medical history was taken from the patient or parents of the patient where the procedure was being performed on a child or infant.
- Patients and others who used the service were able to access detailed information regarding the procedures offered and delivered by the provider. This included advice on post-operative care. If the initial assessment showed the patient was unsuitable for the procedure this would be documented, and the patient referred to their own GP. After the procedure after care treatment was discussed with patients and information given of what to expect over the recovery period. This was both to prevent them unnecessarily attending other primary or secondary care services. The provider contacted all patients following treatments and minor surgery to ensure there were no issues.
- The provider was aware of evidence-based guidance and had access to written guidance should this be required. For example, NICE (National Institute for Health and Care) guidance. The provider told us his patient demographic were mostly fit and healthy but was also aware of identifying the symptoms of the acutely unwell patient. For example, those patients displaying the symptoms of sepsis.
- When we reviewed CQC comment cards and reviewed processes and protocols, we saw no evidence of discrimination in supporting care and treatment decisions.

**Monitoring care and treatment**

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

- The service did not have a systematic programme of clinical audit to improve quality outcomes for patients.
- The service had a system where they were able to search patient records if they had received safety alerts. GP was also employed part time for NHS GP providers and told us that they were aware of NICE (National Institute for Health and Care) guidance.

**Effective staffing**

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

The provider operated independently and did not employ any staff.

The sole GP provider had undertaken all necessary and specialist training. Training records demonstrated that the GP had undertaken refresher training when appropriate and included safeguarding adults and children, fire safety, infection prevention and control, and The Mental Capacity Act 2005.

**Coordinating patient care and information sharing**

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

Whilst the opportunity for working with other services was limited, the provider did so when it was necessary and appropriate. For example, the provider had access to the medical team in BUPA and a microbiologist at the local private hospital for advice where appropriate.

All patients also had an NHS GP, and the practice communicated with the NHS GP with the patient's consent. For example, if the patient requested follow-up treatment via the NHS.

The provider told us he asked for consent to contact the patients GP at the initial consultation and did so where appropriate. We saw records to show that GPs had been informed where appropriate. The provider stated that initial consultation records would be amended to clearly demonstrate that consent to approach a GP was requested and given or declined.

**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.**



# Are services effective?

(for example, treatment is effective)

- 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. (Give examples).
- 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.**

We found that patients' consent to care and treatment was sought in line with legislation and guidance.

- The provider had developed protocols and procedures to ensure that consent for procedures and treatment were obtained and documented. Consent forms were bespoke to each treatment and contained benefits and risks associated with the procedure.
- The provider understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.



# Are services caring?

## Our findings

### **We rated caring as Choose a rating because:**

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

##### **Kindness, respect and compassion**

Comment cards, internal and external surveys contained comments to demonstrate that the provider was courteous, caring and helpful to patients and treated them with dignity and respect.

##### **Involvement in decisions about care and treatment**

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

- We were told that any treatment including fees was fully explained to the patient prior to their appointment so that people could make informed decisions about their care. Information about fees was available in the patient leaflet and on the website.
- The provider told us interpretation and translation services could be made available for patients who did not have English as a first language, and for patients who had a hearing impairment. Service leaflets could also be made available in large print and easy read format for patients with a learning disability or visual impairment.

- The provider made extensive use of patient feedback as a measure to monitor and improve services. They used an external degree Interpersonal Skills Questionnaire (ISQ). We saw findings from this published in May 2018. Results from 41 patient (ISQ) questionnaires and 21 colleague Feedback Evaluation Tool (CFET) questionnaires. Results were comparable with upper benchmark scores and comments complimentary about care and treatment. We received 32 comment cards which were also complimentary and showed overall satisfaction with the services provided. Many stated that the service was professional, and that the provider took the time to explain the treatment and procedures to them.

#### **Privacy and Dignity**

##### **The service respected patients' privacy and dignity.**

- Doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- 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?

(for example, to feedback?)

## Our findings

**We rated responsive as Choose a rating because:**

**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 demonstrated that they understood their patients and had used this understanding to meet their needs:

- The provider had a range of information and support resources which were available to patients.
- The website for the service contained valuable information regarding treatment and procedures available, fees payable, procedures and aftercare.

The service was offered on a private, fee-paying basis only, and as such was accessible to people who chose to use it and who were deemed suitable to receive the procedure. If the provider decided, that a potential patient was unsuitable for a procedure, this was formally recorded and was discussed with the patient seeking treatment.

**Timely access to the service**

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

The service operated between Monday and Friday depending on patient demand. Appointments were

available between 9am and 5pm. Home visits for consultations could be arranged. Enquiries could be made using the website and appointments made using a dedicated telephone booking line.

The clinic offered appointments to anyone who requested one and did not discriminate against any client group.

Holmedale health from which the service operated appeared in a good condition and repair and was accessible to those with mobility difficulties, or those who used a wheelchair being entered via level surfaces. Patients received treatment on the ground floor.

**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.**

The provider had a complaints policy and process in place.

The provider had received two complaints in the last 12 months. We saw that they had been responded to appropriately and subsequent learning had been recorded in an overview system. For example, a complaint was received following a cosmetic treatment and the results were not as the patient had anticipated. The patient was provided a full refund. Learning was identified and a change in process implemented to ensure the patient's expectations were discussed and recorded prior to procedures being undertaken.

# Are services well-led?

Good 

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

## Our findings

**We rated well-led as Choose a rating because:**

### **Leadership capacity and capability;**

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

- The provider had the experience, capability and integrity to deliver the service's strategy and address risks to it.
- The provider was responsible for the organisational direction and development of the service along with the day to day running of the clinic. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

### **Vision and strategy**

**The service had a clear vision and credible strategy to deliver high quality, sustainable care.**

- There was a clear vision and set of values.
- The provider planned its services to meet the needs of their patients.
- The provider had a clear vision to provide care and treatment options in response to patient demand and within his clinical competencies within a clinically-clean and safe atmosphere.

### **Culture**

**The practice had a culture of high-quality sustainable care.**

- 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.
- We saw the provider had implemented positive changes to the care and treatment of patients following reviews of complaints and significant event analysis.

### **Governance arrangements**

**There were clear structures and systems of accountability to support good governance and management.**

Service specific policies and protocols had been developed, implemented and reviewed in May 2019 and were accessible in electronic and paper formats. These included policies and protocols with regard to:

- Safeguarding
- Consent
- Infection prevention and control
- Complaints
- Health and safety
- Mental Capacity Act 2005
- Confidentiality
- Violence and aggression
- Equal opportunities

All policies and procedures reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE).

### **Managing risks, issues and performance**

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

- Arrangements were in place for identifying, recording and managing risks and issues. The service had processes in place to record and act on significant events or incidents.
- Risk assessments we saw were comprehensive and had been reviewed.

The provider had agreements in place with the host provider about any risks associated with the premises but had also conducted an individual risk assessment of the areas used by the provider and patients. For example; risks of trips, slips and falls and a legionella risk assessment for the premises. The provider was aware of the measures in place for the control and prevention of legionella and had access to records to demonstrate this. (Legionella is a bacterium which can contaminate water systems in buildings).

### **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.

# Are services well-led?

Good 

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

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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.

## **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 provider encouraged and valued feedback from patients and staff. They proactively sought feedback from:

- Online feedback and compliments and complaints.
- Verbal feedback post procedure and at reviews.
- External independent surveys.

All feedback about the service had been positive. The provider said any negative feedback would be considered and acted on.

## **Continuous improvement and innovation**

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

- The providers main employment was as an aesthetics practitioner and with a local out of hours provider as a GP and at a local GP practice to perform minor surgery procedures. The provider had received minor surgery training and attended updates every two years.