

London Dermatology Centre

Inspection report

69 Wimpole Street

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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

The service had previously been inspected on 30 June 2022. That inspection rated the service as inadequate overall, and in the safe and well led key questions. Effective was rated as requires improvement and caring and responsive were rated as good. The service was found to be in breach of regulations 12, 17 and 18 of the Health and Social Care Act 2007, and warning notices were issued.

The full reports for previous inspections can be found by selecting the 'all reports' link for London Dermatology Centre on our website at www.cqc.org.uk

We carried out an announced comprehensive inspection of London Dermatology Centre on 24 January 2023. We found that all of the breaches of regulation from the previous inspection had been addressed. Following this inspection, 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

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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 also included a GP specialist advisor.

Background to London Dermatology Centre

London Dermatology Centre is an independent provider of medical services. The service provides a range of dermatological and aesthetic services which are within the scope of CQC regulation. It also provides a number of aesthetic procedures that are not regulated by the Care Quality Commission (CQC). This report references only those services that are regulated by CQC.

London Dermatology Centre is based at 69 Wimpole Street, London, W1G 8AS, in the London borough of Westminster. The service is for private fee-paying patients only, the service does not see NHS patients.

The provider is registered with the CQC to deliver the regulated activities of surgical procedures and treatment of disease, disorder or injury.

The provider primarily provides services to patients within the borough of Westminster, and other areas of London. However, the service also sees patients from other areas of the United Kingdom and from other countries. The service is self-contained within a single premises, with all patients checking in at reception. The service has a three consulting rooms and a treatment room.

The service operates on Monday to Thursday from 9:30am until 8pm, and from 9:30am until 5:30pm on Fridays. Administrative staff also take calls from patients from 9:30am until 1:30pm on Saturdays. The service does not formally provide a service outside of these hours. Regulated clinical activities at the site are carried out primarily by two consultant dermatologists, one of the dermatologists is both the lead clinician and service manager. The service employs a deputy service manager and a team of four reception and other administrative staff who oversee appointments and administration for all service users and patients.

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 the service as Good for providing safe services because:

We carried out this announced comprehensive inspection on 24 January 2023. We had previously carried out an announced comprehensive inspection on 30 June 2022. At the time of the first inspection the service was not providing safe services, and we found the following:

- The service had not completed an infection control audit since 2005.
- Non-clinical staff were not aware of safeguarding protocols, who the safeguarding lead was, or where emergency equipment was located.
- There was no effective procedure to monitor prescription usage so that in the event of a blank prescription going missing no-one would be able to track usage.
- Fire procedures at the service were not adequate.
- The oxygen cylinder at the service was full, but had a use by date of May 2021. There were inadequate systems for ensuring that oxygen was fit for use.
- The service did not have sufficient emergency medicines in place,
- Chaperones at the service had not been trained, which was a requirement of its own chaperoning policy.
- The service did not have systems in place to assure that an adult accompanying a child had parental authority.
- Clinical notes were not sufficient to ensure safe patient care.
- Letters to patients GPs did not always contain sufficient detail.
- Copies of all prescriptions were recorded, but could not easily be searched.

At the time of the inspection on 24 January 2023, all of these issues had been addressed by the service.

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 including locums. 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 systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. 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. The service had undertaken two infection control audits since the last inspection, provided by an external consultant. The first scored 40% compliance. The second, completed in January 2022 had shown 85% compliance, and the service had plans in place to address those areas that were not met.
- 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.

Are services safe?

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.
- There was an effective induction system for agency staff tailored to their role.
- A fire marshal was in place at the service, and all staff had been trained in fire safety procedures.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. All patient records were typed and were uploaded to a newly installed patient record management service. This database provided easy access to prescribing information for both monitoring and audit. 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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 vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied 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 staff kept accurate records of medicines, including those dispensed at the service.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

Are services safe?

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff told us that they understood their duty to raise concerns and report incidents and near misses, although the service told us that there had not been any incidents in the last two years.
- 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 members of the team including sessional and agency staff.

Are services effective?

We rated the service as Good for providing effective services because:

We carried out this announced comprehensive inspection on 24 January 2023. We had previously carried out an announced comprehensive inspection on 30 June 2022. At the time of the first inspection the service was not providing effective services, and we found the following:

- The service had not completed any audits of specific conditions or prescribing.
- The service had limited clinical oversight of the other clinicians who worked at the service.
- There was no list of mandatory training for staff at the service. None of the employed staff at the service had been appraised.

At the time of the inspection on 24 January 2023, all of these issues had been addressed by the service.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- 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.
- The service had implemented a new minimum set of standards for clinical staff working at the service.

Monitoring care and treatment

The service was actively involved in quality improvement activity

- The service undertook random audits of clinical notes on a monthly basis.
- The service had undertaken audits both of prescribing Roaccutane and of biopsies undertaken at the service. Service leads told CQC that they were random audits at the moment, but following the introduction of a new clinical database in January 2023, search functions would allow for wider audits to be undertaken.
- The service had undertaken a full review of its clinical staffing, and had implemented a new minimum set of standards for clinical staff working at the service.

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.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The service had implemented mandatory training packages for all staff at the service.
- 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 were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Are services effective?

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.
- 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. 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 consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

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.
- 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.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff communicated with people in a way that they could understand, for example, communication aids and links to reading materials were available.

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.
- Patients medical records were securely stored electronically.

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 facilities and premises were appropriate for the services delivered.
- The waiting area was large enough to accommodate the number of patients who attended on the day of the inspection.
- The website for the service was very clear and easy to understand. In addition, it contained clear information about the procedures offered.

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 initial consultation and treatment. Patients were told to use out of hours NHS services if the service was closed.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

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. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place, although this was not clearly advertised in either the waiting room or on the service's website. There had been one complaint since the last inspection, which had been managed in line with the organisation's processes.

Are services well-led?

We rated the service as Good for providing well led services because:

We carried out this announced comprehensive inspection on 24 January 2023. We had previously carried out an announced comprehensive inspection on 30 June 2022. At the time of the first inspection the service was not providing well led services, and we found the following:

- Clinical and operational governance procedures at the service were not well established. Procedures to ensure that safe and effective care could be monitored and demonstrated were not in place.
- Leaders at the service did not have oversight of the lack of clear and effective governance procedures. We saw that leaders believed that various systems were in place, where in fact they were not.
- The clinical database at the service did not support risk management and clinical governance. Medical records were unclear, and the database did not support the provision of quality improvement activity.
- The service had minimal risk management procedures in place.

At the time of the inspection on 24 January 2023, all of these issues had been addressed by the service.

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 services. 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.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff 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. The provider was aware of and had systems 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.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- 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.
- There were positive relationships between staff and teams.

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. The organisation had addressed both clinical and operational governance since the previous CQC inspection. Processes were well developed.
- The organisation had implemented a new patient management database which provided oversight of the patients seen, and could be utilised for audit.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or 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 clarity around 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. All risk assessments were up to date.
- 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 had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

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 was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Are services well-led?

Engagement with patients, the public, staff and external partners

The service involved patients, 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.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- 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 out to review individual and team objectives, processes and performance.
- The organisation was involved in research and development work (outside of the scope of CQC registration) with the University of Edinburgh.