

Sk:n - Birmingham Harborne Road

Inspection report

32 Harborne Road
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of Sk:n - Birmingham Harborne Road on 13 July 2022 under Section 60 of the Health and Social Care Act 2008. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This was the first rated inspection of the service. The service was previously inspected in January 2014 when it was not rated but was found to be meeting all regulations that were inspected at the time.

Sk:n - Birmingham Harborne Road is registered under the Health and Social Care Act 2008 to provide the following regulated activities:

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

This clinic provides doctor and nurse-led dermatology services, offering a mix of regulated skin treatments and minor surgical procedures, as well as other non-regulated aesthetic treatments.

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. There are some general exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sk:n - Birmingham Harborne Road provides a wide range of non-surgical aesthetic interventions, for example, cosmetic Botox injections and laser hair removal which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

At the time of the inspection, the service did not have a registered manager. However, the provider had submitted an application to us, which was being processed by us. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

Overall summary

- The provider had implemented appropriate systems to keep patients and staff safe.
- There were systems to identify, monitor and manage risks.
- Staff had received mandatory training.
- The provider carried out appropriate recruitment checks.
- Arrangements for chaperoning were effectively managed.
- There were appropriate arrangements to manage medical emergencies and the clinic had suitable emergency medicines and equipment in place.
- There were effective systems and processes to manage infection, prevention and control.
- There was evidence of clinical and non-clinical audits.
- Patient feedback we viewed was positive about the overall service.
- The way the service was led and managed, promoted the delivery of a high quality service.

While we did not find any breaches in regulation, the areas where the provider **should** make improvements are:

- Improve their audit program to include audits of clinician's prescribing and referral decisions.
- Improve their process to confirm that patients are aged 18 or over.
- Improve their process for writing back to GPs when a referral is needed for further investigation.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services.

Our inspection team

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

Background to Sk:n - Birmingham Harborne Road

The provider of the clinic is Lasercare Clinics (Harrogate) Limited.

The clinic's address is 32 Harborne Road, Edgbaston, Birmingham, West Midlands, B15 3AA.

The clinic has car parking and has good public transport links.

More information about the clinic can be found on their website <https://www.sknclinics.co.uk/clinics/the-midlands/birmingham-harborne-road>

The clinic provides services to adults (over 18 year old) only. The services offered that fall under regulation include mole removal, medical acne treatment and hyperhidrosis (excess sweating).

The clinic is open Monday to Friday 10am to 8pm, on Saturday 9am to 6pm and on Sunday 10am to 5pm.

Doctors work at the clinic under practising privileges (permission granted through legislation to work in an independent hospital clinic).

There are four doctors, three nurses, a team of aestheticians, and non-clinical staff. The clinic has a manager and deputy clinic manager.

The provider has centralised governance and HR teams that support the clinic with these functions.

The provider's call centre is open 9am to 8pm Monday to Friday, and from 8am to 5.30pm on Saturdays. Patients can contact the call centre to book appointments and make general enquiries.

Facilities on the ground and first floor include the reception and waiting area, three treatment rooms including two minor surgery rooms and a toilet.

How we inspected this service

We reviewed information from the provider before the inspection. During the site visit we interviewed staff, made observations and reviewed clinical records and 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?

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 provider 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. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard vulnerable adults from abuse.
- The service did not treat children and told us if there was any doubt about a patient's age, including if they looked younger than 25, they would ask to view identification to confirm age. They also told us if a parent accompanied the patient, they would check patient identification to confirm the patient was over 18 years old.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The clinic carried out regular audits of infection control and had processes for assessing and managing risks associated with Legionella (a bacteria found in water systems).
- The provider ensured that facilities and equipment were safe, and that equipment was tested and maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- 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.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- The provider carried out appropriate risk assessments, including those to assess, monitor and manage risk related to the premises. For example, Fire and Health and Safety risk assessments.
- 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.

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.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment for example, the patient's usual GP. However, we found the process was not always followed. The provider told us they would review and improve their processes further.
- 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 ceased 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 does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed or administered 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.

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.
- We found that the provider had appropriate oversight of risks and that staff could escalate concerns when needed.

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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- Staff reported there had been two significant events between August 2021 and July 2022. These events were related to processing histology samples following minor surgery. We saw that the events had been discussed with relevant staff and the process had been revised to minimise the risk of the event occurring again.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all 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 to monitor post-operative complications. 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)

- 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 or British Association of Dermatologists guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- For post-operative advice and support, patients were advised to contact the clinic and their concerns were managed appropriately by clinical staff.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The provider carried out audits to ensure there was a result received for every histology sample sent off for analysis.
- The provider carried out audits to monitor for post-operative complications. We saw between April and June 2022, the clinic had carried out 76 minor surgery procedures, there had been no post-operative infections.
- The clinic also carried out non-clinical audits and collected patient feedback. From evidence we viewed, we saw that patient feedback was positive about the service overall and the experience patients had received. From evidence that we viewed we could not differentiate between feedback for patients receiving regulated and non-regulated services.
- The provider carried out quarterly compliance audits, as part of these audits the provider reviewed the quality of consultation records. Staff told us they received feedback following the audits. The provider did not audit prescribing and/or referral decisions including for non-medical prescribers. We discussed this with the provider during the inspection. They told us they were aware of this and they were in the process of reviewing their audit processes.

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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ 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.

Coordinating patient care and information sharing

Are services effective?

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

- Patients received coordinated and person-centred care. The provider had implemented a process for staff to communicate effectively with other services when appropriate. For example, the patients usual GP. We found staff did not always follow the process. We discussed this with the provider during the inspection, they told us they would review their processes again and make further improvements as needed so that the process was consistently followed by all staff.
- 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- There were clear and effective arrangements for following up on people who had been referred to other services.

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, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

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.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Patients were invited to give feedback following their appointment. The clinic manager monitored feedback throughout the day and responded to all feedback, including negative feedback to explore patient's concerns and identify how to improve the service further.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. A British sign language interpreter was provided free of charge. If other languages were required, staff advised patients on how an interpreter could be arranged. Patients were advised at the time of booking they could not bring a relative to help translate for them.
- Patients were provided with information to help them make an informed choice. There was a two week cooling off period between their initial consultation and date for treatment. This gave patients the opportunity to ask further questions and make an informed choice about their planned treatment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The clinic used privacy curtains to help promote privacy and dignity.
- Consultations and treatments took place behind closed doors and conversations could not be overheard.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because the service organised and delivered services to meet patients' needs.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs.
- 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.
- There were appropriate access arrangements in place for patients requiring wheelchair/step free access.
- The clinic had appropriate facilities in place to support patients with a disability including a hearing loop, disabled toilets and disabled parking spaces.
- There were two clinical rooms on the first floor and a minor surgery room on the ground floor. There was no patient lift, however, staff told us patients who were unable to walk to the first floor, would receive their treatment in the ground floor minor surgery room.
- Staff asked patients about additional needs before their appointment, so that staff were prepared and able to make all necessary arrangements.
- The clinic provided a British sign language interpreter. For languages other than English, if a patient required an interpreter, the staff advised on how an interpreter could be arranged.

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.
- Referrals and transfers to other services were undertaken in a timely way. We saw this was monitored by the clinic manager.
- The clinic was open seven days a week including evenings and weekends. This gave patients the choice to make appointments outside of normal working hours.
- The provider had a central contact centre which operated from 9am to 8pm Monday to Friday, and from 8am to 5.30pm on Saturday. Patients could book appointments through the call centre and make enquiries outside the clinic's normal opening times.
- Patients could also contact the service by completing an online form on the provider's website. Staff from the call centre would call the patient back to help deal with their query.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously

- The clinic had not received any complaints relating to regulated services between July 2021 and June 2022.
- We saw information was available about how to make a complaint or raise concerns and the provider had implemented appropriate processes to deal with complaints.

Are services well-led?

We rated well-led as Good because leaders and managers understood the needs of the patients using the service. They encouraged a culture that supported staff to meet the provider's vision and values. There was clear governance systems and systems to allow information to flow up and down through the organisation. 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.
- 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, including planning for the future leadership of the service.

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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider monitored progress against delivery of their strategy.

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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. 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 need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- 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.

Governance arrangements

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.
- 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.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The provider used an electronic governance system to monitor information related to risk and performance.
- The service had processes to manage current and future performance.
- We found the provider carried out audits of consultation records and audits of prescriptions to ensure they contained relevant information, however, at the time of the inspection the provider was not auditing prescribing and/or referral decisions. We discussed this with the provider during the inspection. They told us they were aware of this and they were in the process of reviewing their audit processes.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The provider had plans in place and had trained staff for major incidents.
- The clinic manager met daily with staff and met with clinicians before each clinic to discuss any changes to process or policy or talk through the clinic list for that day.

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 service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and acted on them to shape services and culture.

Are services well-led?

- The service requested feedback from every patient following their appointment. We saw examples of “you said, we did” information for patients. The service had responded to patient feedback and improved the clinical rooms to make them more welcoming and provide dedicated clinic rooms for patients attending the clinic for regulated activities.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning and continuous improvement.

- We found there was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and patient feedback. 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 provider carried out quarterly compliance audits to monitor that the service provided was safe and effective.