

**Report on actions you plan to take to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation.**

Please see the covering letter for the date by when you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

<b>Account number</b>	1-111005669
<b>Our reference</b>	INS2-13323558821
<b>Location name</b>	London Dermatology Centre

Regulated activities	Regulation
<b>Surgical procedures Treatment of disease, disorder or injury</b>	<b>Regulation 12 Safe care and treatment</b>
	<p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"> <li>• Safe systems and processes – The service had not completed risk assessments for the location since 2008. These were out of date and had not been reviewed in this time. Health and safety and policies relating to the premises were therefore outdated and not fit for purpose.</li> <li>• Safe systems and processes – Infection control. The service had not completed an infection control audit since 2005.</li> <li>• Safe systems and processes – Non-clinical staff were not aware of safeguarding protocols, who the safeguarding lead was, or where emergency equipment was located.</li> <li>• Safe systems and processes – The prescription pad was not serialised, so in the event of a lost or stolen pad, it would be impossible to determine exactly what had been taken.</li> <li>• Risks to patients – There was no fire marshal in place at the service. This is a requirement in the event of an evacuation of the building. The building managers had tested systems and had conducted mock evacuations.</li> <li>• Risks to patients - The only emergency medicines available at the service were EpiPens. On review with the SpA, a service of this kind must have a medication for the treatment of anaphylaxis, a medication for the treatment of allergies of allergies, hydrocortisone (for a variety of conditions), benzopenicillin for bacterial infections. None were in place. The absence of other medicines had not been risk assessed.</li> </ul>

**Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve**

**How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?**

**What resources (if any) are needed to implement the change(s) and are these resources available?**

The Health & Safety and Fire Risk Assessments reports were completed in November 2021. The documents were emailed to inspector on the 4<sup>th</sup> July 2022 once we located these.

Fire procedures were discussed with the inspector on the day with the manager. We have regular fire drills arranged by the landlord and where to go for the fire assembly point (At the corner of Wimpole Street/Queen Anne Street).

Fire marshal for the clinic has now completed the fire marshal & warden training. Attached is the certificate. This is Sultan Shahzad

Some of the clinical staff's training records were not available on the day of the inspection to show the inspector, however once located these were emailed to the inspector on the 4<sup>th</sup> July 2022. Members of the staff have now completed the following training: safeguarding adults level 2, safeguarding children level 2, infection prevention & control, information governance awareness, basic life support and fire safety. These will be completed every year in July/August 2023. Attached are the certificates.

Staff now know who safeguarding lead is : Sultan Shahzad/Sunil Chopra and are aware of protocols in relation to this after the inspection. Staff are aware of the emergency medications, which are located in the Treatment Room on Ground Floor.

Our emergency medicines are now ALL replenished to include Benzylpenicillin, Hydrocortisone injection, Chlorphenamine injection and Glucose 20% infusion, GlucaGen Hypo Kit 1mg \*2, Oral Lucozade, Ventolin inhaler, and Glyceryl Trinitrate 400mcg sublingual spray.

These are all in date and will be checked weekly to ensure they are in date and fit for purpose. Sultan Shahzad or Dr Sunil Chopra will mark these in a note book from present.

Semble has been activated and the database is currently being migrated before we can use. Therefore once completed and set up fully, clinicians will no longer need to handwrite prescriptions that are not serialised – they can type notes and issue prescriptions that are serialised and labelled fully during the consultation into the patient records. Batch numbers will be added to the system if medication is being dispensed by Reception staff. Semble system will include: patient notes, diary management, prescriptions, stock take, medicines dispensed and record of medicine batch numbers and expiry dates where we will be able to recall which patient was prescribed which batch number of the medicine if we receive a MHRA alert, for instance. All staff will need FULL training on using the new system.

Infection control and prevention inspection was completed on 10 August 2022 with Sultan Shahzad and inspector. LDC have signed a contract with Infection and Prevention Control company, which will provide us with a FULL service and the FULL reports to comply with CQC. They will provide full complete training for clinical and non clinical staff; manuals; and audit reports. Contract attached.

We have also arranged to meet with a new CQC compliant cleaning company (TOTAL CLEANING) who will deep clean the clinic and also regularly clean with the appropriate cleaning equipment as advised by the infection control inspector. Email attached.

<b>Date actions will be completed:</b>	Some tasks have already been completed July/August 2022 AND 100% By November/December 2022  Where immediate changes could be made – they have been completed
<b>Who is responsible?</b>	Sultan Shahzad / Dr Sunil Chopra

**How will people who use the service(s) be affected by you not meeting this regulation until this date?**

We do not believe our patients have been affected in any way up to this point; but however, shall continuously keep in mind our limitations until we achieve the necessary standards. Where immediate changes could be made – they have been completed and should benefit the service, at present

<b>Completed by:</b> (please print name(s) in full)	Sultan Shahzad / Sunil Chopra
<b>Position(s):</b>	Manager / Clinic Director
<b>Date:</b>	19/08/2022

Regulated activities	Regulation
<b>Surgical procedures</b> <b>Treatment of disease, disorder or injury</b>	<b>Regulation 17</b> <b>Good governance</b>
	<b>How the regulation was not being met:</b>
	<ul style="list-style-type: none"> <li>• <i>Governance – The service did not have an electronic clinical record system in place, although all consultations were scanned and stored online. They had not risk assessed the shortcomings of this system, which included the following:</i> <ul style="list-style-type: none"> <li>o <i>The service had not completed any medicines audits.</i></li> <li>o <i>Prescribing could not easily be searched.</i></li> <li>o <i>The notes that were scanned and uploaded were sometimes handwritten only, and in two cases reviewed were not clearly legible. It would therefore have been very difficult for another clinician to take over care of the care of the patients.</i></li> <li>o <i>Where the service had written to the GP of the patient, in one case we saw a letter that did not detail details of medications prescribed by the service to the patient.</i></li> </ul> </li>   <li>• <i>Consent to care and treatment and governance – The service did not ask for identification from parents attending with children to ensure that they had parental authority to consent to treatments.</i></li>   <li>• <i>Governance – The service had limited clinical oversight of the other clinicians (four dermatologists and a consultant in sexual health) who worked at the service. There was no-one at the service who was qualified to audit the work of the sexual health consultant. This meant that the service could not be assured of the quality of work of these clinicians.</i></li> </ul>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<b>How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?</b>	
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
<p>Semble has been activated and the database is currently being migrated before we can use.</p> <p>Once completed and set up fully, clinicians will no longer need to handwrite prescriptions that are not serialised – they can type notes and issue prescriptions that are serialised and labelled fully during the consultation into the patient records. Batch numbers will be added to the system if medication is being dispensed by Reception staff.</p>	

Semble system will include: patient notes, diary management, prescriptions, stock take, medicines dispensed and record of medicine batch numbers and expiry dates where we will be able to recall which patient was prescribed which batch number of the medicine if we receive a MHRA alert, for instance. All staff will need FULL training on using the new system. This will allow us to provide details in full as requested.

We are now asking for ID of parents who bring their children into the clinic who are aged under 18. We then mark it on our charge clinic sheet and also in the diary system – to say ID checked.

Clinicians have yearly appraisals and these would be sent to the clinic's Responsible Officer for clinical oversight.

We now have clinical oversight of the Sexual Health Consultant discussed at the time of our inspection. We have discussed with the Sexual Health Consultant and our Clinical Director and one of our other Dermatologist in the clinic and they will review the Sexual Health Consultant's notes and discuss cases on a 3-month basis to ensure the quality of work of the Consultant. This will be carried out before the end of August 2022.

<b>Date actions will be completed:</b>	Currently in practice and November 2022 (once full training has been provided) Where immediate changes could be made - they have been completed
<b>Who is responsible?</b>	Sultan Shahzad / Dr Sunil Chopra

**How will people who use the service(s) be affected by you not meeting this regulation until this date?**

We do not believe our patients have been affected in any way up to this point; but however, shall continuously keep in mind our limitations until we achieve the necessary standards. Where immediate changes could be made – they have been completed and should benefit the service, at present

<b>Completed by:</b> (please print name(s) in full)	Sultan Shahzad / Sunil Chopra
<b>Position(s):</b>	Manager / Clinic Director
<b>Date:</b>	19/08/2022

Regulated activities	Regulation
<b>Surgical procedures Treatment of disease, disorder or injury</b>	<b>Regulation 18 Staffing</b>
	<b>How the regulation was not being met:</b>
	<ul style="list-style-type: none"> <li>• Effective staffing – None of the non-clinical staff at the service had been appraised in the last year.</li>   <li>• Effective staffing – There was no list of mandatory training for staff at the service. Some non-clinical staff had received safeguarding and basic life support training, but more than four years ago. The two members of non-clinical staff that we spoke to had at no stage received infection control, fire safety or information governance training, and one of them had been at the service for more than five years. Clinical staff were asked by the provider to provide details of training undertaken in the NHS, but this had not been followed up, and records were not in place. The only non-clinical member of staff who undertook chaperoning had not been trained in this.</li> </ul>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<b>How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?</b>	
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
<p>Members of the staff have now completed the following training: safeguarding adults level 2, safeguarding children level 2, infection prevention &amp; control, information governance awareness, basic life support and fire safety. These will be completed every year in July/August 2023. Attached are the certificates.</p> <p>Chaperone for the clinic has now completed the chaperone training. Attached is the certificate.</p> <p>Staff Appraisals have been undertaken in 2<sup>nd</sup> and 3<sup>rd</sup> August 2022 and will be conducted every year. We will also have staff meeting every week to discuss any issues and how things are going. Appraisals attached.</p> <p>Clinic training will be provided by Infection control company on protocols under NHS standards. This will be a working progress as standards are updated yearly and we will buy the package every year.</p>	
<b>Date actions will be completed:</b>	Completed July/ August 2022 – Immediate changes made
<b>Who is responsible?</b>	Sultan Shahzad

**How will people who use the service(s) be affected by you not meeting this regulation until this date?**

N/A – we have the training from Virtual college to cover us for the current year

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