

# Harley Street Dermatology Clinic

## Inspection report

10 Harley Street  
London  
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[www.harleystdermatology.com](http://www.harleystdermatology.com)

Date of inspection visit: 27 April 2022  
Date of publication: 10/05/2022

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

We carried out an announced comprehensive inspection of the Harley Street Dermatology Clinic (the service) on 27 April 2022, as part of our inspection programme. The service had been inspected previously in January 2013, before the CQC introduced ratings for independent healthcare providers.

**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 service, which includes clinical diagnoses and treatment of skin conditions and diseases, is provided by Dr Suchitra Badvey (the provider) who is registered by the CQC under the Health and Social Care Act 2008. The registration is in relation to the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury. Not all of the services provided fall within scope of the CQC registration. The exceptions from regulation by the CQC which relate to particular types of regulated activities and services are set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service provides a range of non-surgical cosmetic interventions, which are not within the CQC's scope of registration. Therefore, we did not inspect and report on those aspects of the service.

**Our key findings were:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- The provider treated patients with kindness and respect and involved them in decisions about their care.
- The provider adjusted how they delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the service was managed promoted the delivery of high-quality, person-centre care.

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

- Proceed with conducting the second cycle of recent clinical audits to identify and implement, where appropriate, any improvements to the service.
- Proceed with identifying a means, and make provision for, patients' healthcare records to be retained in the event that the provider ceases operation.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team comprised of a CQC lead inspector and a specialist adviser.

## Background to Harley Street Dermatology Clinic

Harley Street Dermatology Clinic is a private medical service provided by Dr Suchitra Badvey (the provider). It operates from rented premises at 10 Harley Street, London W1G 9PF.

The provider is registered by the CQC to deliver healthcare services relating to the clinical diagnosis and treatment of skin conditions and diseases. The registration relates to the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury. Not all of the services provided fall within scope of the CQC registration. Cosmetic treatments provided by the service are exempt from regulation, being included in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Accordingly, we did not inspect and report on those aspects of the service.

The provider is a sole practitioner, registered by the General Medical Council (GMC), and does not employ any administrative staff. The service operates mostly on Saturdays and Sundays, between 11:00 am and 4:00 pm. Consultations are by appointment only and may be conducted face-to-face or remotely, either by telephone or video calls. The service is provided to adults and children, although in practice children under 16 years of age are rarely seen.

Treatment provided that are relevant to the CQC registration includes minor surgery, such as curettage (scraping), cautery (burning) or cryocautery (freezing) of warts, verrucae or other skin lesions, which are carried out under a local anaesthetic.

Details of the service provided can be found on the website: - [www.harleystdermatology.com](http://www.harleystdermatology.com)

### How we inspected this service

Before the inspection we gathered and reviewed information from the provider. We also reviewed information held by the CQC on our internal systems. We carried out a site visit and spoke with the provider.

We reviewed the provider's governance policies and looked at five sets of healthcare records of patients using the service.

Due to the current COVID pandemic we were unable to obtain feedback from patients using our normal process of asking the provider to place comment cards at the service location. No patients had consultations booked on the day of our inspection visit. However, we reviewed the feedback submitted by patients directly to the provider and on two verified review websites, regarding their experience of 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.

# Are services safe?

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

People were protected from avoidable harm and abuse. Risks to safety from service developments, anticipated changes in demand and disruption were assessed, planned for and managed effectively.

## **Safety systems and processes**

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

- The provider had appropriate safety policies, which were regularly reviewed, most recently in February 2022. They had systems to safeguard children and vulnerable adults from abuse and to ensure an adult accompanying a child had parental / guardian authority.
- The provider worked with other agencies to support patients and protect them from neglect and abuse. The provider took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had up-to-date safeguarding and safety training to appropriate levels. The premises landlord's staff were available to act as informal chaperones to witness consultations if requested by patients and this was covered by a formal policy document. The provider sent us evidence after the visit that this arrangement had been risk assessed.
- There was an effective system to manage infection prevention and control (IPC). The premises landlord sent us evidence of IPC audits being carried out. These include a COVID-specific audit in December 2021 and a more general IPC audit in January 2022. Both the premises landlord and the provider had up to date IPC policies. The landlord also provided evidence that a legionella risk assessment had been carried out and regular water temperature monitoring and sample testing was conducted. The provider had been proactive in introducing effective IPC measures at the location at the beginning of the COVID pandemic.
- Systems were in place to ensure the facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There was a suitable process for safely managing general and healthcare-related waste.
- Appropriate environmental risk assessments, which took account of the profile of people using the premises and those who may be accompanying them, had been carried out, most recently in January 2022.

## **Risks to patients**

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

- The provider and premises 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.
- We saw evidence the provider had appropriate professional liability indemnity in place.
- There were suitable medicines and equipment to deal with medical emergencies which were available at the premises during consultation sessions. These were newly obtained, and the provider told us they would be checked regularly. We saw a monitoring log was introduced after our site visit. The provider also sent us evidence after the visit that they had carried out a risk assessment of the emergency medicines kept.
- When there were changes to services the provider 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.**

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The provider currently used hard copy paper records but was investigating electronic systems for introduction in the future.
- The provider did not currently have a system in place to retain medical records in line with Department of Health and Social Care guidance in the event that they cease providing regulated activities.
- The provider had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- The provider made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. This included immediate referrals to other local healthcare providers in cases such as suspected cancer, prompting biopsies.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, medications, emergency medicines and equipment minimised risks. Most prescribing was done by electronic means involving local pharmacies. Patients could collect items from the pharmacies or have them posted to their home address. Hard copy prescription stationery was used occasionally and was kept securely.
- The provider prescribed, administered or supplied medicines and medications to patients and gave advice on medicines in line with legal requirements and current national guidance, such as British National Formulary. Prescribing was limited mostly to antibiotics, emollients and the like. No controlled drugs were prescribed.
- The provider had an effective process to verify the identity of patients, including those with parental / guardian responsibility for children using the service.

## Track record on safety and incidents

### The provider had a good safety record.

- There were risk assessments in relation to safety issues.
- The provider monitored and reviewed activity, helping to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The provider learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events, although none had occurred within the service.
- The provider was aware of and complied with the requirements of the Duty of Candour, and the process of notifying relevant agencies of safety incidents and reporting the occurrence of notifiable diseases.
- The provider was part of an informal peer group, which met to discuss safety issues and other learning opportunities. Similarly, they engaged with the landlord's staff and other healthcare providers at the location.
- As part of their GMC registration and revalidation process, they were required to maintain their professional development and were subject to regular appraisal.

# Are services effective?

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

People have good outcomes because they receive effective care and treatment that meets their needs. People's care and treatment is planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.

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

**The provider had systems to keep up to date with current evidence-based practice. We saw that they 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 National Institute for Health and Care Excellence (NICE), best practice guidelines, those published by the British Association of Dermatologists. The provider maintained current knowledge of current guidance, etc via regular newsletters from the Independent Doctors Federation.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The provider had enough information to make or confirm a diagnosis. There were arrangements in place with a nearby laboratory for patients to undergo blood tests, if appropriate. The provider told us test results were monitored daily and if abnormal they contacted patients immediately, either by password-protected email or telephone.
- We saw no evidence of discrimination when making care and treatment decisions.

### **Monitoring care and treatment**

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

- The provider used information about care and treatment to make improvements, for example by carrying out clinical audits. However, due to low patient numbers over the course of the COVID pandemic, the second cycles to complete recent audits had not yet been conducted.
- In addition, the provider kept themselves apprised of developments in clinical practice and methodology to improve the quality of the service.

### **Coordinating patient care and information sharing**

**The provider 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, in suspected cancer diagnoses, requiring biopsies.
- Patient information was shared appropriately. This included when patients moved to other professional services.
- Before offering treatment, the provider 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. We saw evidence of information being so shared in line with GMC guidance.

# Are services effective?

- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse or those which might interact adversely with other currently prescribed medications.

## **Supporting patients to live healthier lives**

- Where appropriate, the provider gave patients advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their GP for additional support.
- Where patients' clinical needs could not be met, they were redirected to the appropriate services.
- Lifestyle advice was provided, and patients could be referred to a private psychiatrist in appropriate circumstances.

## **Consent to care and treatment**

### **The provider obtained consent to care and treatment in line with legislation and guidance.**

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

# Are services caring?

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

People are supported, treated with dignity and respect and are involved as partners in their care. Feedback from patients is positive about the way they are treated.

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

#### **The provider treated patients with kindness, respect and compassion.**

- The provider routinely sought feedback on the quality of clinical care patients received. The feedback from patients, both directly to the provider and on two verifiable websites was very positive about the way patients were treated.
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The provider gave patients timely support and information.

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

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

- Information was available to help patients be involved in decisions about their care.
- The patient feedback we saw confirmed they felt listened to and supported and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- We saw evidence of patients' written consent to treatment was obtained where appropriate. Written parental / guardian consent in respect of children using the service was also obtained.



# Are services responsive to people's needs?

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

People's needs are met through the way services are organised and delivered. Reasonable adjustments are made, and action taken to remove barriers when people find it hard to access services.

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

### **The provider organised and delivered services to meet patients' needs, taking account of patients' needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs. For example, the provider had increased online access during the COVID pandemic for patients who were reluctant to travel or attend face to face consultations.
- The service operated from rented premises, using one consulting room. The premises were shared with other private healthcare providers. The facilities 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, test results, diagnosis and treatment.
- The service provided face to face appointments, usually at weekends, as well as online consultations.
- Patients were given the provider's 24-hour contact details.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

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

- The provider had a complaints policy and procedures in place. However, the provider told us none had been received.
- Information about how to make a complaint or raise concerns was available. The process included a means of escalating the complaint if the patient was not satisfied with the initial investigation.

# Are services well-led?

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

The leadership, governance and culture promote the delivery of high-quality person-centred care. There is an effective process in place to identify, understand, monitor, and address current and future risks.

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

#### **The provider the capacity and skills to deliver high-quality, sustainable care.**

- The provider was 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 provider had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities.

### **Culture**

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

- The service focused on the needs of patients.
- We saw from governance policies, etc, that openness, honesty and transparency would be 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.
- The service actively promoted equality and diversity.

### **Governance arrangements**

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

- Structures, processes and systems to support good governance were clearly set out, understood and effective. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The provider submitted data or notifications to external organisations as required.

### **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.
- Clinical audit had a positive impact on quality of care and outcomes for patients.

# Are services well-led?

- The provider had plans in place to manage major incidents.

## **Appropriate and accurate information**

### **The provider 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.

## **Engagement with patients and external partners**

### **The provider involved patients to support high-quality sustainable services.**

- The provider encouraged and heard views and concerns from patients acted on them to shape services and culture.
- There were systems to support improvement, such as clinical auditing, although recent audits had not been completed with second cycles due to low patient numbers during the COVID pandemic.
- The provider told us of plans to develop their own medication formulary in the future, also to introduce allergy consultations and a psychodermatology service.
- 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 were processes to provide continued learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared informally with other providers and used to make improvements.