

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## London Dermatology Centre

69 Wimpole Street, London, W1G 8AS

Date of Inspection: 17 October 2013

Date of Publication:  
November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	The London Dermatology Centre Limited
Registered Managers	Miss Rachel Sheridan Miss Jennie Wong
Overview of the service	<p>London Dermatology Centre is the one registered location of the provider The London Dermatology Centre Limited. The service provides specialist dermatology consultations and treatments. Minor surgery under local anaesthetic is undertaken at this location.</p> <p>The location is a suite of rooms in central London.</p>
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Surgical procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 October 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We spoke with one person receiving treatment at the centre. They were satisfied with the care and treatment they were receiving. People were encouraged to ask questions about the proposed treatments.

People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. Each person had a consultation with a specialist dermatologist prior to any treatment and this included a detailed medical history. Medical records confirmed the detailed information and consent processes undertaken by the centre.

There were effective systems in place to reduce the risk and spread of infection. The centre was clean and well maintained and staff understood their responsibilities with regard to infection prevention and control.

People were made aware of how to complain about any aspect of the service and we saw the complaints log for the last 12 months. The person we spoke with said that they would always tell staff if they had a concern.

There were effective recruitment and selection processes in place. The doctors were registered with the General Medical Council and on the specialist dermatologists' register.

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a registered manager on our register at the time. We discussed this at the inspection and the provider will rectify this matter.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We saw information about the service on the provider's website. There was a selection of leaflets about various dermatological conditions in the waiting area. People were given information about the proposed procedure before surgery as well as the consent form for each different procedure. They were also given the contact details for their dermatologist and encouraged to ask any questions they wished to.

Only minor surgery for adults, such as the removal of lumps or moles, was undertaken at the London Dermatology Centre. If a person required more major surgery this was undertaken at a registered hospital by a surgeon.

People were asked to sign formal consent forms when they were satisfied with the proposed treatment and had spoken with the dermatologist. The consent form contained sufficient information that helped people understand all aspects of the treatment, including possible complications. When needed, interpreters were used to assist with the consent process.

We reviewed the medical records of three people who had had a procedure at the centre. All contained a consent form signed and dated by a doctor and the person. The reasons for the procedure and risks were explained in the form.

The centre operated on the principle of respecting people's choices to undertake treatment and they were free to cancel any further treatment if they wished. The decision for people to refuse treatment was respected by staff. Information was sent to people's GPs or others only with the consent of the person. We spoke with one person who was receiving treatment at the centre. They reported that they had consented to the treatment regime they were undergoing, understood this and could ask any questions they wished.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. Each person had a consultation with a dermatologist prior to any treatment and this included a detailed medical history.

All test results were reviewed by the doctor that requested them. People were seen for a follow-up appointment, if required, or they spoke to the doctor over the telephone. If needed people would be referred to further specialists, for example if cancer had been diagnosed.

We heard that doctors took account of published research and guidance. The consultants were themselves involved in developing clinical guidance. The lead dermatologist told us that doctors followed the up to date guidance from the British Association of Dermatologists.

Clinical staff confirmed they had attended training in dealing with a medical emergency. We saw the certificate of training for the lead dermatologist dated July 2013. Emergency equipment was available and checked daily. The provider may wish to note that there were no emergency drugs for an anaphylactic reaction.

We spoke with one person who was receiving treatment at the centre. They were satisfied with the care and treatment they were receiving. They had had a consultation with a dermatologist, understood the treatment and had been able to ask as many questions as they wished.

**People should be cared for in a clean environment and protected from the risk of infection**

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### **Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

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### **Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. Infection control policies and procedures were available. Clinical staff confirmed that they had received infection control training.

The provider had contracts for the appropriate disposal of clinical waste and sharp items. We saw that clinical waste was stored and disposed of safely. Staff were responsible for maintaining clean and hygienic surfaces and equipment. The centre was cleaned daily and the treatment room deep cleaned six monthly. We saw that the centre was clean and well maintained on the day of our visit.

All instruments used in the centre were single use and were not reused. We saw that staff wore appropriate protective items, such as gloves and aprons, when needed. There were hand washing facilities in each clinical area.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. Staff explained how they would advertise, interview and recruit new members of staff. The doctors were registered with the General Medical Council and on the specialist dermatologists' register. The nurse was registered with the Nursing and Midwifery Council. Doctors were granted practicing privileges and appropriate checks were made on their qualifications, references and criminal records. All the dermatologists, apart from the lead dermatologist (who had practicing privileges in a private hospital) had NHS consultant contracts.

We looked at two administration staff files. They did not contain the full information as required in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Both had evidence of the person's education and training and a record of their work history in the form of a CV. Proof of identity was seen in the files. References were not seen in both files. We saw neither person's file had evidence of a Criminal Record Bureau (CRB) or Disclosure and Barring check having been undertaken prior to employment.

The provider may wish to note that there were no risk assessments for not undertaking a criminal records or disclosure and barring check for administration staff. The provider had not carried out an audit of personnel staff records to be assured that all the required information was recorded for new employees.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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People's complaints were fully investigated and resolved, where possible, to their satisfaction. There was a complaints policy. We saw the complaints log for 2012-2013. We saw that any complaints had been investigated and the complainant responded to. Staff confirmed they would often invite a person back to the centre to discuss their concerns so that these could be resolved.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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