Dr Rowland Payne Dermatology Ltd

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 26 September 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 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards all of these were wholly positive about the service experienced. Patients said that staff were accommodating and the treatment provided was of an excellent standard.

Our key findings were:

- The provider had a clear vision to deliver high quality care for patients.
- There were systems and processes in place for taking action and learning lessons from significant events which improved systems in the service. Although all staff were aware of events and there was clear evidence of action taken to make improvements, the service was not recording significant events in line with their policy.
- The service had clearly defined systems, processes and practices to minimise risks to patient safety. Most risks had been assessed and addressed. However, we found that the building managers had yet to implement all of the actions from the latest fire risk assessment.

Summary of findings

- Policies and procedures were in place to govern all relevant areas yet the service had not followed its recruitment policy in respect of a self-employed contractor. This individual did not have contact with patients.
- The service had adequate arrangements to respond to emergencies. However not all equipment was being checked regularly to ensure it was operational and, although the service had a supply of emergency medicines, a risk assessment had not been undertaken to ensure that the medicines stocked were sufficient.
- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was an effective system in place for obtaining patients' consent.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The clinic was aware of and complied with the requirements of the Duty of Candour.

There were areas where the provider could make improvements and should:

- Continue to engage with the building management to ensure any fire risks are addressed.
- Review recruitment and training procedures to ensure that all staff have been subject to proper checks and are adequately trained.
- Review emergency medicines and equipment to ensure that medicines are appropriate and are adequate to respond to risk and that the working status of emergency equipment is regularly checked to ensure that it is fully operational.

Follow the service's policy for documenting significant events and learning.

Dr Rowland Payne Dermatology

Detailed findings

Background to this inspection

Dr Rowland Payne Dermatology is a consultant led dermatology service which sees between 200 and 500 patients per month. The service provides medical dermatology and aesthetic procedures; some of which are exempt from CQC regulation.

Services are provided from 27 Devonshire Place, London, W1G 6JF in the London borough of Westminster. All patients attending the clinic referred themselves for treatment; none are referred from NHS services. The service is open Monday to Friday 8.30 am to 5 pm. The service is registered with the CQC to provide treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

The registered manager for the service is Dr Christopher Rowland Payne, 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.

We carried out this comprehensive 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.

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser with a specialist interest in dermatology.

Before visiting, we reviewed a range of information we hold about the service. During our visit we:

- Spoke with staff.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment in use.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed patient feedback from the completed CQC comment cards.

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

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

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

Are services safe?

Our findings

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

Safety systems and processes

The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.

- The service had defined policies and procedures which were understood by staff. Although significant events had not been formally documented using the recording form in line with the service's policy, we saw evidence that comprehensive action had been taken in response to both of the significant events to lessen the like likelihood of reoccurrence. All staff we spoke with were aware of learning outcomes. Patients were informed of outcomes where appropriate. The service wrote up both significant events using the service's recording form on the day of the inspection.
- The compliance and governance manager worked for the service on a self-employed basis. They did not have direct contact with patients or confidential information. There was no recruitment information available for this individual on the day of the inspection. All other staff had appropriate recruitment, monitoring and training information on file.
- The registered manager demonstrated they understood their responsibilities regarding safeguarding and had received training to advanced safeguarding training for children and level 2 training related to safeguarding vulnerable adults. There were systems in place to respond to safeguarding incidents.
- We were told that all examinations of female patients and children under 18 were chaperoned by a member of staff; typically, by a healthcare assistant or nurse. All staff who acted as chaperones were aware of the correct procedure for chaperoning and had received a Disclosure and Barring Service (DBS) check. (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).
- The service was aware of and complied with the requirements of the Duty of Candour. This means that people who used services were told when they were affected by something which had gone wrong; were given an apology, and informed of any actions taken to prevent any recurrence. The service encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents.
- We found the premises were clean and well maintained and arrangements were in place for the safe removal of healthcare waste.
- There was an effective system to manage infection prevention and control.

Risks to patients

The service had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- All staff working full time at the service had received annual basic life support training.
- The service had a supply of emergency medicines, oxygen and a defibrillator. The service was regularly checking the expiry dates of medicines although they had not undertaken a risk assessment to ensure that the medicines stocked were sufficient to respond to all foreseeable emergencies. Although the oxygen had been serviced it was not documented on the emergency equipment check list. The service's defibrillator was delivered the day of the inspection and was not on the emergency checklist. Both the oxygen and the defibrillator were added to the checklist on the day of the inspection.
- All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage. Staff were on a text messaging group which could be used to provide instructions in the event of an unforeseen incident impacting on the service's ability to operate.
- The provider had an indemnity policy covering all the staff and clinical activities within the building. We were told that the nursing staff were covered under the consultant's professional indemnity insurance.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were managed and easily accessible to staff. There were

Are services safe?

separate safeguarding policies for adults and children and these clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The registered manager, was the lead for safeguarding.

- We saw evidence that electrical equipment was checked to ensure it was safe to use and was in good working order.

Information to deliver safe care and treatment

- The service routinely wrote to patients' GPs to inform them about the treatment provided.
- Patients provided personal details at the time of registration including their name, address and date of birth. Patient ID was not checked. Children who attended with adults were spoken to in private and asked to verify the relationship between themselves and the adult they were attending with.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including medicines dispensed and emergency medicines and equipment minimised risks.
- Staff prescribed, administered and dispensed medicines and gave advice to patients on medicines in line with legal requirements and current national guidance.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. We saw that the building managers had completed a fire risk assessment but were still in the process of implementing some actions outlined for improvement.
- There was a system for reporting and recording significant events. We saw two events where action had been taken and learning shared with staff. The service had not fully complied with their significant event policy as these were not recorded using the reporting form but we saw that events were written up on the day of our inspection.
- The service completed regular fire drills.

Lessons learned and improvements made

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The service had protocols to give affected people reasonable support, truthful information and a verbal and written apology, in the event that such incidents arose.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards such those from the Public Health England and the National Institute for Health and Care Excellence, and the British Association of Dermatology.

- Patients, regardless of why the attended the service, were offered a compressive full body dermatology assessment as part of their initial consultation.
- A medical history was taken prior to treatment.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

- We saw that a review of 200 of the consultant's patient records had been reviewed in 2012. The review identified that the consultant had identified a number of disorders which were unrelated to the issues that the patient originally presented with. Forty-one of these patients had 117 skin malignancies including six patients with melanomas and with a cutaneous T cell lymphoma, a patient with prostate cancer, one patient with an aggressive tumour and three patients with preleukemia, 11 with autoimmune disease and 39 with psychological disorders.
- We saw that the service had completed a review of the system to manage medicines and a review of the systems in place to monitor consent. Of 15 records reviewed all were compliant with requirements for consent to be documented, cost and treatment plan agreed and a medical history documented.
- The consultant was the President of The Royal Society of Medicines Aesthetic Faculty Council, had presented sessions at numerous conferences including the European Academy of Dermatology and had published multiple journal articles.

Effective staffing

- Evidence indicated that the consultant was an expert in the field and had the skills, knowledge and experience to carry out the services provided.
- Staff at the service had access to a range of on-line training and the consultant would run training sessions for the nursing staff on a wide range of dermatology procedures. The provider had clearly identified core training requirements and had effective systems to stay up to date with training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

- The service requested details of patients' GPs at the time of registration and would routinely share information with the patient's GP unless the patient declined for this information to be shared.

Consent to care and treatment

- All patients were required to provide written consent to a full body examination prior to being assessed.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All of the 39 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Patients said that staff were accommodating and the treatment provided was of an excellent standard.
- The service had completed their own internal patient feedback survey. All 39 of the responses indicated that patients were treated with kindness, dignity and respect.
- Consultation room doors were closed during consultations; conversations taking place in the room could not be overheard.

Involvement in decisions about care and treatment

- Comment cards and internal patient survey feedback indicated that patients were involved in decisions around care and treatment.

Privacy and Dignity

- The service respected and promoted patients' privacy and dignity.
- Patient information was stored securely.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- The facilities and premises were appropriate for the services delivered.
- Patients were written to prior to any appointment with details of the initial consultation cost. Discussion of any additional treatment would occur before any additional treatment was given so that patients were clear on the price of treatments. The service drafted a price list on the day of the inspection.
- The premises did not have disabled toilets. The consultant could assess and treat patients with mobility issues at a neighbouring service which could also provide interpreter services if required.

Timely access to the service

The service's opening hours for dermatology treatments were;

8.30 am to 5.30 pm Monday to Friday

The service did not offer out of hours care.

Listening and learning from concerns and complaints

The service had not received any complaints in the previous year. There was a policy for managing complaints which was detailed in the patient services guide in reception and displayed on a poster in the waiting area. Staff were clear on how to manage patient complaints.

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 care in accordance with the relevant regulations.

Leadership capacity and capability;

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- There was clinical leadership and oversight.

Vision and strategy

- The service planned its services to meet the needs of service users.
- The service had a vision to deliver high quality care and promote good outcomes for patients.

Culture

- The service focused on the needs of patients.
- The service had protocols to give affected people reasonable support, truthful information and a verbal and written apology, if such incidents arose. We saw evidence of this in respect of one incident.
- Staff stated they felt respected, supported and valued and felt comfortable raising concerns with the provider.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management in most areas. However there had been some oversight in respect of recruitment and there was a lack of awareness around the process for recording significant events.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective in most areas. However, the service was not recording significant events in line with their policy and was not undertaking checks of emergency equipment on a regular basis to ensure it was operational. At the inspection the services added the oxygen and defibrillator to the checklist and recorded significant events in line with their stated process. Recruitment checks had not been conducted for an administrative member of staff who worked for the service on a self-employed basis.
- Provider specific policies were implemented and were available to all staff.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address risks including risks to patient safety. However, the building manager had conducted a fire risk assessment and had yet to fully implement all the assessments recommendations. Although the service held a stock of emergency medicines they had not completed a risk assessment to evaluate whether the medicines stocked were sufficient and appropriate.
- There were regular tests of the fire safety equipment.

Appropriate and accurate information

- Patients were questioned about their medical history prior to treatment being initiated.
- Patients' GPs were routinely informed of treatment.

Engagement with patients, the public, staff and external partners

- The service undertook their own internal patient survey. Some patients reported that they experienced waiting times of around 15 mins. In response the service put in additional break in the day for staff to ensure that they had sufficient time to catch up if they were over running. In response to verbal feedback the service also ensured that correspondence was issued to patients in envelopes with printed text instead of handwritten text.

Continuous improvement and innovation

The registered manager was the President of The Royal Society of Medicines Aesthetic Faculty Council. We saw evidence that they had presented lectures on skin cancer and sun addiction in 2017, led the annual multidisciplinary meeting of The Royal Society of Medicines Aesthetic Faculty Council which presented scientific developments in the discipline from a wide range of national and international experts. The registered manager had pioneered a technique in the UK to treat Dupuytren's contracture; condition affects a layer of tissue that lies under the skin of the palm. We saw examples of journal articles written by the registered manager which had been published in the Journal of Cosmetic Dermatology.