

LINIA Skin and Laser Clinic Ltd

LINIA Skin Clinic

Inspection report

64 Harley Street
London
W1G 7HB
Tel: 02071005252
Website: www.example.com

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Overall summary

We carried out an announced comprehensive inspection on 12 April 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.

Background

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.

Linia Skin Clinic is a consultant led dermatology service. The service provides medical dermatology, and also aesthetic procedures which are not regulated by the CQC. Therefore, at Linia Skin Clinic, we were only able to inspect the services which were subject to regulation.

Linia Skin Clinic is located at 64 Harley Street London W1G 7HB, the premises are located on the third floor. The property is leased by the provider, the provider occupies two consulting rooms a shared patient reception area with Harley Health Village operated by Linia Ltd a private hospital.

Linia Skin Clinic provides private dermatology services which are available to any fee paying patient aged 18 and over.

Patients using the service book an appointment in advance. On attending patients are given a registration form to complete, they are then examined. Based on the examination and medical history a prescription will be issued, or patients will be discharged or a follow up appointment will be offered. Patients are seen by the doctor who is registered with a licence to practice, however is not on the specialist register and is not on the GP register.

Summary of findings

The service is operated by one doctor supported by an aesthetician.

The service is open Monday to Friday 10am to 7.30pm however the service only provides dermatology on a Tuesday and Thursday from 10am to 7.30pm. The service does not offer out of hours services.

The service has a registered manager, 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. The service is registered with the Care Quality Commission (CQC) to provide the regulated activities diagnostic and screening procedures and treatment of disease, disorder or injury.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards all of which were positive about the standard of care received.

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 reporting and recording significant events and sharing lessons to make sure action could be taken to improve safety in the practice.

- The service had clearly defined systems, processes and practices to minimise risks to patient safety.
- Policies and procedures were in place to govern all relevant areas.
- The service had adequate arrangements to respond to emergencies.
- 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:

- Consider implementing a business continuity plan.

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 providing safe care in accordance with the relevant regulations.

- There was an effective system in place for reporting and recording significant events.
- There were systems in place to ensure that when things went wrong, patients would be informed as soon as practicable, receive reasonable support, truthful information, and a written apology, including any actions to improve processes to prevent the same thing happening again.
- The service had access to stocks of emergency medicines and equipment to manage emergencies.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The premises were clean and the rooms and equipment were suitable for use.

Are services effective?

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

- Clinical staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Clinical staff had the skills and knowledge to deliver effective care and treatment.
- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.

Are services caring?

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

- Staff we spoke with were aware of their responsibility to respect people's diversity and rights.
- Patients' medical records were all stored securely in locked cupboards.
- The provider maintained patient and information confidentiality.
- The CQC comment cards showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Are services responsive to people's needs?

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

- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain and provide feedback was available and there was evidence systems were in place to respond appropriately and in a timely way to patient complaints and feedback.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients were able to request consultations by telephone or via the service website.
- There was timely access to appointments once requested. Appointments were available on a pre-bookable basis only.
- Treatment costs were clearly laid out and explained in detail.

Summary of findings

Are services well-led?

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

- The service had a clear vision to deliver high quality care for patients.
- There was a clear leadership structure and staff felt supported.
- The service was aware of the requirements of the duty of candour.
- An overarching governance framework supported the delivery of the strategy and good quality care.
- The service had systems and processes in place to collect and analyse feedback from staff and patients.

LINIA Skin Clinic

Detailed findings

Background to this inspection

Linia Skin Clinic is a consultant led dermatology service. The service provides medical dermatology, and also aesthetic procedures, the aesthetic procedures are exempt by law from CQC regulation.

Services are provided from 64 Harley Street London W1G 7HB in the London borough of Westminster. All patients attending the clinic referred themselves for treatment; none are referred from NHS services. The patients seen at the service are predominately for aesthetic procedures.

The service is open Monday to Friday 10am to 7.30pm however the service only provides dermatology on a Tuesday and Thursday from 10am to 7.30pm. The service is registered with the CQC to provide treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

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.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. 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 the service had not experienced any significant events. There was a system in place for reporting and recording significant events and complaints.
- The registered manager demonstrated they understood their responsibilities regarding safeguarding and had received training to level two for safeguarding children (although the service only saw adults) as well as training on vulnerable adults to a level relevant to their role.
- Notices advised patients that chaperones were available if required; the aesthetician would act as chaperone if required. The service were assured that staff who acted as chaperones were trained for the role 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 appeared 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.

- The lead doctor had received annual basic life support training.
- There were emergency medicines available, the service had arrangements with the Harley Health Village the hospital located on the ground floor and staff knew where they were located.
- All the medicines we checked were in date and stored securely.
- The service did not have comprehensive business continuity plan for major incidents such as power failure or building damage. After the inspection the lead doctor told us he would produce one.
- The provider had a professional indemnity policy covering all the staff and clinical activities within the building.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were managed and easily accessible to staff. There were 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.
- Patient paper registration forms were kept in a locked filling cabinet.

Information to deliver safe care and treatment

- The service did not routinely keep the patients' GPs informed about the treatment, the service told us this was because the majority of patients that visited only came for aesthetics reasons, however the registration form that patients were asked to complete prior to treatment requested GP's contact details, and patients could select if they did not wish for Linia Skin Clinic to contact their GP.
- Patients provided personal details at the time of registration including their name, address and date of birth. Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address provided at registration, we were told if a patient looked young then they would ask for verification via photo identification, as the service would not see any patients under 18.

Safe and appropriate use of medicines

Are services safe?

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

- The systems for managing medicines, including medical gases, and emergency medicines and equipment minimised risks.
- Staff prescribed, administered 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, this was undertaken by the building management, copies were kept centrally within the building.

- There was a system for reporting and recording significant events, there had been no significant events over the last year.
- Fire drills were done by the building management annually.

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.
- There had been no unexpected or unintended safety incidents. However 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 Dermatologist.

- Patients completed a comprehensive questionnaire regarding their previous medical history. Where patients had allergies this was recorded in the notes.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

- The provider had not yet undertaken quality improvement activity due to the low volume of patients attending the service for dermatology reasons.
- The provider had made arrangements to receive peer support from another dermatologist who worked in an NHS organisation, although this was an informal arrangement.

Effective staffing

- The lead GP of the service had the skills, knowledge and experience to carry out the services provided.
- They had access to a range of on-line training. 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' NHS GPs at the time of registration, however due to the nature of the service provided information was not routinely shared with the NHS GP, however the service told us they would share information if required.

Consent to care and treatment

- All patients provided written consent as in the provider's policy.
- 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 13 patient Care Quality Commission comment cards we received were wholly positive about the service experienced.

- Consultation room doors were closed during consultations; conversations taking place in the room could not be overheard.

Involvement in decisions about care and treatment

- The service's website provided patients with information about the range of treatments available including costs.

Privacy and Dignity

- The service respected and promoted patients' privacy and dignity.
- Patient paper registration forms were kept in a locked filling cabinet.

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.
- There was a comprehensive price list so that patients were aware of the total costs of any particular course of treatment.

Timely access to the service

The service's opening hours for dermatology treatments were;

Tuesday 10am-7.30pm

Thursday 10am – 7.30pm

The service did not offer out of hours care.

Listening and learning from concerns and complaints

There had been no complaints in the previous year. There was a policy for managing complaints. The provider showed us how the complaint would be dealt with and the processes that were in place for learning from 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.
- There had been no unexpected or unintended safety incidents. However 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
- Staff stated they felt respected, supported and valued.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.

- Provider specific policies were implemented and were available to all staff. These were updated and reviewed regularly.

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 risks including risks to patient safety.
- There were regular test of the fire safety equipment.

Appropriate and accurate information

- Patients completed a comprehensive questionnaire regarding their previous medical history and allergies were record.
- Patients' GPs were not routinely informed of treatment.

Engagement with patients, the public, staff and external partners

- There were 13 CQC patient comment cards. All the cards were positive.
- The service used social media to gain patient feedback.

Continuous improvement and innovation

There were plans to increase the services available at the location to include full GP services. The lead doctor had approached a GP and was in the process of negotiating a contract with the GP, the service was also advertised on their website, however was not functioning at the time of the inspection.