

Sk:n - Newcastle Grey Street

Inspection report

76 Grey Street
Newcastle Upon Tyne
NE1 6AF
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www.sknclinics.co.uk

Date of inspection visit: 09 June 2021
Date of publication: 29/07/2021

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. This was the first time we had rated this service. (The previous inspection in October 2013 was unrated; we found it met the five standards we inspected at that time).

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 on 9 July 2021 at Sk:n - Newcastle Grey Street as part of our inspection programme.

Sk:n – Newcastle Grey Street is registered under the Health and Social Care Act 2008 to provide the regulated activities:

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

This service is registered with CQC in respect of some, but not all, of the services it provides. The service provides independent dermatology services, offering a mix of regulated skin treatments and minor surgery as well as other non-regulated aesthetic treatments. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedules 1 and 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We only inspected and reported on the services which are within the scope of registration with the CQC.

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. There was no registered manager at the time of inspection due to a staffing change; however, the newly recruited Clinic Manager had applied for CQC registration.

Our key findings were:

- The service had safety systems and processes in place to keep people safe. There were systems to identify, monitor and manage risks and to learn from incidents.
- There were regular reviews of the effectiveness of treatments, services and procedures to ensure care and treatment was delivered in line with evidence-based guidelines.
- Staff treated patients with compassion, respect and kindness and involved them in decisions about their care.
- There was a clear strategy and vision for the service.

Overall summary

The areas where the provider **should** make improvements are:

- Review and improve the auditing of infection rates after minor surgery.
- Review and improve the training for staff in the use of spill kits.
- Review and improve the provision of information in a range of appropriate languages and formats where needed.
- The provider should review and improve the support and monitoring arrangements for clinic managers.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a nurse specialist adviser.

Background to Sk:n - Newcastle Grey Street

- The registered provider of this service is Lasercare Clinics (Harrogate) Limited. This location is Sk:n- Newcastle Grey Street, located at 76 Grey St, Newcastle, NE1 6AF. We visited this site as part of the inspection. The building includes a reception/ waiting area and treatment rooms. Customer parts of the building are fully accessible. Staff offices are in a basement with shared access with another commercial premises. There is limited on street parking outside the premises, and other public parking nearby.
- Sk:n – Newcastle Grey Street is registered under the Health and Social Care Act 2008 to provide the regulated activities of surgical procedures, diagnostic and screening procedures, and treatment of disease, disorder or injury.
- This clinic first registered with the CQC in 2010 and is registered to treat patients aged 18 and over. The services offered include those that fall under registration, such as mole removal, minor skin procedures involving a surgical procedure (e.g. skin tag removal) and medical acne treatment. Other procedures, that do not fall under scope of registration include lip fillers, skin peels, anti-ageing injectables, dermal fillers and laser hair removal. The clinic also provides laser hair removal and hair removal by electrolysis for transgender NHS patients.
- The providers website is www.sknclinics.co.uk and from there information on all locations can be accessed, a network of over 50 clinics across the UK.
- Core opening hours are Monday to Friday 10am – 8pm; Saturday 9am-6pm and Sunday 10am-5pm. A contact centre is available seven days a week with access to an out of hours clinic nurse rota.

How we inspected this service

Before the inspection, we asked the provider to send us some information, which was reviewed prior to the inspection day. We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with the clinic manager, a medical director and a nurse. We made observations of the facilities and service provision and reviewed documents, records and information held by the service. We also sent questionnaires out to non clinical staff.

There are three doctors who carry out CQC registered procedures at the site, two female and one male. Two are on the specialist register for plastic surgery and dermatology respectively. There is also one nurse (female).

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

The service had established safety processes to keep staff and patients safe. This included safeguarding people from abuse, minimising the risks to patient safety and reporting incidents.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The 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).
- We checked two staff files and found the service checked application forms, qualifications, references, and identification as part of the recruitment process.
- 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.
- Although some infection control audit activity had been carried out, the clinic manager had identified the system was not sufficient, and had introduced an additional daily room checklist, and additional checklists for prior/between and at the end of clinical sessions. A recent full infection control audit had identified no further concerns, including in relation to Covid-19.
- Spill kits were available for bodily fluids; however, staff had not received training in their use and some did not feel confident in their use.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. This included having regular fire system checks, fire drills, alarm checks and equipment maintenance checks. 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.
- We saw a company 'training passport', where staff had to undergo training, observe practice and be supervised in practice before being signed off. Although we were told staff received an induction specific to that clinic, a formal record of this was not kept. This was rectified by the clinic manager the next day, who produced a checklist and provided a copy for evidence. The clinic manager told us all staff would work through the list as a refresher.
- Staff understood their responsibilities to manage emergencies and how to recognise those in need of urgent medical attention.
- There were appropriate professional indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Are services safe?

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

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service did not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- The clinic manager had recently introduced more comprehensive written records for stock control and temperature checks for refrigerated medicines. Some consumables, such as wound care packs, were not included on the stock control list for monitoring of use by dates; this was rectified by the clinic manager soon after inspection.
- We saw in some patient records appropriate monthly monitoring had taken place for an acne treatment to minimise risks to the patient.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues, including Covid-19. Not all risk assessments had been reviewed or actioned within required timescales, due to a change in clinic manager and closure during the pandemic. However, the current clinic manager was now actively reviewing these and was able to demonstrate, for instance, improvements in infection control and improved lighting on a stairwell.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events, although none had occurred at this clinic within the last year. We were provided with evidence of another incident where histology revealed suspicion of melanoma. The provider demonstrated how the incident was escalated through the Medical Standards Team, the patient notified, and referred promptly for further investigations and treatment.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The provider as a whole, reflected, learned and shared lessons, identified themes and took action to improve safety. Learning was disseminated to all clinics.
- 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 acted on and learned from external safety events as well as patient and medicine safety alerts, which were disseminated through the corporate structure via the Medical Standards Team. The service had an effective mechanism in place to disseminate alerts to all relevant members of the team.

Are services effective?

We rated effective as Good because:

The provider reviewed and monitored care and treatment to ensure it provided effective services. They carried out audits to assess and improve quality, including those on consent and completeness of clinical records. Staff received training appropriate to their roles.

Effective needs assessment, care and treatment

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 had systems to keep clinicians up to date with current evidence-based practice. 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.
- Almost all patients self-referred to this service (others were referred by the NHS). Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing, and what the patient hoped to achieve from treatment. Patients were discharged with appropriate wound care and follow up advice, and where appropriate were booked in for follow up appointments.
- Clinicians had enough information to make or confirm a diagnosis.
- There was an established process for sending samples for histology and receiving results for review. Staff recorded samples in the histology log and the minor operations book, and all samples were tracked when dispatched. Staff accessed the results on-line and these were shared with the medical director. The medical director contacted patients if there was a cause for concern and made referrals. If there were no concerns, clinic staff phoned and sent patients copies of the results.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements, for instance regular audits took place on the completeness of clinical records. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For instance, an audit of clinical notes and histology samples had picked up a missing signature which was rectified, and the process adjusted so this could not happen again.
- Prior to our visit the clinic manager had identified some shortfalls in clinical audit. Patients who had received a surgical procedure such as mole removal were all given a follow up appointment, part of which was to ask about infection/redness/swelling. However, these results were not formally audited and tracked so the service could not demonstrate knowledge of infection rates and whether there was an improving or worsening trend. The clinic manager had started to instigate this as a formal audit, but results were not yet available. The service could also improve the dissemination of audit results and involvement in clinical audit with other clinical staff within the service.

Effective staffing

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

- All staff were appropriately qualified. The provider had a clinical induction programme for all newly appointed staff.

Are services effective?

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or Nursing and Midwifery Council and were up to date with revalidation.
- 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.
- Clinical notes from nursing staff were audited by the clinic manager. Nursing staff had access to support and advice from a regional nurse trainer or medical director, and also attended monthly clinical meetings. However following induction training and observed practice, they were not given further clinical supervision or a yearly clinical appraisal by another member of the clinical team. This was raised and is being considered by the medical directors following the inspection.

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. Whilst the opportunity for working with other services was limited, the service did so when this was necessary and appropriate. Staff referred to, and communicated effectively with, other services when required, such as histology services and the patients GP.
- Before providing treatment, clinical staff at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. All patients had to have a consultation before having any treatment. If the patient had not attended for over a year, they had a new consultation to update on any information.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP as required.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately, and a consent policy was in place which was kept under review.

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, such as wound care advice on discharge and follow up appointments.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For instance, an acne treatment with known mental health risks and risks during pregnancy, where patients were given extra information, support and monitoring.
- 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.

Are services effective?

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Staff had completed training in the Mental Capacity Act 2005. Where necessary, further discussions or delay took place due to the non urgent nature of treatment offered.

Are services caring?

We rated caring as Good because:

Staff treated patients with kindness and compassion and involved them in decisions about their care. The service asked all patients for feedback and their responses were positive. Staff protected patients' privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received, and their satisfaction with the service.
- Due to Covid-19 restrictions, we were unable to speak directly with patients or leave CQC comment cards. However, feedback from patients on multiple internet rating review sites, and the provider's own client feedback was positive about the way staff treated 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.

- The service had a policy regarding translation services and could offer patients who did not have English as a first language a translator if required. However, there was no information within the clinic or on the service's website indicating information was available in different formats, such as easy read leaflets.
- Clinical notes and discussions showed that patients had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and treating them with respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Clinic doors were locked from the inside when staff were with patients. Other staff knocked on the door and waited before entering, to maintain patients' privacy and dignity.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs. There were short waiting times for appointments, patients were advised of treatment prices in advance and staff made patients aware of their complaints policy.

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 provider understood the needs of their patients and improved services in response to those needs, for example giving out direct clinic email addresses when the central telephone team became very busy as a result of Covid-19 restrictions lifting.
- The facilities and premises were appropriate for the services delivered. Access to the premises and treatment rooms was suitable for patients with restricted mobility.
- Reasonable adjustments could be made so that people in vulnerable circumstances could access and use services on an equal basis to others, for instance allowing a carer to be present.
- Prices for different treatments were displayed on the clinic's website. These were discussed in advance of any treatment programme.

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.
- 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, such as transfer of samples to histology. These were tracked and followed up, and we saw one example where a patient had been immediately contacted by the medical director for further referral.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. There had been nine complaints in the last year, out of over 500 patients a month treated.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted on results to improve the quality of care. The clinic gave an example of a learning point to ensure clients were aware in advance of any changes to consultation staff and were given the opportunity to change their appointment.

Are services well-led?

We rated well-led as Good because:

Leaders and managers understood the needs of the service and patients using the service. They created positive relationships in line with the provider's values and supported staff with their career development.

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 had developed clinical strategies focussed on areas including clinical governance, risk management, and the use of technology.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills.

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 provider had a clear brand value which was to be accessible, approachable, expert and responsible. The company values focussed on brand reputation, customer experience and customer loyalty.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy. It carried out mock CQC audits to assess the quality of care provided against the CQC standards of care.

Culture

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

- Staff felt respected, supported and valued. The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints, in the response to the patient setting out what had gone wrong and what action the service was going to take. There had been no serious incidents in the past 12 months relating to the regulated activities carried out by the service. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour, and these were embedded in corporate policies.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Staff were behind with their annual appraisals due to a change in manager, however these had been booked in. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, attended monthly clinical meetings and new members of clinical staff had their practice observed.

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff meetings had been intermittent due to management changes and the pandemic; however, staff still said they felt supported and the clinic manager was looking to restart meetings.

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 and understood. The clinic manager had regular update meetings with the medical director, to highlight any changes and to discuss patients' specific needs.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended, including clear escalation procedures and a medical standards team.
- However, we did have some concerns that governance arrangements had not been operating effectively previously. This had resulted in basic safety checks at the clinic not always being completed satisfactorily; such as infection control audits, fridge temperature control checks and minor surgery infection audits. The new clinic manager had largely identified and rectified these, or was in the process of doing so; however, the provider should consider whether the support and monitoring arrangements in this case had been sufficient, and take steps to prevent this situation arising again.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective 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. 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 service acted on appropriate and accurate information.

Are services well-led?

- Quality and operational information was used to ensure and improve performance. We were supplied with collated patient feedback after each consultation from the last two years. This covered areas such as staff interaction, professionalism and courtesy. The service was aware of an increase in frustration with accessing the service during the Covid-19 pandemic. Any patient leaving negative feedback was called personally to see where the service could improve.
- The service also carried out surveys on whether patients would recommend them to a friend. Patients were also invited to give feedback on the individual performance of clinical staff.
- Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. All patients were asked to provide feedback following their treatment at the clinic. Where necessary a further follow up telephone call or appointment took place. The provider demonstrated that any concerns raised were acknowledged within three days.
- Staff felt confident in providing feedback to their manager.

Continuous improvement and innovation

There was evidence of 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.
- There were systems to support improvement and innovation work.