

Outline Skincare Limited

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Inspection report

St Peters Manor
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Droitwich
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www.outlineskincare.co.uk

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

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 Outline Skincare Ltd on 16 April 2019 as part of our current inspection programme. The clinic had been inspected on 21 March 2018 under our previous methodology and no rating had been applied.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of laser treatments for hair removal, thread veins and pigmented lesions. Laser treatment is also used for the removal of warts, verruca and tattoo removal but these are out of scope for registration with CQC. Aesthetic cosmetic

Summary of findings

treatments are also provided at Outline Skincare Limited which are exempt by law from CQC regulation. We were only able to inspect services provided in relation to laser treatments and not the aesthetic cosmetic services.

One of the directors of Outline Skincare Limited 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.

The registered manager is a registered Nurse Prescriber and underwent revalidation in September 2017 by the Nursing and Midwifery Council, following an appraisal by the British Association of Cosmetic Nurses.

Our key findings were:

We found that:

- The clinic provided care in a way that kept patients safe and protected them from avoidable harm.
- There were clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse and for identifying and mitigating risks of health and safety.
- The clinic reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines and best practice.
- Patients' needs were assessed and care delivered in line with current guidelines. Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Staff treated patients with kindness and respect and involved them in decisions about their care.

- There was an open and transparent approach to safety and a system in place for recording, reporting and learning from significant events. The clinic had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the clinic learned from them and improved their processes.
- There were clear responsibilities, roles and systems of accountability to support effective governance.
- Policies and procedures had been kept under regular review and updated in most instances. Establishing a review timeframe that was consistent for all policies would be beneficial. This would ensure that review periods did not expire or that they were missed.
- The way the clinic was led and managed promoted the delivery of high-quality, person-centred care.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- There was a clinic development plan that documented both long and short-term priorities for the service. There was visible clinical and managerial leadership with audit arrangements in place to monitor quality.
- Staff told us they felt well supported and positive about working at the clinic. They enjoyed their jobs and were proud to work in the clinic.
- Feedback from patients about their care was consistently positive.

The area where the provider **should** make improvements is:

- Establish a review timeframe that is consistent for all policies to ensure that review periods do not expire or are not missed.

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

Outline Skincare Ltd

Detailed findings

Background to this inspection

The registered provider of the clinic is Outline Skincare Ltd. Outline Skincare Ltd is situated on the first and second floor within a residential property at St Peters Manor, St Peters Church Lane in Droitwich, Worcestershire WR9 7AN.

Outline Skincare Ltd provides laser treatments which includes hair reduction, tattoo, benign pigmented lesion and verruca removal, and vascular treatment (thread veins). Treatments are available to adults of 18 years and over only.

Treatments are provided in designated rooms that have been approved for laser use by a Laser Protection Advisor (LPA) and are carried out according to Medical Protocols drawn up by an Expert Medical Practitioner (EMP).

The clinic is open from 10am to 8pm on Mondays to Thursdays, Fridays from 9am to 6pm and Saturdays from 9am to 5pm. The providers website is www.outlineskincare.co.uk.

How we inspected this service

Before our inspection we reviewed information we held about the clinic. We also reviewed information that we had received from the provider ahead of the inspection and information available on the providers' website. We also reviewed patient feedback questionnaires.

The methods that were used included feedback comments from people using the service, interviewing staff, observations and review of documents.

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

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

Are services safe?

Our findings

We rated safe as Good because:

Outline Skincare Ltd demonstrated that they provided services for patients in a way that ensured staff and patients safety was maintained at all times.

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 all 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. Although treatment was not provided to patients under the age of 18, all staff received training and guidance on action to take should they have any concerns about a younger person. Checks were carried out to confirm age and identity where there were concerns about a person's suitability for treatment.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Training had been initiated and completed by a member of staff on how to support patients who may be victims of 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).
- Staff had received training and showed awareness around safeguarding issues and how to respond should a chaperone be required. All staff had access to specific training from the manufacturer for the equipment used. Training included safe use of equipment.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.

- A service plan was in place to maintain and service the air conditioning system and safeguard against the risks of Legionella. Monthly checks were carried out.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- 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.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Comprehensive risk assessments had been completed which included assessments for patients undergoing laser treatment.
- There were appropriate insurance schedules in place to cover all potential liabilities, including professional indemnity arrangements.

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 and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The registered manager was the only prescriber at the clinic. Prescriptions were sent to the pharmacy who then supplied medicines for the prescriber to use.
- Medicines were prescribed, administered or supplied to patients by the prescriber who gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines and accurate records of medicines were kept.
- Emergency medicines were available. Arrangements were in place to monitor the stock levels and expiry dates. Monthly reviews of these were carried out by the provider.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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.

Are services safe?

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. Management supported them when they did so.
- There had been one incident during the past 12 months. We saw there were adequate systems for reviewing and investigating when things went wrong. This included ensuring that lessons were learned with potential themes identified. Action had been taken 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. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from patient and medicine safety alerts. The service had an effective system in place to respond to all relevant alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Outline Skincare Ltd provided effective care that met with current evidence based guidance and standards. There was a system for completing audits and collecting feedback and evidence of accurate, safe recording of information.

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)

- Patients' immediate and ongoing needs were fully assessed.
- Clinicians ensured patients were given information to help them make a decision about their treatment options.
- 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 made improvements through the use of completed audits. 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. Six monthly audits of patient notes at random were carried out to ensure records were consistent and all relevant information had been obtained and recorded. We viewed five records and found they had been satisfactorily completed.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The provider was registered with the Nursing and Midwifery Council and was 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.
- A core of knowledge course was undertaken every three to four years for all laser operators. The laser company sent updates in between the courses which included protocol updates too.

Coordinating patient care and information sharing Staff worked well to deliver effective care and treatment.

- Patients received coordinated and person-centred care.
- Before providing treatment staff ensured they had adequate knowledge of the patient's health and their medicines history. The provider told us that patients would be signposted to more suitable sources of treatment where they were not able to ensure safe care and treatment. For example, should staff become aware of any concerns during consultations/treatment, patients were advised to consult with their GP.
- 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.

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.
- Risk factors were identified and highlighted to patients undergoing laser treatment. Aftercare guidance and information was provided.

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? (for example, treatment is effective)

- 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.

Are services caring?

Our findings

We rated caring as Good because:

Outline Skincare Ltd demonstrated that they ensured patients were involved in decisions about their treatment, that their needs were respected, and that services were provided in a way that was caring and supportive.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients 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.

- Interpretation services were available for patients who did not have English as a first language. We saw notices

in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through the feedback comments that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients can access and understand the information they are given).
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available if needed.

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 discuss their needs in private.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Outline Skincare Ltd ensured they responded to patients' needs for treatment and that they were fully equipped and able to deliver those services.

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 facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, a disability access survey had been completed in 2017 to ensure appropriate arrangements were in place. A portable ramp had been obtained to ensure patients with a disability could access the premises. There were two ground floor treatment rooms available should they be required.

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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.
- Gender specific evenings had been introduced to improve the experience of male patients.

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.
- The service had complaint policy and procedures in place.
- Staff were aware of the complaints policy and would inform the manager about a complaint when appropriate.
- Staff confirmed that in the event a complaint was received they would follow their complaints procedure. Patients would be informed of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

Outline Skincare Ltd provided services which were well led and well organised, in a culture that was keen to promote high quality care in keeping with their clear systems and procedures.

Leadership capacity and capability

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

- Providers were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Providers 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 service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- 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.
- Staff meetings were held bi-monthly when vision and strategy was also discussed and reviewed.

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.
- The service focused on the needs of patients.

- The provider acted on behaviour and performance inconsistent with the vision and values.
- 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 was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between all staff.

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.
- Staff were clear on their roles and accountabilities
- There were established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Policies and procedures had been kept under regular review and updated in most instances. Establishing a review timeframe that was consistent for all policies would be beneficial. This would ensure that review periods did not expire or that they were missed.

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 and prescribing decisions. The provider had oversight of safety alerts, incidents, and complaints.

Are services well-led?

Good 

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

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of monitoring to change services to improve quality if needed.
- The provider had plans in place and had trained staff for major incidents.
- All staff were annually appraised and monthly one-to-ones were carried out. Staff were supported to meet the requirements of professional revalidation where necessary.
- Each staff member was regularly shadowed by the registered manager to ensure the highest standards of care were consistently delivered. Staff performance was measured by monthly audit for utility of diary time, and senior management held daily “huddles” with staff to maximise success and opportunities.
- The service encouraged and heard views and concerns from their patients and staff and acted on them to shape services and culture.
- A comments box was available in the reception area for patients to provide feedback. A patient survey was due to be completed. At the time of the inspection surveys had been sent out to patients to gather their views.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. Staff told us they were able to comment at any time and felt they were always listened to.

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. All learning was shared through immediate feedback and at the bi-monthly staff meetings.
- The provider encouraged staff to take time out to review individual and team objectives, processes and performance.
- Staff were encouraged to develop their skills and seek opportunities for doing this. One such example was described by a member of the team who had completed a course on recognising skin lesions during 2018.
- Outline Skincare Ltd had won the Aesthetic Award (Midlands and Wales) for 2018, in which they had been nominated and voted on by a panel of 50 industry peers. They were very proud of their achievement and described to us the process and the experience during the inspection. It was evident that their sense of achievement had enhanced their drive for further improvement and innovation.

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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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.

Engagement with patients and staff

The service involved patients and staff to support high-quality sustainable services.