

## Grange Park Surgery

# Wharfedale Dermatology Clinic

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 7 December 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.

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.

Wharfedale Dermatology Clinic is a service provided by Grange Park Surgery under a contract commissioned by the Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG). The clinic provides a medical diagnostic and treatment service for the provision of community based dermatology for NHS patients.

The lead GP is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

# Summary of findings

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. Twenty five comment cards were completed, all of which were positive about the service they received. The clinic was described as excellent and staff were described as polite and courteous. Doctors were described to be thorough, helpful and willing to listen and give advice.

## Our key findings were:

- The clinic provided community based access to specialist dermatology expertise and treatment in a timely manner.
  - The provider had proactively responded to demand for community dermatology services by expanding the clinic sessions offered and supporting GPs to undertake additional training in dermatology.
  - There was a strong focus on patient care and providing good quality care.
  - There were systems in place to report and record safety incidents or near misses. Lessons were learned and changes made as a result of incidents.
- The clinic had access to a range of clinical and non-clinical governance policies and protocols.
  - The clinic undertook relevant quality improvement activity to review and improve the effectiveness of care provided.
  - Care and treatment was delivered in line with current evidence based guidance.
  - The clinic kept a clear record of all referral, consultation and treatment plan information and had good systems to ensure this information was shared with the patients own GP.

There were areas where the provider could make improvements and should:

- Continue to work with practices from where their services are hosted to maintain appropriate infection, prevention and control and maintenance standards.
- Review and improve staff immunisation checks in line with the Department of Health recommendations.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

# Wharfedale Dermatology Clinic

## Detailed findings

### Background to this inspection

Wharfedale Dermatology Clinic is a service provided by Grange Park Surgery under a contract commissioned by the Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG). The clinic operates from Springs Medical Centre, Ilkley, West Yorkshire, LS29 8TH.

The clinic provides medical diagnostic and treatment services for the provision of community based dermatology for NHS patients with a skin condition that cannot be managed by their own GP. Services offered include treatments for eczema, psoriasis and alopecia (hair loss). There are no restrictions to the age of patients treated by the service.

Patients are referred to the clinic by their own GP to receive treatment. Care is delivered by two male GPs with a special interest (GPwSI) in dermatology and one female GP who was being supported to undertake additional dermatology training at the time of our inspection. Additional expertise is provided by a consultant dermatologist who is able to provide advice and support for more complex dermatological conditions. The specialist clinicians were supported by a health care assistant and a small team of administrative staff.

The clinic operates at the following times:

Tuesday: 8am until 11am and 1.30pm until 3.30pm

Friday: 8am until 11.30am

The service is registered with the CQC under the Health and Social Care Act to provide the following regulated activities:

- Diagnostic and screening
- Treatment of disease, disorder or injury
- Surgical procedures

We inspected this service on 7 December 2018. Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

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 safe services were provided in accordance with the relevant regulations.

However; there were some areas where the provider should work with the host practices to ensure recommendations from risk assessments and actions plans are complied with.

### Safety systems and processes

The provider had clear systems to keep people safe and safeguarded from abuse.

- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff.
- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider 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. There was an infection prevention and control policy in place. We saw clearly documented cleaning schedules for the minor surgery suite from which the service was provided and saw that it was visibly clean and tidy. However; a full infection

control audit for the building had not been carried out since February 2017. We were advised that the practice nurse from one of the host practices was in the process of completing this.

- The provider had access to the legionella risk assessment for the premises and was aware of the control measures in place (Legionella is a bacterium which can contaminate water systems and buildings). However; the risk assessment had been carried out in November 2015 and recommended that a further risk assessment be carried out in 12 months' time. We asked the provider to liaise with the host practices to seek assurance that this would be addressed.
- 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.

### 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.
- A business continuity plan was in place, which covered major incidents such as power or telephony failure, or interruptions to service provision. A comprehensive list of contact details and telephone numbers was included.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had received annual basic life support training. Emergency equipment and medicines, held by the host practices, were available to staff in a secure area. We saw records which showed that the appropriate checks of these were in place.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

### Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way.

- The clinic made use of electronic clinical records which were in line with referring GPs within the locality. Where full sharing consent had been given by the referring GP,

# Are services safe?

staff had access to the full patient record and clinical systems which provided information relating to investigation and test results, advice and treatment plans.

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The clinic had policies for prescribing medicines. All medicines prescribed were recorded appropriately in the patient record, and patient information leaflets were provided.
- Emergency medicines, held by the host practices, were stored securely.

## Track record on safety

The clinic had a good safety record.

- The clinic monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Safety alerts were received by the practice manager at the providers main surgery. These were then reviewed by the clinical pharmacist and any relevant alerts circulated to clinicians.

## Lessons learned and improvements made

The clinic learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example; the clinic had identified a risk of harm to unexpected pregnancy whilst taking Isotretinoin (a medicine primarily used to treat severe acne). This was discussed at a local GP with special interest training day, and a presentation delivered by the registered manager to the group. As a result, the group discussed ways of optimising the pregnancy prevention programme and a series of check boxes were established on the clinical records software for all patients prescribed the drug. The check boxes prompted clinicians to record information, such as type of contraception used, to minimise the risk of harm.
- 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 clinic had systems in place for knowing about notifiable safety incidents.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that effective services were provided in accordance with the relevant regulations.

### 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 and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

- 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.
- Additional expertise was provided by a consultant dermatologist who was able to provide advice and support for more complex dermatological conditions.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patients were given a slip with a date and time of their next appointment by the clinician, alternatively they may be asked to speak to the secretary when leaving to book the follow up appointment.
- Staff assessed and managed patients' pain where appropriate.

### Monitoring care and treatment

The clinic was actively involved in quality improvement activity. For example; the provider had regular monthly meetings with the NHS Trust dermatology department and local GPs with special interests in dermatology.

The clinic undertook regular audits and quality improvement activity. We reviewed two audits, one of which examined whether medical records were appropriate and understandable. The first audit was carried out in January 2018 and the audit found that some areas could be improved to make the entries by the clinic easier to identify and ensure appropriate read coding was used when documenting information. (Read coding

provides a standard vocabulary for clinicians to record patient findings and procedures). A further audit was carried out in August 2018 and improvements had been made.

### 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.
- Clinical staff were appropriately qualified and registered with the required professional body.
- 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.
- The well-being of staff was supported through access to occupational health when appropriate. We saw that staff immunisation status was not reviewed in line with Department of Health guidance. The provider told us they would review this.

### Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients were referred to the service by their own GP. Referral information was detailed, including full medical history, with details of previous and current treatment and medications.
- Following consultation and treatment by the clinic, the patient's referring GP received full and detailed information including diagnosis, management plan, any medications which had been prescribed and what, if any, additional appointments the clinic would provide.
- 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.

### 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.

# Are services effective?

(for example, treatment is effective)

- Clinicians made use of their general practice expertise to provide opportunistic healthy lifestyle advice where appropriate and in the course of consultations with the service.
- Patients were provided with detailed information relating to their treatment plans, including self-help guidance when applicable.
- When clinically indicated, referrals were made to other healthcare providers, and these were completed in a timely manner.
- 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.
- The clinic monitored the process for seeking consent appropriately.
- The clinic was aware of the General Data Protection Regulation (GDPR) requirements and handled patients' personal data in line with the regulation.

## **Consent to care and treatment**

The service obtained consent to care and treatment in line with legislation and guidance.

# Are services caring?

## Our findings

We found that caring services were provided, in accordance with the relevant regulations.

### **Kindness, respect and compassion**

- All staff we spoke with demonstrated a patient centred and caring approach to their work.
- Comments we received from patients via CQC comment cards were positive. Staff were cited as being polite and courteous.
- Patient feedback was sought following treatment through patient questionnaires. We saw that in the period April to May 2016, of 50 completed questionnaires, 94% of patients said they strongly agreed that the doctor was friendly and courteous.
- Staff treated patients with kindness, respect and compassion.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The clinic 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.

- During consultations patients were involved in decisions about treatment options available to them. All screening tests and procedures were carried out in consultation with the patients.
- The provider was aware of the Accessible Information Standard (a requirement to make sure that patients can access and understand the information they are given).
- Telephone interpretation services were available for patients who did not have English as a first language.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

### **Privacy and Dignity**

The clinic respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultation room doors were closed to avoid conversations being overheard by others.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigation or treatment.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that responsive services were provided in accordance with the relevant regulations.

### Responding to and meeting people's needs

The clinic organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example; the clinic had expanded to meet demand for community dermatology services and increased clinical staffing levels from one GP with a special interest in dermatology (GPwSI) to two. In addition, at the time of our inspection there was a female GP working with the clinic to complete appropriate training to support the service.
- The facilities and premises were appropriate for the services delivered.
- All patients, referred into the service by GP practices, were seen. The clinic had no restrictions in relation to patients' age or other demographic details.
- The clinic had access to more specialist advice from a consultant dermatologist for more complex problems.

### Timely access to the service

Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs. The provider told us that the average wait time from initial referral to first appointment was four weeks and at the time of our inspection the waiting time was 10 working days.

- Appointments were available from 8am-11am and 1.30pm-3.30pm on Tuesday and from 8am-11.30am on Friday.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

### Listening and learning from concerns and complaints

The provider 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 provider informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The provider had complaint policy and procedures in place. However; at the time of our inspection the clinic had not received any 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 well-led services were provided in accordance with the relevant regulations.

### Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- During the planning of the inspection, and during the site visit, the leadership team at Grange Park Surgery demonstrated they had the experience, capacity and capability to support the clinic.
- The clinic secretary had been instrumental in working with the lead GP to develop, monitor and continually improve the service.
- Staff told us they felt supported by the leadership team. They were aware of their roles and responsibilities.

### Vision and strategy

The provider had a clear vision to provide a high-quality patient centred community dermatology service. Staff we spoke with shared this view and told us they enjoyed working as part of a friendly supportive team.

Performance outcome measures were monitored on a regular basis, detailing numbers of patients seen for first or subsequent appointments as well as numbers of patients failing to attend for their appointment.

### Culture

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

- Staff felt respected, supported and valued. They were proud to work for the clinic.
- The clinic 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.
- There were processes for providing all staff with the development they need. This included annual appraisal and career development conversations. 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.
- 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 governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.

### 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 current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their record keeping. 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.
- The provider had plans in place and had trained staff for major incidents.

### Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Quality and operational information was used to monitor and improve service performance.

# Are services well-led?

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

- Information technology systems were used to protect the storage and usage of all patient information.
- Information was routinely shared with the patients' referring GP, and with patient consent, services such as secondary care.

## **Engagement with patients, the public, staff and external partners**

- Patients were actively encouraged to provide feedback on the service they received. This was monitored and action taken if feedback indicated that the quality of service could be improved.
- The clinic maintained close liaison with the patient's referring GP in order to support continuity of care for patients.
- Staff opinion was sought through informal contact, one to one meetings and appraisals.

- The provider had dedicated time for clinical staff meetings to ensure effective communication between teams. In addition, the GPs with special interest in dermatology met regularly in the locality and with the local consultant dermatologist.

## **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.