

# Wharfedale Dermatology Clinic

## Quality Report

Minor Surgery Suite  
Springs Health Centre  
Springs Lane  
Ilkley  
LS29 9TH  
Tel: 01943862108  
Website: [www.grangeparksurgery.co.uk](http://www.grangeparksurgery.co.uk)

Date of inspection visit: 11 July 2016  
Date of publication: This is auto-populated when the report is published

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 service	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	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
What people who use the service say	5

### Detailed findings from this inspection

Our inspection team	6
Background to Wharfedale Dermatology Clinic	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wharfedale Dermatology Clinic on 11 July 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

Our key findings across all the areas we inspected were as follows:

- The ethos and culture of the service was to provide high levels of care and a good quality service.
- Patients told us they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The clinic had good facilities and was well equipped to treat and meet the needs of patients. Information regarding the services provided by the practice and how to make a complaint was readily available for patients.

- Patients we spoke with were positive about access to the service. They said they found it generally easy to make an appointment, there was continuity of care.
- The service of, and complied with, the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- The service a culture of openness and honesty which was reflected in their approach to safety.
- Risks to patients were assessed and well managed.
- There were comprehensive safeguarding systems in place.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys and the NHS Friends and Family Test.
- There was a clear leadership structure, s

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- Risks to patients were assessed and well managed
- There were systems in place for reporting and recording significant events and a nominated lead who dealt with them overall. Lessons were shared to ensure action was taken to improve safety in the practice.
- There were processes in place for safe medicines management.
- There were systems in place for checking that equipment was tested, calibrated and fit for purpose.
- Surgical procedures for the service were subcontracted to another GP who had greater opportunity to maintain his surgical skills.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed the need of patients and delivered care in line with current evidence based guidance.
- Clinical audits were undertaken and could demonstrate quality improvement.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- The practice had a strong patient-centred culture..
- Information for patients about the service was available and was easy to understand and accessible.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice delivered the service in accordance with the with Airedale Wharfedale and Craven Clinical Commissioning Group (CCG) contract which addressed the needs of their population.
- The majority of comments made by patients and showed they found it easy to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.

## Are services well-led?

The practice is rated as good for being well-led.

- There was a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There were safe and effective governance arrangements in place.
- The provider had a good understanding of, and complied with, the requirements of the duty of candour. There were systems in place for reporting notifiable safety incidents and sharing information with staff to ensure appropriate action was taken.
- There was a culture of openness and honesty.
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services.

Good



# Summary of findings

## What people who use the service say

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received

29 comment cards, all of which were extremely positive, many using the words 'very good' and 'excellent' to describe the service and care they had received and citing staff as being friendly, helpful and caring.

# Wharfedale Dermatology Clinic

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team comprised a CQC Lead Inspector, and a GP specialist advisor.

## Background to Wharfedale Dermatology Clinic

Wharfedale Dermatology Clinic is a service provided by Grange Park Surgery under a contract awarded by Airedale Wharfedale and Craven Clinical Commissioning Group (CCG) as a GP with Special Interest (GPwSI) service.

The service is delivered from Spring Medical Centre in Ilkley, West Yorkshire, by a GP with specialist training, supported by a health care assistant.

The service is supported by a consultant dermatologist.

Surgical procedures for the service are subcontracted to another GP.

The service consists of weekly clinics on Friday mornings and on Tuesday afternoons as required.

The clinic offers an holistic service where the treatment of the patients may include oral medications, topical creams and ointments, and dressings.

The service is open to any patient who have a dermatological (skin) condition where their own GP is unable to manage it successfully. There is a strong educational element to the service by advising the patient on their skin condition and encouraging self management..

Conditions typically referred to the Dermatology GPwSI service includes eczema, acne, pigment disorders, psoriasis, infections and infestations, hair nail and scalp disorders and skin rashes.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and inspection programme. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as Airedale Wharfedale and Craven CCG, to share what they knew about the service. We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on 11 July 2016. During our visit we:

- Spoke with a range of staff, which included the lead GP and the practice manager

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views. All comments received were positive about the staff and the service they received.
- Looked at templates and information the practice used to deliver patient care and efficacy audits.

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?

# Are services safe?

## Our findings

### Safe track record and learning

There was a comprehensive system in place for reporting, recording and investigating significant events.

- The service promoted a culture of openness, transparency and honesty and we saw there was a comprehensive 'being open' culture in place.
- Staff told us they would inform the practice manager of any incidents. The practice was also aware of their wider duty to report incidents to external bodies such as Airedale Wharfedale and Craven CCG and NHS England. This included the recording and reporting of notifiable incidents under the duty of candour.
- When there were unintended or unexpected safety incidents, we were informed patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence the practice carried out a thorough analysis of significant events. We saw several examples where the practice had changed or developed systems arising from the learning of significant events, such as when a local GP asked what happened to a skin biopsy result for one of their patients it appeared that this had not been followed up. The system was changed so that the surgeon always contacted the dermatology secretary to ensure that the histology results were known and follow up appointments made where necessary
- All safety alerts were cascaded to staff, discussed at practice meetings and actioned as appropriate
- Surgical procedures were subcontracted to another GP for safety reasons to ensure that sufficient numbers of procedures could be undertaken to retain competencies,

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children

and vulnerable adults from abuse. Policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare. acted in the capacity of safeguarding lead and had been trained to the

- Staff had received training relevant to their role and could demonstrate their understanding of safeguarding.
- Patients were advised that a chaperone was available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (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 clinic maintained appropriate standards of cleanliness and hygiene. We saw up to date cleaning schedules in place. All staff were up to date with infection, prevention and control (IPC) training.
- We reviewed one personnel file and found appropriate recruitment checks had been undertaken prior to employment, in line with the practice recruitment policy, for example proof of identification, references and DBS check.

### Monitoring risks to patients

The practice had procedures in place for assessing, monitoring and managing risks to patient and staff safety. We saw evidence of:

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a system to ensure there were enough appropriately skilled staff on duty to run the clinic.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- All staff were up to date with fire and basic life support training.



## Are services safe?

- The practice had an effective accident/incident recording and reporting system in place.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available on the practice intranet and in paper form.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The service used the information collected for contract performance monitoring

The service used clinical audit, peer review, local and national benchmarking to improve quality. We reviewed one audit which had been completed in the preceding 12 months, which had been completed, identified where improvements had been made and could evidence sustained improvement. For example an audit on:

- The use of Isotretinoin (a powerful drug used for the treatment of acne) complied to best practice standards. The standards included being used under the supervision of a consultant dermatologist and checking the levels of serum lipids (fats in the blood) and monitoring the mental health status of the patient. The audit demonstrated 100% adherence to the standard. However the audit will be repeated in 2017 to ensure standards are being maintained.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal within the last 12 months.

- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics. Staff had access to and made use of e-learning training modules and in-house training. They were also supported to attend role specific training and updates
- The GP was up to date with his revalidation and appraisals.

### Coordinating patient care and information sharing

The practice had timely access to information needed, such as medical records, investigation and test results, to plan and deliver care and treatment for patients.

### Consent to care and treatment

The service had a policy regarding consent and staff we spoke with were aware of it and had a good understanding of the principles of consent.

We saw a comprehensive mental capacity policy in place which included assessment of capacity, principles of best interest, advance directives, referrals and advocacy. Staff could demonstrate their understanding of the Mental Capacity Act 2005. We were informed that a patients' consent to care and treatment was sought in line with these.

There was a policy in place regarding the use of Gillick competency and Fraser guidelines (these are used in medical law to decide whether a child aged 16 years or younger is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.) Staff could demonstrate their understanding and appropriate use of these.

### Supporting patients to live healthier lives

The service identified patients who may be in need of extra support and worked closely with secondary care colleagues to ensure that patients received the right levels of intervention and care.

Education regarding dermatology (skin) conditions and their prevention was given to users of the service.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we were unable to observe a clinic for the service but was assured that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- There was a private room should patients in the reception area want to discuss sensitive issues or appeared distressed.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.
- Chaperones were available for those patients who requested one and it was recorded in the patient's record.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

### Care planning and involvement in decisions about care and treatment

The practice provided facilities to help patients be involved in decisions about their care:

- The service was not available on choose and book but the services had been discussed with all patients as appropriate.
- Interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in an easy to read format.

### Patient and carer support to cope emotionally with care and treatment

The dermatology clinic was conducted by an appropriately trained GP and a health care assistant. Sufficient time was allocated to give the patient sufficient information and support during the consultation, but if the patient required more support on the day the health care assistant was able to give the additional support on the day.

We saw there were notices and leaflets in the patient waiting area, informing patients how to access a number of support groups and organisations. There was also information available on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service was delivered in accordance with the contract awarded by Airedale Wharfedale and Craven CCG to reflect the needs of its local population and to secure improvements to services where these were identified.

These included:

- Delivery of the service at a location close to patients home.

The service was delivered in the town of Ilkley meeting the need of a large proportion of the CCG area giving an alternative location to the local general hospital.

### Access to the service

The service was accessed through referral from any General Practitioner working within Airedale Wharfedale and Craven CCG.

The clinic was open every Friday morning and Tuesday afternoons when needed. Appointments had to be offered

upto six weeks after referral. The service was not available on choose and book but it was a long established service in the area that GP's could discuss with patients prior to a referral being made.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- All complaints and concerns were discussed at the practice meeting.

There had been two complaints received in the last 12 months. We found they had been satisfactorily handled. Lessons had been learned and action taken to improve quality of care.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The service had a clear vision to deliver high quality care and promote good outcomes for patients.

- There was a statement of purpose submitted to the Care Quality Commission which identified the practice values. For example, to provide caring, safe, and effective health care.
- All staff knew and understood the values of the service.

There was a strong patient centred ethos amongst the staff and a desire to provide high quality care. This was reflected in their passion and enthusiasm when speaking to them about the practice, patients and delivery of care.

### Governance arrangements

The practice had good governance processes in place which supported the delivery of good quality care and safety to patients. This ensured:

- Service specific policies were implemented, updated, regularly reviewed and available to all staff.
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements.
- Robust arrangements for identifying, recording and managing risks.
- Business continuity plans were in place

### Leadership and culture

The service was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). The GPs encouraged a culture of openness and honesty and had a comprehensive 'being open' culture in place. We were informed that when there were unexpected or unintended incidents regarding care and treatment, the patients affected were given reasonable support, truthful information and a verbal and written apology.

On the day of the inspection the lead GP and practice manager could demonstrate they had the experience, capacity and capability to run the practice.

- There was a clear leadership structure.
- We were informed that the GP partners and manager were visible, approachable and took the time to listen.
- Staff informed us they felt respected, valued and supported.

### Seeking and acting on feedback from patients, the public and staff

The service encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- The NHS Friend and Family Test, complaints and compliments received.
- Staff through meetings, discussions and the appraisal process. Staff told us they would not hesitate to raise any concerns and felt involved and engaged within the practice to improve service delivery and outcomes for patients.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the service. The service was continually monitoring itself against the contract performance indicators.