Sk:n - Portsmouth St Georges Square

Inspection report

Unit 8 St Georges Business Centre
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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?	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 February 2014 was unrated; we found it met the five standards we inspected).

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 Sk:n - Portsmouth St Georges Square on 14 February 2020 as part of our inspection programme.

Sk:n - Portsmouth St Georges Square 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 under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. This service provides independent dermatology services, offering a mix of regulated skin treatments and minor operations 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 and 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.

The clinic manager 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.

We received 22 comment cards from patients. They were consistently positive about the service, describing staff as professional, kind, polite, non-judgemental and caring. Patients also commented on the clinic being well maintained and clean. We did not speak with patients on the day, as there were none attending for services which were in the scope of the regulated activities.

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 learn from incidents.
- There were regular reviews of the effectiveness of treatments and 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. The leadership and governance arrangements promoted good quality care.

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

- Secure the locked external clinical waste bin.
- Define the appropriate emergency medicines required for the service.
- Provide information in a range of appropriate languages and formats.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Car

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Sk:n - Portsmouth St Georges Square

Sk:n - Portsmouth St Georges Square is operated by Lasercare Clinics (Harrogate) Limited, 34 Harborne Road, Edgbaston, Birmingham, B15 3AA. The provider has over 50 clinics registered with CQC in England. A link to the clinic's website is shown below:

www.sknclinics.co.uk/clinics/the-south/portsmouth-st-georges-square

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 and medical acne treatment. Other procedures, that do not fall under scope of registration include non-surgical wart and verruca removal, lip fillers, skin peels, anti-ageing injectables, dermal fillers and laser hair removal.

The clinic is located close in Portsea, close to Portsmouth Harbour train station and the university, in a small business park. There is limited free parking but nearby there are metered parking spaces and a large shopping centre with parking. It is open five days a week; Tuesday to Thursday between 12pm and 8pm, Fridays between 10am and 6pm and on Saturdays between 9am and 6pm. Registerable services are only provided on Tuesdays between 2pm and 8pm. The provider's call centre operates seven days a week.

Facilities on the ground floor include the reception area, a ground floor treatment room and a disabled access toilet. On the first floor, accessed by stairs only, there are two further treatment rooms, the office and a staff room.

How we inspected this service

Before the inspection, we asked to 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. We had also sent the provider a comments cards box and comment cards to be handed to patients using the service to get their views, approximately two weeks before the inspection.

During the inspection we spoke with the registered manager, a regional manager, an audit manager and a senior therapist. We made observations of the facilities and service provision and reviewed documents, records and information held by the service. After the inspection the specialist advisor spoke with the medical director (consultant dermatologist) by telephone as they were not working at the location on the day we inspected.

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?

We rated safe as Good because:

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

However we found some areas for improvement. There was a lack of clarity in the risk assessment for the appropriate emergency medicines to keep on site and the external clinical waste bin was not adequately secured.

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 including locums. 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 policies and systems to safeguard children and vulnerable adults from abuse. Policies were readily available for reference with relevant local and company contact details. The registered manager and other staff were trained to level 2 at the time of the inspection. We were told the provider was about to launch training to level 3 (adults and children) for all registered managers. The director of medical services was trained to level 4, and there was a named regional manager available to contact, trained to level 3.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The service worked with other agencies to support patients and protect them from neglect and abuse. The local authority contact details were available for reference in the clinic. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- A staff member outlined learning from a safeguarding incident, shared at a regional learning day. They were confident they would recognise signs of potential abuse.
- The service did not offer any services to persons under 18 and checked the identify of patients before offering treatment. They requested patients confirmed their age, date of birth and address, for example by showing their driving licence.
- 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 for all staff, in line with the provider's own recruitment policy. (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 saw the recruitment and induction checklists for two newly appointed staff, who were going through induction at the time of the inspection. The service checked application forms, references, identification and carried out DBS checks.
- Staff completed on-line chaperone training. There was always a chaperone-trained staff member who assisted the medical director during treatments.
- There was an effective system to manage infection prevention and control. All staff had completed infection control training within the past year. The provider had carried out an infection control audit on 22 November 2019 and this showed a high level of compliance with one action to implement out of 96. This was to ensure a staff member received a Hepatitis inoculation. This was booked for March 2020 and was required before they carried out treatments involving sharp implements.
- The provider's director of medical services was the infection control lead, and the clinic manager was the local lead.
- The service used single use disposable items. There were sufficient stocks of these items, and of personal protective equipment, including aprons and gloves.
- The provider minimised the risk of legionella in the water system, by carrying out annual checks and weekly water flushes, in line with expert guidance. The last external check was carried out in October 2019 and there were no outstanding actions to complete. Legionella is a specific bacterium found in water supplies, which if undetected can cause ill health or death.

Good

Are services safe?

- 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.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. There were arrangements to protect staff and patients from risks associated with the use of lasers. There was evidence that portable electrical appliances were routinely safety checked.
- There was a system for safely managing clinical sharps bins and healthcare waste was tracked.
- The locked clinical waste bin was stored in an exterior compound, where the gate lock was broken. There was no way to secure the clinical waste bin to a fixed point within the compound. As soon as this was observed on the inspection, the registered manager contacted their management team to install a bolt to secure the locked bin to the wall.

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. The service had recently appointed a nurse to support the delivery of registered services and they were due to start in March 2020. The previous nurse had left in 2019 and the service had been supported by nurses from other skin clinics in the meantime. Patients were offered the option of attending an alternative clinic when the clinic's medical director was on leave. The clinic was also in the process of finalising the induction of an additional doctor, to increase choice and flexibility within the service.
- There was an effective induction system for all staff tailored to their role. This was monitored to ensure all staff completed training, were observed during their induction period and signed off as competent. There was a list of staff competencies in the office and the booking system meant that patients could only book appointment with appropriately trained staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All were up to date with basic life support training. Staff had completed specific training on eye and sharps injury and how to support a patient in an anaphylactic shock. Staff had been trained to use the emergency equipment.
- They knew how to identify and manage patients with severe infections. The registered manager had completed training in sepsis and the provider had required all staff to complete a training module on sepsis by 6 March 2020. There was a poster outlining sepsis awareness in the treatment room. The provider had also issued guidance to staff on what actions to take, following a recent virus outbreak.
- The service had recently developed its own checklist for minor surgery, which was being piloted at the time of the inspection. This was based on the World Health Organisation surgical checklist, aimed to minimise the risk of incidents and never events. Never events are serious, largely preventable patient safety incidents that should not happen if the available preventative measures have been used, so any 'never event' reported could indicate unsafe care.
- 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.
- The service gave patients information and guidance documents to refer to relating to their care. They included advice on possible side effects and what to do. These were created by the provider's medical standards committee.
- There was a safe system for managing prescriptions. The numbers of the prescriptions were logged when issued to the doctor and when returned for secure storage. The clinic kept a copy of each prescription in the patient file, for reference if required.
- There were appropriate indemnity arrangements in place, including checks of professional indemnity for medical staff.
- Patients were reminded not to bring children with them to their appointments, unless they also brought someone to look after them, as it was not safe to have children in the treatment rooms or left in reception.

Good

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 used a clinical notes booklet to record all patient information, including their medical history, expectations from the treatment and clinical notes. The notes were saw were completed clearly and contained the necessary information.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Patients were asked to consent for the service to send treatment details to their GP and any other relevant healthcare professionals. All patient records we viewed included copies of letters to patient GPs. The medical director confirmed that patients had consistently consented to share information with their GP.
- 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. We saw evidence of an appropriate referral when histology tests showed a lesion was cancerous. The patient was advised of this finding and referred promptly for further treatment.

Safe and appropriate use of medicines

There was a lack of clarity in the stock of emergency medicines to be held at this service.

- There was a lack of clarity over the emergency medicines required for this service and the provision of minor surgery. The risk assessment document did not include a full assessment of individual emergency medicines required for this type of service. The service did not hold atropine or chlorphenamine yet the provider's risk assessment for emergency medicines indicated that chlorphenamine for injection should be stocked, to treat a severe allergic reaction. The service did however hold adrenaline for injection, also used to treat an allergic reaction. After the inspection, the medical director reviewed the most appropriate drugs for the service and proposed the amendment to the medical standards committee.
- The medicine fridge was kept in a locked room. It contained medicines that were not used for registerable services or did not require cold-chain storage. The fridge temperature was monitored on the days the clinic was open, and results showed some inconsistent temperature readings. After the inspection feedback the clinic manager reported they had checked and adjusted the thermometers so they gave reliable readings.
- Processes were in place for checking medicines, including emergency medicines, to ensure they were in date.
- The service kept prescription stationery securely and monitored its use. It had set up a system for recording copies of patient prescriptions in their notes.
- The service did 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.
- The medical director prescribed supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The risk assessments for premises and equipment covered topics such as fire, control of substances hazardous to health, security and staff welfare. We did not look at the risks assessments associated with non-registerable activities, such as laser hair removal.
- 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.

- There was an online system for recording and acting on significant events, referred to as serious untoward incidents by the provider. Staff understood their duty to raise concerns and report incidents and near misses.

Good

Are services safe?

Leaders and managers supported staff when they did so. There had been no incidents in the past 12 months but staff understood when to report incidents and how to use the electronic reporting system.

- There were adequate systems for reviewing and investigating when things went wrong. All incidents relating to treatment were reviewed by the provider's medical standards team. The service wrote and apologised to patients and gave explanations and information relating to the event.
- The service learned and shared lessons, checked for themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. For example, there had been an incident over a year ago, relating to the use of a recently expired medicine for a non-registerable activity. The service wrote to the patient and explained the implications and the patient was satisfied with the response.
- The service had systems in place for knowing about notifiable safety incidents. The service monitored and responded to safety alerts, for example from the MHRA. We saw evidence of appropriate responses to three safety alerts.

Good

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 infection rates. Staff received training appropriate to their roles.

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)

- Almost all patients self-referred to this 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, as well as their expectations from treatment. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients of any side effects and risks, including pain, and understood how to assess patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. It had audited clinical records in May 2019, August 2019 and December 2019. These included audits of minor operations, skin treatments provided by the medical director, post-operative infections and adverse reactions. The auditor reviewed three sets of records for each type of activity.
- There was evidence of action to resolve concerns and improve quality. Improvements identified included reminding staff to take photographs of each stage of treatment. Clinical audit had a positive impact on quality of care and outcomes for patients.

Effective staffing

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

- All staff were appropriately skilled and qualified. The provider had an induction programme for all newly appointed staff and competency assessments.
- The service's medical director was a registered consultant on the specialist register for dermatology. They shared evidence of their NHS appraisal with the registered manager.
- The provider offered medical on-call support if staff had any medical queries at times when the clinic's medical director was not available.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Records showed the staff were over 90% compliant with their required training, and this was monitored weekly. Staff said the clinic manager reminded them to complete required training before its expiry date. The clinic had up to date records of skills, qualifications and training and issued staff with 'training passports'. This meant they could demonstrate their skills, for example if they worked in other sk:n clinics.
- Staff were encouraged and given opportunities to develop. For example, we spoke with a senior therapist who was being mentored to develop management skills. They had regular meetings with their mentor and these were documented.

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. For example, with patient's GPs.
- 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. 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP in line with GMC guidance.

Good

Are services effective?

- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, the service had an NHS contract to provide transgender patients with hair removal services.

Supporting patients to live healthier lives

Staff were consistent and proactive in supporting patients to manage their own health after treatment.

- Staff gave people written and verbal advice to help them keep them safe, for example with wound care.
- Risk factors were identified and highlighted to patients. For example, for those prescribed Roaccutane, where there are known risks associated with mental health, pregnancy and exposure to sunlight.
- Where patients' needs could not be met by the service, staff redirected them to an 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 had completed training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The registered manager explained if they had concerns relating to a patient's capacity to make decisions about their care they would refer the patient to the medical director.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Good

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.

The service did not have patient information available in other formats.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received from three different on-line feedback resources. One method was a rating system based on patient's willingness to recommend the service they had received from a particular member of staff. Overall, this technique showed it was amongst the best performing service for client experience.
- Feedback from patients was positive about the way staff treat people. We received 22 comment cards and patients were consistently positive about the welcome and kindness they received from staff.
- Staff understood patients' personal, cultural and social needs. They displayed an understanding and non-judgmental attitude to all patients. All staff had completed training in equality and diversity and those that spoke with us confirmed they placed a high importance on making all patients feel comfortable and at ease with their treatments.
- 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. Interpreters signed to consent they interpreted questions and information and responded in line with the patient's wishes.
- There was no information within the clinic or on the service's website indicating information was available in different formats.
- Patients told us through comment cards, that they felt listened to and supported by staff. They said they had sufficient time during consultations to ask questions and make an informed decision about the choice of treatment available to them. They said staff were professional and explained options, benefits, risks and outcomes from treatments.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and 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.
- There were no privacy curtains installed within the rooms, as a result of a safety risk assessment associated with the use of lasers. Staff said they explained and turned away if patients needed to undress. If it was safe to do so, they would temporarily leave the room. They also offered patients gowns if this was appropriate.
- Feedback on the comment cards was that staff respected patients' privacy and dignity.

Good

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 dermatology and minor surgery 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. Patients could access registerable dermatology services on Tuesdays between 2pm and 8pm. The clinic was in the process of inducting a second doctor to work another day, to widen access options.
- The facilities and premises were appropriate for the services delivered. Patients with restricted mobility could be seen in the ground floor treatment room. There was a disabled toilet on the ground floor.
- For patients with a hearing impairment, the service had a mobile hearing loop.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The clinic had treated patients with a learning disability for non-registerable services and had made provision for their carer/guardian to be present.
- Prices for different treatments were displayed in reception and on the clinic's website. They 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.

- The medical director worked at the clinic on Tuesdays only. The clinic offered treatments in other locations, such as their Southampton clinic, if patients were unable to attend on Tuesdays.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. At the time of the inspection the waiting times for an appointment to see the medical director was one week.
- The provider had a central contact centre which operated 8am - 8pm Monday to Friday, 9am - 5.30pm on Saturdays and 9am - 4.30pm on Sundays, so patients could book appointments and make enquiries outside the clinic's normal opening times. The provider also offered medical on-call support.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients said it was easy to get appointments.
- Referrals and transfers to other services were undertaken in a timely way. For example, when test results indicated cancerous tissue, the patient was immediately referred to their GP for treatment.

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 for patients to read in the reception area. The service also had a complaints leaflet for patients and guidance was available on the provider's website.
- Staff told us they encouraged patients to ask questions and raise any concerns directly to minimise any concerns they might have. They said they treated patients who made complaints compassionately.
- Feedback, including comments of concern or complaints were encouraged. The service had created a 'How did we do?' notice they attached to appointment cards that advised patients to contact the clinic manager directly if there were areas where the service did not meet expectations.
- The registered manager was the clinic lead for complaints, with support from the regional manager. There had been one complaint received by the service in the past year, and this related to the cancellation procedure. In response, the service had taken action to remind staff to advise patients of the cancellation policy when they booked their appointments. The cancellation procedure was also written on the appointment card, included on the price list in reception and within the terms and conditions posted on the website.

Good

Are services responsive to people's needs?

- 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. The provider's complaints guidance included information on how to contact the Independent Sector Adjudication Service.

Good

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. There was a clear governance framework and risks were identified and managed. These included risks relating to information management. There was a strong emphasis on patient experience and service improvement.

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. The clinic manager was the registered manager for the service and they were supported in this role by a regional manager, the regional audit lead and the lead nurse trainer.
- Leaders 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, including planning for the future leadership of the service. The provider supported potential leaders by offering a clinic manager programme for career development.

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 values, to be accessible, approachable, the medical experts and responsible. Sk:n's values were client focused, to promote positive client experiences and to support its own staff. Its clinical strategy was to embed a culture of excellence, utilise clinical and technical innovations, improve risk management and improve clinical governance.
- 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 annual 'mock CQC' audits to assess quality of care against the CQC standards of care.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service and valued the opportunities available for career development.
- Staff said the service focused on the needs of patients and supported them with their expectations and preferences for treatment.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There had been no serious incidents in the past 12 months relating to registerable activities. Staff explained how they explained the risks associated with laser treatments and refused to treat patients who had been exposed to sunlight. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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. All staff had received regular annual appraisals in the last year and had meetings with their manager at roughly monthly intervals. These were used to discuss any shortfalls, patient feedback and also any development or career plans.
- The provider received copies of NHS trust annual appraisals for medical staff working under practicing privileges at the service.
- There was a strong emphasis on the safety and well-being of all staff. There was no lone working at the service and all staff were trained and competency checked before they worked in areas of risk.
- The service actively promoted equality and diversity. Staff had received equality and diversity training and said they felt they were well treated and they themselves treated all patients equally and with kindness.
- There was a culture of promoting positive relationships between staff.

Governance arrangements

Good

Are services well-led?

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 service ensured there was co-ordinated person-centred care and the medical director sought consent and provided treatment details to patients' GPs. There was an effective staff meeting structure and systems for cascading information within the organisation. For example, the medical standards committee issued update bulletins on topics such as policy changes, audits, governance. Managers participated in weekly conference calls, which covered risks, updates and sometimes involved guest speakers. The registered manager had weekly update meetings with the medical director, to highlight any changes and discuss patients' specific needs.
- Staff were clear on their roles and accountabilities. Those we spoke with knew where to find clinic policies, including those relating to safeguarding and reporting incidents. They signed to show they had received and read updated policies. They also signed to show they had read and understood relevant Health and Social Care Act 2008 (Regulated Activities) Regulations 2104.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were regularly reviewed and updated, with clear version control.
- The provider carried out detailed audits of the practice annually. This consisted of reviewing the service following the CQC key lines of enquiry and highlighting a score, rating and areas for improvement. Overall, the January 2020 audit resulted in a rating of 'requires improvement'. The action plan, of over 20 improvement activities, had been almost entirely completed at the time of our inspection.
- The medical director was employed under practicing privileges, which meant they were granted permission to work in the service. They were also part of the provider's medical standards team which meant they were informed of and discussed issues raised across the provider's clinic base.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- The service had CCTV covering the entrance and reception area. There was no signage alerting patients of this, however action was taken immediately after the inspection to display an appropriate sign.
- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the provider ensured safety alerts were responded to and gave patients written after-care advice.
- 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. Leaders had oversight of safety alerts, incidents, and complaints. There were systems to monitor waiting times to book an appointment as well as on-site waiting times to see the doctor.
- Clinical and non-clinical audit had a positive impact on safety, quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality and safety.
- The provider had plans in place and had trained staff for major incidents. The clinic held an emergency grab box, which contained a wide range of items including emergency contact details. Contact details were also held by the registered manager.

Appropriate and accurate information

The service acted appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information to support the management of the service, 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.
- The service submitted data or notifications to external organisations as required. For example, it had submitted notifications to the CQC when appropriate.

Good

Are services well-led?

- 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. All patients were allocated a unique identifier code and this was used on any paperwork that was at risk of being seen, such as treatment lists. It was also used for any discussions with call centre staff, to minimise the risk of patient details being overheard. Clinical notes were kept in locked cabinets when not in use. The visiting doctor did not have access to patient identifiable data when not on site.
- Letters sent from the service were emailed though an encryption service to ensure confidentiality. Similarly, if patients attended one of the provider's other clinics, their notes were scanned sent via the encryption service.
- There was a notice in reception that explained how the service used patient information and maintained confidentiality.
- The provider ensured document management protocols were followed, which included version control, author and review dates.

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 on-line feedback following their treatment at the clinic. Reviews were consistently good or excellent. The registered manager said they followed up any concerns raised within three days.
- Staff said they had regular meetings with the clinic manager and they could use these to make suggestions or raise concerns.
- The service was transparent, collaborative and open with stakeholders about performance. Staff were aware of the provider's whistleblowing policy.

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 to improve patient experience and outcomes.
- The service made use of 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.
- The registered manager developed a 'How did we do' feedback prompt which clinic staff attached to appointment cards. This prompt explained how the feedback process worked and included the clinic manager's contact details should the patient feel their expectations had not been met, or they wanted answers to specific questions.
- The clinic was piloting a modified version of the WHO surgical checklist for minor surgical procedures, to minimise the risk of errors.
- If the doctor was running late for any reason, the service displayed a sign to advise patients of the delay. They found this minimised anxiety and concern.
- Feedback from clients had prompted the service to give patients an information sheet on Roaccutane following their consultation, so they had hard copy of the treatment process before they left the clinic.
- The registered manager maintained a prescription tracker, with copies of each prescription given to patients, was a more detailed record of treatment.
- Following an annual audit of the clinic, all but one of the 22 items on the improvement plan had been completed at the time of the inspection. These included advising staff on the correct use of sharps bins and labelling the date of opening of medicine packs.