

Derma Reading

Inspection report

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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 of Derma Reading on 21 June 2023. This was the first CQC inspection of this location under the current CQC inspection methodology.

The service was founded in 2020 by a Consultant Dermatologist who is also the clinical director and CQC 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.

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 regulated activities and services, and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Derma Reading provides some surgical and non-surgical treatments which are not within CQC scope of registration, for example anti-wrinkle injections, dermal filler, non-surgical facelift, and acne scar removal. Therefore, we did not inspect or report on these services.

Derma Reading is registered with the CQC to provide the following regulated activities:

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

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Staff had the relevant skills, knowledge, and experience to deliver the care and treatment offered by the service.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service encouraged and valued feedback from patients. We saw that patient feedback was generally positive.
- The service organised and delivered services to meet patients’ needs.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Overall summary

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

- Continue to review and monitor the staff vaccination programme to ensure all staff are up to date with the appropriate vaccination in line with national guidance.
- Continue to review and embed the process to confirm patient identity when they first register with the service.

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Chief Inspector of Health Care

Our inspection team

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

Background to Derma Reading

Derma Reading is located in Reading, Berkshire. The clinic provides consultations and/or treatment to both children and adults that come under scope of regulation by the Care Quality Commission (CQC). These treatments are given via pre-bookable appointments. Patients attend for an initial consultation, where a treatment plan is discussed and agreed, and then they are booked in for treatment at a later date. Treatments that are regulated by CQC include medical treatments for a range of skin conditions (including eczema and psoriasis) and surgical treatments for skin conditions (such as lumps, bumps, seborrheic keratoses, skin tags, moles, warts, lipoma, and cyst removal).

The service provides treatment for iontophoresis for hyperhidrosis (excessive sweating and a range of pre-operative assessment and post-operative care for the surgical procedures such as mole mapping, photodynamic therapy, patch testing, skin prick testing and mohs micrographic surgery (MMS).

Treatments are provided from:

Derma Reading, Shepherds Hill, Woodley, Reading RG61F.

The service website is: www.dermareading.co.uk

The service is open Monday to Friday with the following opening hours: Monday, Wednesday Thursday, and Friday from 8am to 5pm and Tuesday from 8am to 8pm. This service offers an out of hours service for its patients and when necessary, could stay open longer to accommodate patients' needs.

Patients who need medical assistance out of corporate operating hours can access out of hours support via the service and this is detailed in patient literature supplied by the service.

Regulated activities (treatments regulated by CQC) are provided by a team of 9 dermatology consultants and 2 plastic surgeons. They are supported by a nursing team which includes a senior dermatology nurse, 2 dermatology nurses and a health care assistant. The practice also employs a practice manager and 3 administration staff who oversee appointments and administration for all patients. The finance director was responsible for finance, marketing, and IT at the service and co-owned the clinic with the clinical director.

How we inspected this 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.

Are services safe?

We rated safe as Good because:

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. Staff received safety information from the service as part of their induction and refresher training.
- The service had a process in place to ensure an adult accompanying a child had parental authority. For example, we were told if the children at boarding school attended the clinic accompanied by a chaperone, the adults ID was checked and additionally the service phoned the children's parents if required.
- 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. 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). The service used room checklists to monitor cleaning and IPC systems. There was an infection control policy in place and the last IPC risk assessment was completed in June 2023. We found all areas of the service, including all treatment rooms and patient areas visibly clean and hygienic. Staff followed infection control guidance and attended relevant mandatory training. We found IPC lead at service did not have any formal IPC lead training. Following the feedback, we were told training modules have been considered to find an appropriate training for the lead nurse.
- The Legionella risk assessment had been carried out place in September 2021 and was going to be repeated in September 2023.
- We found some staff vaccination records were not in line with UK Health Security Agency (UKHSA) guidance. However, following the inspection the provider shared a risk assessment they had completed regarding the missing vaccination records and told us they would take action to update these.
- The provider ensured facilities and equipment were safe, and medical equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- 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.

Risks to patients

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

- There was an effective induction system for all staff which was tailored to their roles.
- 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.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. We found where items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- We saw evidence of adrenaline, an oxygen cylinder and automated external defibrillator (AED) in stock during the inspection for use in medical emergencies.

Are services safe?

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- We were told that the service utilised a checklist developed by the world health organisation (WHO) in relation to undertaking surgery, thus reducing the risks around wrong site surgery and misidentification of samples.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

- We reviewed a sample of 15 clinical records and found the individual care records were written and managed in a way that kept patients safe. The care records we saw showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- We found where consent was needed or a chaperone offered, this had been documented in the patient's notes. Also, if the treatment or consultation needed contact with patient's GP, this was clearly documented, along with any follow up arrangements.
- 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, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The fridge temperature was appropriately monitored and recorded daily.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the service carried out a Roaccutane safety audit where all case notes and prescriptions were reviewed to assess if had been dispensed appropriately. (Roaccutane is used to treat severe acne however there is a range of guidance covering its safe use).
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- The provider used a two steps identifier (name and date of birth) to identify a patient before the delivery of care and treatment. During the feedback, we recommended strengthening the patient identification process to improve patient care and safety.

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 activities and incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Are services safe?

Lessons learned and improvements made

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 significant incidents. The service had recorded zero serious incidents or events in the last 12 months.
- There was an accident and incident book on site that recorded any near misses along with any learning that could be derived and shared appropriately.
- There were adequate systems for reviewing and investigating when things went wrong. Although the service had not experienced any serious incidents in the past year, the review and investigation system included processes for sharing learning.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
- They kept written records of verbal interactions as well as written correspondence. The patients had access to their patient portal, and they could log into it to review any new letters, communications and test results that were shared or sent by the service.
- 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. The clinical director received the alerts and assessed whether they were relevant to the service and acted upon them when necessary. We found that any historic alerts that predate the service were considered and appropriately acted upon.

Are services effective?

We rated effective as Good 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 service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. This included guidance from the National Institute for Health and Care Excellence (NICE) and the British Association of Dermatologists (BAD).
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- 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.
- Staff assessed and managed patients' pain where appropriate.
- Patient feedback and demand assessment led to an introduction of a new treatment for the patients with a condition hyperhidrosis (excessive sweating).

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements and had access to peers and specialists in the field to discuss new developments and innovative practices.
- The service made improvements through the use of completed clinical and non-clinical 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, the service had conducted post operation wound infection audits in 2022 and 2023. The audits demonstrated that wound infection after a surgical intervention had further gone down from 1% to 0.55% over the two years.
- The service also conducted a range of non-clinical audits. For example, a photodynamic therapy documentation audit to review the completed consent forms for all patients undergoing the treatment. The review demonstrated a completion rate of 100%.

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) and 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. For example, a nurse at the clinic had recently attended a 3-day dermatology biopsy course, identified to support continued professional development during the last appraisal cycle.
- Staff whose role included reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date with necessary skills.

Are services effective?

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, patients could be referred directly to secondary care or to their GPs, if they wanted to.
- 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.
- 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. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

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. Patients were offered patient information s both paper copy and digitally for further information about their conditions, treatment options and lifestyle changes. These also included guidance on seeking further help and support.
- Risk factors were identified and highlighted to patients. For example, risk factors and potential side effects on isotretinoin prescribing (Roaccutane) were clearly highlighted to the patients. All women were offered a pregnancy prevention programme and a pregnancy test before dispensing the medication.
- Where patients' needs could not be met by the service, staff redirected them to an appropriate service for their needs.

Consent to care and treatment

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

- Attendance at the service was initiated by patients or via referral from GPs or other consultants. Patients, who expressed an interest in taking up treatment were given sufficient information about the range of treatments available to reach a decision on whether to progress with a particular treatment.
- 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:

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 feedback collected via feedback forms, in-house feedback surveys and feedback via online review portals and social media platforms. The service had 40 reviews on an externally hosted review website. The overall rating was 4.7 out of 5.
- Feedback from patients collected by the service was positive about the way staff treated 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. For example, all patients were offered a post-procedural phone call to confirm to if the wound was not infected and to provide any additional advice with regards to would care, if needed. They were also given an opportunity of a free of charge visit to the clinic for reassurance if required.

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. There was a hearing loop available at the reception for patients with hearing impairment.
- Staff told us sufficient time was offered during consultations to make an informed decision about the choice of treatment available to the patients. For example, longer appointments were booked for children and adults with a learning disability.
- Before providing treatment, patients attended for an assessment, where the clinician discussed with them the risks and benefits of any treatment and answered any questions. The clinician also discussed realistic outcomes and costs.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations were conducted behind closed doors, where conversations could not be overheard.
- Reception staff knew if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Staff understood the importance of keeping information confidential and all clinical records were stored in locked cabinets or on a secure electronic system.

Are services responsive to people's needs?

We rated responsive as Good 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 understood the needs of their patients and improved services in response to those needs. For example, longer appointments were offered to people with allergies, to better assess their needs.
- The service also dispensed some medications and skin products where appropriate to make it easier for the patients to access them. For example, patients were given a small tub of petroleum jelly (free of charge) to use following their surgery to promote wound care.
- Patients had a choice of time and day when booking their appointment. The service was open Monday to Friday, with evening appointments available every Tuesday when appointments could be booked until 8pm. In addition, the clinic opened 1 Saturday a month based on patient feedback.
- The facilities and premises were appropriate for the services delivered.
- The website for the service was informative, clear, and easy to understand. It contained clear information about the procedures offered along with prices for consultations and all treatments.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others. For example, the service was based on the ground floor and was wheelchair accessible.

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.
- Delays and cancellations were minimal and managed appropriately. However, the practice was dealing with longer wait times due to higher demand.
- Patients with the most urgent needs had their care and treatment prioritised and were offered prompt appointments.
- Patient feedback reported that the appointment system was easy to use. The provider ensured continuity of care for the patients as they were able to transition seamlessly between the services offered at the clinic.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded.

- Staff treated patients who made complaints compassionately.
- All written complaints were acknowledged within 3 working days and a formal response given within 28 working days.
- 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 though service did not have any clinical complaints in the last 12 months. We saw 4 administrative complaints had been reviewed and acted upon. For example, learning from one of the complaints included, informing patients of the costs of the treatment before the end of their appointment.
- The service continuously learned lessons and made improvements as a result of it. For example, the service found that the patients were not applying creams properly as a result, a service was introduced where the nurses could demonstrate the correct amount and methods to apply the cream.

Are services well-led?

We rated well-led as Good because:

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. The service was dealing with a huge demand and the average waiting time for an appointment had gone up. A waiting list was introduced, and patients were triaged based on their urgent needs.
- 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 been founded by a dermatology consultant who was also the clinical director and worked alongside the finance director to undertake the day-to-day management and running of the service.
- The leadership team were proactive in response to our feedback on the concerns we found during the inspection. They were quick to take steps to address these and provided us with assurances these steps would be embedded fully.

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. Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- There were regular clinical governance meetings where outcomes regarding the care provided, and patient feedback was discussed.
- Leaders had established proper policies, procedures, and activities to ensure safety and assured themselves that they were operating as intended.

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. 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 these would be addressed. We saw the service did not have a Freedom to Speak up Guardian. However, following the inspection we were told an external HR advisor was appointed to act as one for the service.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. 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 time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff had an option of flexible and homeworking. There were staff socials and team lunches arranged regularly. We were told that staff has access to free wellness service including a mental health assessment and therapies, offered via a third party.

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.
- There were positive relationships within the teams.

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.
- 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.

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 clinical audit of patient records. Leaders had oversight of safety alerts, incidents, and complaints.
- Health and safety assessment processes had been established to identify, manage, and mitigate risks.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. We saw evidence of several meetings arranged across the service such as weekly management meetings, monthly nurse and all staff meetings and a biannual clinical governance meeting where quality, performance and patient's views were reviewed and discussed.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- 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 service encouraged and heard views and concerns from the public, patients and staff and acted on them to shape services and culture.

Are services well-led?

- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how action taken was fed back to staff. For example, staff suggested reviewing the patient information leaflet based on the feedback form received from one patient. This had led to a revision of the service's patient information leaflet which was ongoing at the time of the inspection.
- The service monitored social media platforms and other online comments and reviews. We saw all comments were responded to, and patients were offered an opportunity to contact the complaints lead to resolve any concern or complaint.
- The provider had an ethos of working with the local healthcare economy. For example, the service had arranged sessions for several leaders from local GP practices to improve their knowledge on dermatology and on various treatments provided at the service. For example, there were sessions arranged on hair loss, psoriasis, and hyperhidrosis in the recent months.

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 clinic room chairs across the service were replaced after an incident.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- To further increase safer patient outcomes and better results, a post treatment wound follow-up was offered without charge. The provider advised this had increased the opportunity for identifying a potential concerns or complications.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes, and performance. The senior nurse led on the appraisals for the two nurses and the health care assistant working in the practice and all other appraisals were held with the clinical director at the service.
- There were systems to support improvement and innovation work. Based on the latest research on the treatment methods, a new service was introduced which offered a more effective treatment for warts.
- The service organised surgical skill workshops monthly for the various staff in the NHS, including the GPs, nurses, registrars, and dermatology consultants. These were led by the consultant plastic surgeon at the service.