Medical Clinics Limited

Brighton Laser & Skin Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 02 May 2018 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Brighton Laser and Skin Clinic is a private clinic providing minor surgery in dermatology. Procedures offered include the surgical removal of moles, skin tags, cysts and other non cancerous skin growths. The service also provides the aesthetic cosmetic treatments for laser hair, thread vein and tattoo removal, anti wrinkle injections and fillers, laser skin treatment and microdermabrasion.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner. At Brighton Laser and Skin Clinic the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore we were only able to inspect the treatment of minor surgery in dermatology but not the aesthetic cosmetic services.

Dr Russell Emerson and Dr Fiona Emerson are the registered managers. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

We received 29 comment cards from patients providing feedback about the service, all of which were very positive about the standard of care they received. The service was described as highly professional, friendly, helpful and organised.

Our key findings were:

- There was a system for reporting, recording, sharing and learning from safety.
- Information about services and how to complain was available and easy to understand.
- The treatment rooms were well organised and equipped, with good light and ventilation.
- The provider assessed patients according to appropriate guidance and standards.
- Staff maintained the necessary skills and competence to support the needs of patients. Staff were up to date with current guidelines.
- Risks to patients were well managed. For example, there were effective systems in place to reduce the risk and spread of infection.
- Medicines were stored safely.
- Systems were in place to deal with medical emergencies. Clinical staff were trained in basic life support and the provider had appropriate emergency medicines in place.
- Staff were kind, caring and put patients at their ease.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

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

- Ensure care and treatment is provided in a safe way to patients.

You can see full details of the regulations not being met at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- Systems, processes and risk assessments were in place to keep staff and patients safe. However, the provider did not have an automatic external defibrillator (AED) and oxygen in place for use in medical emergencies and had not conducted a risk assessment to assess whether this equipment was required.
- Staff had the information they needed to provide safe care and treatment and shared information as appropriate with other services.
- There were systems in place to check patients' identity.
- The provider had a good track record of safety and had a learning culture, using safety incidents as an opportunity for learning and improvement.
- There was an effective system in place for reporting and recording significant events.
- The staffing levels were appropriate for the provision of care provided.
- We found the equipment and premises were well maintained with a planned programme of maintenance.
- Medicines were regularly checked.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- The majority of patients self-referred to the services. Assessment and treatment was monitored using a range of resources, including the National Institute for Health and Care Excellence (NICE) guidance.
- Patients were supported to make decisions about their treatment.
- The provider reviewed the effectiveness and appropriateness of the care provided and staff were actively engaged in monitoring and improving quality and outcomes.
- We found staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Staff were courteous and helpful to patients and treated them with dignity and respect.
- The service respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect and complied with the Data Protection Act 1998 and General Data Protection Regulation 2016.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The service conducted regular patient surveys and had improved the service as a result of feedback.

Summary of findings

- Appointments were available from Monday to Saturday and the length of appointment was specific to the patient and their needs.
- The facilities and premises were appropriate for the services delivered.
- The service took complaints, incidents and concerns seriously and responded to them appropriately to improve the quality of care.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The provider was part of a corporate provider which had extensive governance and management systems.
- There was a clear leadership structure in place and staff felt well supported by management.
- The provider had a clear vision to provide a high quality responsive service that put caring and patient safety at its heart.
- There was a focus on staff wellbeing.
- The provider had systems in place to manage governance.
- There were clear and effective processes for managing risks, issues and performance.
- A programme of audits ensured the provider regularly monitored the quality of care and treatment provided and made improvements as a result.
- Patient and staff feedback was invited regularly.
- There was a strong focus on continuous learning and improvement at all levels within the service.
- The provider was involved in public health promotion and had recently taken part in a local men's health event by offering free mole checks to help improve awareness of the signs and symptoms of skin cancer.
- The consultant dermatologist regularly contributed to dermatology education days for GPs in the local area.

Brighton Laser & Skin Clinic

Detailed findings

Background to this inspection

Brighton Laser and Skin Clinic is a private clinic providing minor surgical and aesthetic cosmetic dermatology treatments. The service is one of eight locations operating under the corporate provider trading of Laser and Skin Clinics and based in Brighton, Hove and Worthing. A second location, Brighton Laser Clinic, which is part of the same corporate provider operates from the same premises and carries out services concurrently. Governance is provided by the corporate provider and includes practice policies, protocols and governance. Procedures offered include the surgical removal of moles, skin tags, cysts and other non-cancerous skin growths which account for around 6% of the treatment episodes. The following aesthetic cosmetic treatments are also provided and are exempt by law from CQC regulation: laser hair removal; thread vein removal; tattoo removal; anti-wrinkle injections and fillers; laser skin treatment and microdermabrasion. Around 1% of the people receiving treatment are transgender patients referred by the NHS for laser hair removal.

This report concerns only the treatment of minor surgery in dermatology and not the aesthetic cosmetic services.

The provider address is:

Brighton Laser and Skin Clinic

56a Marine Parade

Brighton

East Sussex

BN2 1PN

The surgery is open from Monday to Friday 9am to 5pm. There are evening clinics on Wednesdays and once a month on Thursdays from 5pm to 8pm as well as a monthly weekend clinic on Saturdays from 9am to 12pm.

Registered services are provided predominantly by a lead GP who has a specialist interest in dermatology and holds a diploma in dermatology and who is supported by a consultant dermatologist. The lead GP is also the practice manager. There is an additional GP with a specialist interest in dermatology, an aesthetic practitioner and two laser practitioners who deliver the aesthetic cosmetic services. There are two receptionists and an administrator.

We carried out an announced comprehensive inspection at Brighton Laser and Skin Clinic on 2 May 2018. Our inspection team was led by a CQC lead inspector who was accompanied by a GP specialist adviser. Before visiting, we reviewed a range of information we hold about the

service. Prior to the inspection we reviewed the information provided from pre-inspection information request.

During our visit we:

- Spoke with the provider and clinical and support staff.
- Looked at equipment and rooms used when providing health assessments.
- Reviewed records and documents.

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?

Detailed findings

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

Are services safe?

Our findings

We found that this service did not always provide safe care in accordance with the relevant regulations. The provider did not have a defibrillator and oxygen in place for use in medical emergencies and had not conducted a risk assessment to assess the need.

Safety systems and processes

The service conducted safety risk assessments. There was a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. One of the GPs was the safeguarding lead. The provider carried out staff checks on recruitment and on an ongoing basis, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken for all staff who had direct contact with patients. (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).

Information in the waiting area advised patients that staff were available to act as chaperones. The receptionists acted as chaperones and were trained for the role and had received a DBS check.

There was an effective system to manage infection prevention and control. Daily checks were completed in each assessment room for cleanliness which included equipment. There was a cleaning schedule in place that covered all areas and detailed what and where equipment should be used.

The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were arrangements in place on each site to respond to emergencies and major incidents. All staff had completed training in emergency resuscitation and life support which was updated yearly.

Emergency medicines and equipment were easily accessible to staff in secure areas and staff knew of their location. However the provider did not have an automatic external defibrillator (AED) and oxygen in place for use in medical emergencies and had not conducted a risk assessment to assess the need. The provider contacted CQC the day after the inspection with a completed risk assessment and had arranged for an AED for the premises. The risk assessment found the risk of storing oxygen on the premises, alongside flammable laser equipment, outweighed the likely benefits.

There were up to date fire risk assessments and regular fire drills were carried out. Electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Information to deliver safe care and treatment

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

Patients received a full health assessment at the beginning of their appointment. Referrals could be made where necessary either to other specialists or with the patient's own GP. Referral letters included all of the necessary information. Patients received a report of any pathology results.

Assessments were recorded on an electronic system. We found the electronic patient record system was only accessible for staff with delegated authority, which protected patient confidentiality.

Safe and appropriate use of medicines

There were reliable systems in place for appropriate and safe handling of medicines. The systems for managing medicines, including emergency medicines minimised risks.

Prescription stationery was securely stored and monitored its use. Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety

The provider had a good safety record. There were comprehensive risk assessments in relation to safety

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

Lessons learned and improvements made

There was an effective system in place for reporting and recording significant events. Lessons from significant events were discussed and shared. The provider had not recorded had any significant events over the past year. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The majority of patients self-referred to the service with the exception of around 1% of the people receiving treatment, who were transgender patients referred by the NHS for laser hair removal. Assessment and treatment was monitored from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance and the NHS guidance and competences for the provision of services for GPs with special interest in dermatology and skin surgery. There were systems in place to keep both staff up to date with new guidelines. Monitoring was in place to ensure that these guidelines were adhered to through routine audits of patients' records.

Monitoring care and treatment

The provider reviewed the effectiveness and appropriateness of the care provided and was actively engaged in monitoring and improving quality and outcomes. Clinical audits were carried out to demonstrate quality improvement and staff were involved to improve care and patient outcomes. We reviewed seven audits including an annual audit of wound infections to help improve prevention and minimise risk. The results showed consistently low infection rates and an overall reduction per annum in the number of patients reporting wound infections.

The provider also carried out regular reports on services including excision rates, safeguarding, quality improvement and antibiotic prescribing to monitor the efficacy of the service.

Effective staffing

We found staff had the skills, knowledge and experience to deliver effective care and treatment. There was an induction programme for newly appointed staff that was tailored to individual roles and covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

We reviewed the training system and found staff had access to a variety of training. This included e-learning training modules and in-house training. Staff were required to undertake mandatory training and this was monitored to ensure staff were up to date. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.

Staff learning needs were identified through a system of meetings and appraisals which were linked to organisational development needs. Staff were supported through one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The service shared relevant information with the patient's permission with other services. For example, when referring patients to secondary health care or informing the patient's own GP of any concerns.

Supporting patients to live healthier lives

Patients were assessed and given individually tailored advice. For example information about skin sun care was available where appropriate.

Consent to care and treatment

We found staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw the service obtained written consent before any treatment and for sharing information with outside agencies such as the patient's GP. The process for seeking consent was demonstrated through records. We saw consent was recorded in the patient record systems. This showed the service met its responsibilities within legislation and followed relevant national guidance.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

The corporate provider conducted annual patient surveys to improve the service. The most recent survey was conducted between November 2017 and January 2018. Of the 150 questionnaires which were sent out, 138 people responded. The results showed positive responses, for example 95% of patients who responded said they felt the practitioner had listed to them and 100% of patients who responded said they had been treated with respect and dignity.

Involvement in decisions about care and treatment

Patients were provided with information about treatment options and costs before their surgery. Patients were provided with information about the results by return appointment, phone and/or letter.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity and both staff recognised the importance of patients' dignity and respect and the clinic complied with the Data Protection Act 1998 and the General Data Protection Regulation 2016. All confidential information was stored securely on computers.

The clinic rooms were private and staff knocked on the door and waited before entering to maintain patients' privacy and dignity during assessments and consultations. The clinic room doors were closed when in use and we noted that conversations taking place could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

The facilities and premises were appropriate for the services delivered. The reception area was small but staff explained they rarely had more than one patient waiting at any time and there was music playing in reception to improve confidentiality. The premises was on the ground floor and accessible from the street. There were adequate toilet facilities including toilets for people who were disabled and baby changing facilities.

Timely access to the service

Appointments were available by calling the service directly with waiting times of around one week. The surgery was open from Monday to Friday from 9am to 5pm. There were evening clinics on Wednesdays and once a month on Thursdays from 5pm to 8pm as well as a monthly weekend clinic on Saturdays from 9am to 12pm.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care. Information for patients about how to make a complaint was available in the clinic reception and on the clinic website. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the investigation into their complaint. We reviewed the complaints system and noted there was an effective system in place which ensured there was a clear response. The provider had not received any complaints relating to the treatment of minor surgery in the previous 12 months.

Are services well-led?

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

Our findings

We found that this service was providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability

The provider was part of a corporate provider which had extensive governance and management systems. This provided a range of reporting mechanisms and quality assurance checks to ensure appropriate and high quality care.

There was a clear leadership structure in place and staff told us they felt well supported by management. They told us they received appropriate training for their roles their responsibilities.

Vision and strategy

The provider had a clear vision to provide a high quality service that put caring and patient safety at its heart. The provider had a realistic strategy and supporting business plans to achieve priorities.

Culture

The culture of the service actively encouraged candour, openness and honesty. The provider felt confident to report concerns to the relevant health and social care professionals. There was a whistleblowing policy in place.

There were processes in place to ensure staff received the development they needed. This included appraisal and career development.

The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. There were systems in place for recognising and reporting notifiable safety incidents.

Governance arrangements

There was a clear system of accountability to support good governance and management. The structures, policies, processes and systems were provided by the corporate provider and were clearly set out and effective. All of the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE). Systems were in place for monitoring the quality of the service and making improvements. This included carrying out regular audits, carrying out risk assessments and quality checks and actively seeking feedback from patients.

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. Risk assessments were comprehensive and had been reviewed, with the exception of the risk relating to medical emergencies requiring oxygen and an automatic external defibrillator (AED). The provider contacted us the day following the inspection with appropriate risk assessments to address this. The provider had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents and complaints. There was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

The provider acted on appropriate and accurate information. There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Regular audits ensured the provider monitored the quality of care and treatment provided and made any changes necessary as a result. We found the patients records were audited for quality of content and to ensure appropriate referrals or actions were taken. For example the provider conducted an annual audit of histology results tracking and found that all histology results had been received and acted on in the previous 12 months.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients, the public and staff. The provider conducted an annual patient survey to assess the service. The provider also gathered feedback from staff on an annual basis, which included actions for the provider as a result. The most recent survey showed improvements in the numbers of staff who said they felt enthusiastic about their job and those satisfied or very satisfied with the recognition they get for good work.

Continuous improvement and innovation

Are services well-led?

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

There were systems and processes for learning, continuous improvement and innovation. The provider made use of internal reviews of audits, incidents and complaints and consistently sought ways to improve the service.

The provider was involved in public health promotion and had recently taken part in a local men's health event by offering free mole checks to help improve people's understanding of the signs and symptoms of skin cancer.

The consultant dermatologist regularly contributed to dermatology education days for GPs in the local area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The provider did not have an automatic external defibrillator (AED) and oxygen in place for use in medical emergencies and had not conducted a risk assessment to assess the need. Regulation12 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014