

ID Medical - Minor Skin Surgery Service

Inspection report

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Date of inspection visit: 05 April 2023
Date of publication: 26/04/2023

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 ID Medical – Minor Skin Surgery Service on 5 April 2023, following the receipt of concerns. ID Medical's registered under the Health and Social Care Act 2008 to provide the following regulated activities:

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

This service provides a minor skin surgery service such as excision, shave excision, biopsy and shave biopsy working in partnership with the NHS providing a full patient pathway from diagnosis, treatment and to recovery.

The service manager is the registered manager for ID Medical – Minor Skin Surgery Service. 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.

Our key findings were:

- The service provided care in a way that kept people safe and protected them from avoidable harm. However, sharps boxes need to be made secure.
- The provider had systems to keep clinicians up to date with current evidence-based guidance.
- The service encouraged feedback from patients which was positive and included timely access to the service.
- People received care and treatment that met their expectations.
- The provider cared for people in a kind and respectful manner.
- The provider organised and delivered care and treatments to meet peoples' needs. People could access their care and treatment in a manner that met their needs.
- The provider had appropriate processes and systems in place to monitor risk, quality and governance.

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

- Ensure sharps boxes are safely secured.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to ID Medical - Minor Skin Surgery Service

ID Medical – Minor Skin Surgery Service.

Grove Medical Centre

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www.id-medical.com/minor-surgery-service-ipswich-east-suffolk

- The service provides Level 3 Intermediate skin minor surgery for larger skin lesions and local anaesthetic surgery and lesions in cosmetically sensitive areas – excluding skin cancer. The aim is to improve access and manage more patients in the community setting giving patients the choice to attend an accessible service across their local area and reduce pressure on secondary care dermatology services. The service is provided to patients aged 16 years and above.
- The service has a staff of six, three are non-clinical including the clinic coordinator, the portfolio manager and the head of quality and improvement. Three clinical staff including a general surgeon, a GP with special interest in skin surgery and the healthcare assistant.
- During the first year of the service January 2022 to December 2022 there were 1733 referrals converting to 1467 appointments and 1285 procedures.
- There is accessible parking at the service location.
- The service is accessed via referrals from primary care clinicians.
- Clinics are available at the location on Wednesdays, Thursdays and Fridays depending on demand from 8am to 6pm and a patient phone line is open from Monday to Friday 9am to 5pm.

How we inspected this service

Before the inspection, we asked the provider to send us information about the service, which was reviewed prior to the day of the site inspection. We also reviewed information held by the CQC on our internal systems.

During the inspection we spoke with staff present including the Registered Manager, clinical and non clinical staff and patients. We made observations of the facilities and service provision, and reviewed documents, records, and information held onsite at the location.

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 employed at the service. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had effective systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. For example information requested from the referring GP was seen in the referral documentation and checked during triage questions prior to a procedure. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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. We were shown the most recent audit with the corrective actions that had been completed. For example a lockable cupboard that assured nothing was stored on the floor.
- 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.
- 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 were arrangements for planning and monitoring the number and mix of staff needed to provide a safe and effective service.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage and advise patients with for example post procedure infections.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate professional indemnity arrangements in place.
- However, we did see the sharps bins were not secured to ensure they could not be knocked over. The provider told us this would be addressed to assure staff and patient safety.
- There was access to suitable medicines and equipment appropriate for the service to deal with medical emergencies which were stored appropriately and checked regularly.

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 care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.
- Evidence was provided by the service that clinicians made appropriate and timely referrals in line with service protocols with up to date evidence-based guidance for example British Association of Dermatology (BAD) and the National Institute for Health and Care Excellence (NICE).

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, including injectable medicine, emergency medicines and equipment minimised risks. This included ensuring temperature control and monitoring processes.
- Staff administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and we saw staff kept accurate records of medicines.

Track record on safety and incidents

The service had a good safety record.

- Risk assessment documents were seen in relation to safety issues.
- The service monitored and reviewed safety issue activities. This helped it to understand risks and gave a clear and current picture which led to safety improvements. For example clinical and non-clinical room assessments, environment assessments, medication assessments, and safeguarding assessments.

Lessons learned and made improvements

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 incidents and near misses. Leaders and managers supported them when they did so.
- The service had systems in place to review and investigate when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. Examples were seen in service meeting minutes which had been discussed with staff for learning.
- The provider was aware of and complied with the requirements of the Duty of Candour. The staff working at the service shared with us their understanding of the service vision and mission to provide a culture of openness and honesty.
- The service management knew the process for, and had a system in place for notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- We found the service gave affected people reasonable support, truthful information and a verbal and written apology. The service kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all staff members.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

- The provider had systems in place to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians 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), 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.
- We were provided with evidence regarding how staff assessed and managed patients' pain, and the advice for post operative pain management.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example a patient satisfaction survey was collected following each procedure.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of actions to resolve concerns and improve quality. For example ensuring consent was obtained, monitoring of staff hand hygiene, and monitoring of post operative infections.
- We were provided with examples of audits that monitored post operative infection, consent obtained, patients that did not attend for appointment and the number that did not proceed to have a procedure.

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.
- Clinical professionals were appropriately registered with the General Medical Council (GMC) or Nursing and Midwifery Council (NMC) 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 told us they were encouraged and given opportunities to develop.

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 the GP surgery that hosted the service, the pathology service, the commissioning organisation, and the referring GP practices.
- 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.
- The provider had risk assessed the treatments they offered.

Are services effective?

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, adult social care providers to understand a patient needs.
- There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were and proactive in supporting them to manage their own healthcare.

- Where appropriate, staff gave people advice so they could self-care following a procedure.
- Risk factors were identified, highlighted to patients, and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the service, staff redirected them back to the GP who had referred them to ensure they received treatment appropriate for their needs. For example if a cancer diagnosis was suspected.

Consent to care and treatment

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

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

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.
- Feedback from patients 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 about their procedure and aftercare.

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.
- Patients told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids or easy read materials if required.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

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 a recent change to the information leaflet about what to expect during a procedure was made following feedback.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service was provided in accessible rooms.

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 an initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

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.

- Information about how to make a complaint or raise concerns was available on the service website and in paper format at the service onsite. Staff treated patients who made complaints compassionately.
- The service had a complaints policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, they produced an information leaflet for patients that explained the use of local anaesthetic and what to expect during their minor surgery procedure. This was following the receipt of complaints about patients' expectations of local anaesthesia.
- We reviewed the complaints that had been received at the service and saw patients had been given a response/ acknowledgement informing them of the service time frame to respond to a complaint. Complainants were then provided with correspondence with an explanation and any actions and learning that had been undertaken as a result of their complaint. The complainant was also provided with further information about other actions available to them should they not be satisfied with the service response to their complaint.

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 the services they provided. They understood the challenges and were addressing them.
- 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 provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The service provided us with their clear vision and set of values. They had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners for example the local commissioning organisation to ensure it met the needs of the local population.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service audited and monitored progress against delivery of the strategy.

Culture

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

- Staff told us they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. This was demonstrated and seen with the way they managed patient concerns. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- We were told by staff that their development needs were important to the provider and provided appropriately. This included appraisal and career development conversations. All staff had received their annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

- We found the service had systems to support good governance; the management of this was clearly set out, understood and effective.
- The governance and management of partnerships, joint working arrangements and shared services showed co-ordinated person-centred care.
- Staff were clear about their roles and accountabilities within the service.
- Leaders had established policies, procedures and activities to ensure safety and we found assurance they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account
- The service knew how to submit notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Leaders provided evidence they had oversight of safety alerts, incidents and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence that audits were used to monitor all aspects of the service. For example; consent obtained, hand hygiene, and post operative infections.
- The provider had plans in place and had trained staff for unforeseen service disruption and held a business continuity plan.

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 included the views of patients.
- Quality was discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- There were a number of areas of notable practice to support improvement and innovation work. For example:
 - Request for a photograph of lesions to improve triage process.
 - Consistency of the rejection of referrals that fall out of scope for the service.
 - Patient satisfaction surveys including NHS Friends and Family Tests with analysis undertaken and actions carried out.
 - Promotion of advocacy to ensure support and inclusion for all patients.
 - Provision of detailed explanation of patients conditions, and a leaflet from the British Association of Dermatology (BAD).

Are services well-led?

- Booking and re-booking provision of appointments to provide timely patient choice.
- Keeping waiting times between 1 - 3 weeks.
- Involvement with the patient participation group at the host practice.
- Staff satisfaction survey with analysis undertaken and actions carried out.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff.
- The service showed how they were transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. This was seen in their annual audit plan and the actions taken.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time to review individual and team objectives, processes and performance.