skindocUK Headquarters

Inspection report

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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

This service is rated as Good overall.

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

We carried out an announced comprehensive inspection at skindocUK Ltd as part of our inspection programme. This was the location's first inspection since it registered with CQC.

SkindocUK Ltd is an online dermatology consultation service.

The provider is a partnership. One of the partners is the registered manager. A registered manager is a person who is registered with the Care Quality Commission 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.

Our key findings were:

- The practice 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.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.

Whilst we found no breaches of the regulations, the provider **should**:

- Implement a documented risk assessment process for the prescribing of Roaccutane (a prescription only medicine primarily used to treat severe acne), where the patient has declined for their GP to be notified.

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 included a specialist adviser.

Background to skindocUK Headquarters

SkindocUK Ltd is a private (fee paying) online dermatology consultation service. The service is run from an office which is purely an administration site. Consultations take place remotely with a UK based clinician.

The service offers three types of appointment: a photo upload service, a livestream video service and an enhanced video service for patients being prescribed Roaccutane (a prescription only medicine primarily used to treat severe acne).

Patients are diagnosed, treatment prescribed and delivered to patients by use of an online pharmacy delivery service. The service does not see any patients in person.

The service is registered to provide the regulated service of treatment of disease, disorder or injury. Services are provided to both children and adults. The service operates from 8am to 10.30pm seven days a week.

How we inspected this service

Prior to the inspection we asked the provider to send us specific information relevant to service. We also looked at information we hold about the service. We attended the service's registered address, interviewed staff and reviewed information held on their system.

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.

Good

Are services safe?

Safety systems and processes

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

- The service had systems in place to ensure that an adult accompanying a child had parental authority. People accompanying children had to be aged over 18 years. Birth certificates were uploaded onto the system and accompanying adults were required to produce photographic proof of identity.
- There were policies for adult and child safeguarding. These were reviewed regularly.
- The provider was aware of types and possible signs of abuse and how these might present on a virtual consultation.
- 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. Patients were required to provide their home address and telephone number on registration. They were also asked for their GP's details. The provider told us they would raise any safeguarding concerns with the patient's local safeguarding team or with their GP as well as the police and/or CQC.
- The provider could flag patients with safeguarding concerns on their records system.
- It was the service's policy for all staff to undergo Disclosure and Barring Service (DBS) checks. (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.

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.
- 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. Only one of the partners saw patients and their indemnity cover in place for their NHS worked extended to private services.

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. 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.

Safe and appropriate use of medicines

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

Good

Are services safe?

- The service did not hold any prescription stationery. Prescriptions were sent electronically to a pharmacy who delivered medicines to patients.
- The service carried out regular prescribing audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The provider only prescribed a small number of medicines, which it considered safe to be prescribed for relatively minor skin conditions and which could be safely diagnosed and prescribed without seeing the patient in person. These included topical steroids, anti-fungal creams, antibiotics and steroid tablets, if necessary.
- The provider issued prescriptions for Roaccutane (a prescription only medication primarily used to treat severe acne). This medicine could only be prescribed where the patient had a livestream video service appointment, as opposed to the photo upload service, which included a more in-depth analysis and risk assessment process.
- The prescribing partner was a consultant dermatologist who also worked as such in an NHS setting. We looked at a sample of patients notes and were satisfied that all the required monitoring for Roaccutane was being safely done.
- 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 medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- 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.
- The main areas of risk for the provider were around adverse drug reactions. To mitigate against such risks a full patient medical history was taken prior to any drug being prescribed. Follow up appointments were scheduled and patients were advised about any risks and side effects of their medicine and what to do if they had any concerns.
- The service had not had any incidents since registration with CQC. However they had a relevant policy setting out how they would manage any incidents and they had an incident reporting protocol in place.
- Both partners were doctors and had undergone recent basic life support training. They were able to identify the signs of serious illness on a remote consultation and would provide immediate advice or contact emergency services on the patient's behalf.

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 understood their duty to raise concerns and report incidents and near misses.
- 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 service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. Both partners received safety information through their NHS roles which they discussed and reviewed how they may impact on their patients. The provider received safety information from the British Association of Dermatologists (BAD) as well as The Medicines and Healthcare products Regulatory Agency (MHRA), The National Institute for Health and Care Excellence (NICE) and other national relevant bodies.

Good

Are services safe?

There had not been any instances where patients had been impacted by external safety and/or medicine safety alerts.

Good

Are services effective?

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)

- The provider assessed needs and delivered care in line with relevant and current evidence based 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. As part of the registration process patients were asked about how their skin condition affected their mental health. This was part of a tool designed to measure the health-related quality of life of patients suffering from a skin disease.
- The tool was used to monitor the severity of depression and response to treatment. It could be used to make a tentative diagnosis of depression in at-risk populations. Patients were informed about any concerns and advised about where to seek support. This included notifying patients' GPs, where consent was given.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Many patients were prescribed a course of treatment lasting up to six months, particularly those prescribed Roaccutane (a prescription only medicine primarily used to treat severe acne). This medicine could only be prescribed at a livestream consultation. A review of a sample of patient notes showed these patients were monitored appropriately and repeat prescriptions were issued correctly.
- The service did not accept patients with painful conditions as these tended to indicate more serious conditions, which were not suitable for an online service. Where a physical, in-person examination was necessary the provider signposted the patient to a service in their local area where they could be seen in person.
- The provider was in the process of incorporating a new system where patients could type text instead of speaking, if they preferred. The technology would translate the text to voice. This would also create a link for another person to use to join the consultation, if required.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service had a regular audit schedule which set out which audits were conducted at specified intervals. For example monthly audits were undertaken around adherence to drug formulary, bi-monthly audits were undertaken on waiting times and annual audits were undertaken on accuracy of diagnosis and treatment.
- We saw an example of an audit around recording allergy status to ensure accurate and legible allergy statuses of all patients were clearly recorded in patient's notes. The data collection related to a period from 18 September to 31 October 2021 and 1 June 2021 to 30 June 2022. The outcome of this two cycle audit was that all standards were met.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.

Good

Are services effective?

- The provider monitored training and ensured all required training was identified and undertaken. This included ensuring Continuing Professional Development (CPD) points were up to date. The partners reviewed British Association of Dermatologists (BAD) newsletters and journals and were members of the Royal Society of Medicine and St John's Institute of Dermatology who ran regular teaching programmes which they attended.

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. The provider shared information with the patient's GP were requested. These were sent using a secure file transfer service.
- 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. On booking, patients completed a comprehensive questionnaire which included questions about their medical history. This was updated at every subsequent appointment. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment or where another service was more appropriate for the patient's needs.
- 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 were clear on the types of dermatological complaint they could safely advise upon and treat. The provider told us they did not provide any treatments which would necessitate the patient's GP being informed. Whilst it was not mandatory for patients' GPs to be informed of their treatment, we have told the provider they should consider, in the case of patients prescribed Roaccutane, implementing a documented risk assessment to decide whether or not it was safe to prescribe in each case.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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.
- The service monitored the process for seeking consent appropriately. Patients were required to confirm they had read all the terms and conditions and provide consent to care and treatment at registration. They were not able to submit a case without this confirmation. Where Roaccutane was to be prescribed a further consent form was required and this medicine could only be prescribed following a livestream video service consultation with the doctor.

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. The service provided patients with information about how to apply treatments correctly. They also provided patients with advice around healthy lifestyles including alcohol intake, diet and exercise and how these impacted on skin conditions.
- Patients were provided with leaflets created by the British Association of Dermatologists and links to online information sources about their condition. Patients were also informed about self-help groups and charities such as Allergy UK, British Skin Foundation (BSF), Hyperhidrosis Foundation and National Eczema Society who could offer further advice and support. One of the partners had worked with these organisations carrying out live online talks on various dermatology related topic and ran a blog.

Good

Are services effective?

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. Patients were provided with answers to frequently asked questions and access to a resource bank where information and guidance on their condition and treatment were provided. For example, patients prescribed Roaccutane were advised about side effects such as dry skin and muscle aches and how to manage those. They were also advised of the risks around pregnancy whilst taking this medicine. Patients were provided with free pregnancy tests prior to treatment commencing.
- 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 decisions. The service had a policy around mental capacity policy. Consultations included a short mental health assessment to ascertain their awareness of the process. If the provider had any concerns, they would decline treatment. Patients aged under 16 years were required to be accompanied by an appropriate adult.

Good

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought and collected feedback on the quality of clinical care patients received through their website and other online review sites. Soon after a case was closed patients received a link to provide feedback online. This included around patient experience and the clinical care they received.
- Feedback from patients was positive about the way staff treat people
- 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.

- Interpretation services were available for patients who did not have English as a first language. Patients could ask for a friend or family member to attend the consultation. They would be sent a link with instructions on how to join the consultation online.
- Staff communicated with people in a way that they could understand, for example, easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Patients were advised about privacy and confidentiality considerations when attending virtual appointments and about how the service ensured personal data was managed safely and securely.

Good

Are services responsive to people's needs?

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 service offers three types of appointment: a photo upload service, a livestream video service and an enhanced video service for patients being prescribed Roaccutane (a prescription only medicine primarily used to treat severe acne). The provider told us they had designed the service to be a fast, convenient dermatology service which met the needs of patients who did not want to wait for an NHS appointment and chose to pay for private treatment. The provider told us the added convenience for patients was that the process took place entirely online which met the needs of patients who could not or chose not to attend a clinic in person.
- The provider understood the needs of their patients and improved services in response to those needs. For example feedback from a patient was that the information on the website was not adequately clear about the different types of service available. The provider responded by reviewing and changing the information to make the distinction clearer.

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 assessment, test results, diagnosis and treatment. Appointments for the photo uploads service were available usually within 48 hours. Livestream video consultations were usually available within four days.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service was not suitable for patients with urgent needs. They were advised to attend their GP or urgent care/ A&E service.
- Patients reported that the appointment system was easy to use.
- Where information was to be shared with the patient's GP, we saw this was done in a timely manner using a secure service.

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 on the service's website. The service had not received any complaints since registration with CQC.

The service had complaint policy and procedures in place.

Good

Are services well-led?

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.

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. The provider described their plans around achieving additional national standards in their field and expanding the service, including recruiting additional consultants.
- The service monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The partners maintained and were responsible for their own professional development and requirements. Both worked within the NHS and were registered with the relevant clinical and regulatory professional bodies and ensured they met their requirements for continuing professional development, appraisal and revalidation.

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 provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The provider managed its governance in-house. All policies and procedures were designed and written by the provider and were monitored at specified intervals.
- The partners were clear on their roles and accountabilities. One of the partners mainly saw patients whilst the other did not see patients and was responsible for the day to day operation of the service.
- 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.
- 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

Good

Are services well-led?

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 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. The provider told us once they had been operating for 12 months, they would seek an independent peer review of the service. The provider had systems to be notified about any safety alerts.

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. The provider collated and reviewed patient feedback on a regular basis. They discussed all feedback and considered any necessary changes to the service highlighted.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. The provider regularly considered how to ensure quality and responsiveness was not impacted by volume of patients. They ensured they only engaged the number of patients they could safely see and care for.

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 patients and acted on them to shape services and culture. For example feedback from a patient was that the service's website was not sufficiently clear about the different types of service they offered. As a result the provider had reviewed and amended the information on their website.
- Feedback was obtained through the service website and on online review websites.

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 provider maintained awareness of innovations and new treatments within the field of dermatology. They reviewed information from NHS resources and academic organisations as well as local and international dermatology organisations to gather new ideas and understand the latest developments in the field.
- The provider subscribed to relevant publications where latest developments and new treatments were discussed and were themselves involved in delivering talks on relevant subject matter.
- The service made use of external reviews of incidents and complaints. Learning was shared and used to make improvements.