

Diamond Skin Care Limited

Inspection report

Abbey Field Medical Practice
Ypres Road
Colchester
CO2 7UW
Tel: 01603819125
www.diamondskincare.co.uk

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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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection of Diamond Skin Care Limited on 12 December 2022, as part of our inspection programme. Diamond Skin Care Limited 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 service provides a full range of independent dermatology services, offering a mix of regulated skin treatments and 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 Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore, we only inspected and reported on the services which are within the scope of registration with the CQC.

The Director of Diamond Skin Care 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.

Our key findings were:

- The provider had not carried out risk assessments to understand the service need for emergency medicine and equipment provision. The provider could not provide assurance that emergency medicines and equipment were checked to ensure they were suitable for the service or fit for purpose.
- The provider had systems to keep clinicians up to date with current evidence-based guidance.
- Staff treated patients with compassion, respect and kindness and comments left by patients said they were involved in decisions about their care. We found reviews on the Diamond Skin Care Limited website and online, which showed that patients were consistently positive about the service, and described staff as professional, helpful and caring. We were also shown positive feedback from patients collected by the provider.
- The service encouraged feedback from patients which was positive and included timely access to the service.

Overall summary

- There was an absence of understanding or arrangements to manage risks by the provider. There was a lack of assessment systems or assurance that safe, and well-led services were effective for example, environmental checks, and oversight of infection prevention and control.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Identify and document the organisational lead within policies for infection prevention and control and safeguarding for children and vulnerable adults.
- Audit prescribing for assurance safe prescribing guidelines were followed
- Improve the accessibility of information for patients about the complaints process.

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 Diamond Skin Care Limited

- The name of the registered provider is Diamond Skin Care Science Limited. The registered address of the provider is 129 School Lane Little Melton Norwich Norfolk NR9 3LB.
- The provider has two registered clinic locations. One is based at Abbey Field Medical Centre, Ypres Road, Colchester, CO2 7UW. The second location at 25-27 Dr Torren's Way, Norwich, Costessey, NR5 0GB. We visited the Colchester location for this inspection.
- The provider first registered the Colchester location with CQC in 2021 and is registered to provide services to children and adults. The services offered include those that fall under registration, such as mole and cyst removal, medical acne treatment, and Botox injections for the treatment of excessive sweating. Other procedures, which do not fall under the scope of registration include for example, non-surgical wart and verruca removal.
- The Colchester location is located within a purpose-built GP practice on the outskirts of Colchester. Diamond Skin Care Limited used one room within the Abbey Field Medical Centre premises on Monday and Tuesday each week. There is free parking at the centre.
- The service is accessed through booking a free advice call or appointment online on the service website. Patients could also book an appointment by telephone available Monday to Friday from 9am to 5pm or complete an online request for a call back within 24 hours (Monday to Friday) and there was a live chat on their website.
- The provider's website is www.diamondskincare.co.uk

How we inspected this service

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

During the inspection we spoke with staff present including the Registered Manager and clinical staff. We made observations of the facilities and service provision and reviewed documents, records and information held by the service. We also reviewed feedback left by patients on the Diamond Skin Care Limited website and online.

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 Requires improvement because:

- No evidence that environmental, safety risk assessments were being carried out to take account of the people using the service and those who may accompany them.
- No assessments to understand the service need for emergency medicine and equipment provision.
- No safeguarding lead documented in either the service's safeguarding adult or child policy.
- No IPC audits for assurance of safe practice.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse.

- The provider could not evidence that safety risk assessments were being carried out for example health and safety and environmental checks of the clinic space used by the service.
- Staff received safety information from the provider as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. Staff told us that the named safeguarding lead for adults and children was the Director of Diamond Skin Care Limited, however, this was not documented in either the service's adult or child policy.
- The service had a policy in place for assurance that the adult accompanying a child had parental authority.
- Staff had received safeguarding and safety training appropriate for their role. They told us they knew how to identify and report concerns.
- The service told us they would work with other agencies to support patients and protect them from neglect and abuse.
- The provider conducted staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken. (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).
- Evidence that staff immunisation checks were complete and up to date were provided.
- There was not an effective system in place to manage infection prevention and control. The service had an infection prevention and control (IPC) policy, however no IPC monitoring had been carried out for assurance of safe practice.
- Evidence from the provider showed that equipment was safe and maintained according to manufacturers' instructions.
- The agreement held between Diamond Skin Care Limited and their landlord evidenced the system used for the safe management of healthcare waste.

Risks to patients

There were not systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There were no assessments of emergency equipment and medicines or oversight they were appropriate for the service and safe to use.
- Evidence of indemnity arrangements were provided.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The patient records we were shown documented the information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service provided evidence of the processes used to share information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service did not have reliable systems for appropriate and safe handling of medicines.

- There were no assessments of emergency equipment and medicines or oversight they were appropriate for the service and safe to use.
- Processes were in place for checking non-emergency medicines and maintaining accurate records to minimise risks.
- There was a safe system for managing prescriptions. The service issued private prescriptions which were stamped with the service's information and included the appropriate details on the prescription.
- 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).
- We were told staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. However, this was not always documented on patient records or audited for assurance that safe prescribing guidelines were followed.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service could not evidence a good safety record.

- The provider could not evidence a track record showing they had assurance that safety risks were assessed and managed appropriately, for example environmental checks, or infection prevention and control.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The provider recorded and acted on significant events. Staff understood their duty to raise concerns and report incidents and near misses. We were told leaders at the service supported them when they did so.
- The service provided evidence they learned and took action when things went wrong to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour encouraging a culture of openness and honesty. The service had a system in place for notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service evidenced the mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

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 and the British Association of Dermatologists guidance.
- Patients' immediate and ongoing needs were 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.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits for example, a post-operative infection audit. 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.

- 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 gave staff protected time to meet their training needs. Up to date records of skills, qualifications and training were maintained. We were told by staff they were encouraged and given opportunities for development.

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.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results needed prior to treatment and their medical history.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse.

Are services effective?

- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

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.
- We were told risk factors were identified, highlighted to patients and, where appropriate, highlighted to their normal care provider for additional support.
- Where patients' care and treatment 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.

- The provider's consent policy outlined the requirements of legislation and guidance for staff 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.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- 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.

- The provider advised that, if necessary, patients could contact a translation service if needed. They told us patients usually brought someone with them to help with communication needs, if necessary. Patients were told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patient feedback that has been received by the service commented on caring and kind staff members. They said that they felt listened to, supported by staff, and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- 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:

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.
- 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.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

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. However, information was not readily available to patients.

- The provider had a complaints policy and procedure in place. However, information about how to make a complaint or raise concerns was not available in the clinic or easily accessible on their website.
- The service told us they informed patients of any further action available to them should they not be satisfied with the response to their complaint and directed them to contact the Care Quality Commission.
- The service told us they had received 1 complaint in the last 12 months. We looked at the complaint and found that it had been managed appropriately. The service learned lessons from individual concerns and complaints. It had acted to improve the service.

Are services well-led?

We rated well-led as Requires improvement because:

- The service lacked oversight of some systems and processes to ensure patients and staff were always safe, for example, the management of medical emergencies, infection prevention and control, environmental health and safety risks.
- Some service policies lacked relevant detail.
- No information about how to make a complaint or raise concerns available in the clinic or on their website.

Leadership capacity and capability;

Leaders had the capacity and skills and the knowledge to deliver high-quality, sustainable care.

- Staff told us leaders at the service were visible and approachable.
- Staff had a range of communication systems available. These supported for example, the smooth running of clinics, the sharing of general information about the service and reminders about tasks which need to be completed.

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.

Culture

The service had a culture of high-quality sustainable care, although did not have complete oversight to ensure patients and staff were always safe.

- Staff told us they felt respected, supported, valued, and were proud to work for the service.
- The service focused on the needs of patients.
- Service leaders acted on behaviour and performance inconsistent with their vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. However, information about how to make a complaint or raise concerns was not available in the clinic or on their website.
- There were processes for providing all staff with the development they needed. This included an annual appraisal for all staff and career development conversations. All staff were considered valued members of the team.
- 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 staff.

Governance arrangements

There were not always clear systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not always understood and effective. This included the arrangements for the management of medical emergencies, infection prevention and control, environmental health and safety risks, and fire safety.

Are services well-led?

- Staff were clear on their roles and accountabilities.
- Policies and procedures were available, and these were regularly reviewed. However, some policies lacked detail. For example, there was no named safeguarding lead in the Child Protection Policy or the Safeguarding of Vulnerable Adults policy, or lead responsible person identified for infection control at the service or within the policy.
- The service used performance information to hold management staff to account.
- The service understood the need to submit data or notifications to external organisations when required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There was limited clarity around processes for managing risks, issues and performance.

- The service could not evidence they had all the systems and processes in place to assess, monitor and mitigate the risks relating to the health and safety of patients and others who may be at risk. For example, there was no oversight that the fire risk was being managed and maintained in the shared building.
- The service had processes to manage current and future performance.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- We found no business continuity plan in place.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to improve performance.

Engagement with patients, the public, staff and external partners

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

- The service encouraged views and concerns from patients and acted on them. Patient feedback was monitored and acted upon to shape services. Patients were encouraged to leave reviews and feedback on the Diamond Skin Care Limited website and were also encouraged to leave reviews online. Patients were encouraged to contact the service by phone or email to discuss anything they did not want to leave in a review.
- Staff could describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about feedback received. Feedback was available to be viewed on the service's website.

Continuous improvement and innovation

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

- The service used internal and external reviews of incidents and complaints to learn and make improvements.

Leaders and managers encouraged staff during appraisals to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met.</p> <ul style="list-style-type: none">The registered person had failed to establish they had fully assessed, monitored and mitigated all the risks relating to the health, safety and welfare of service users and others who may be at risk. For example regarding fire safety assessments, environmental assessments and checks, infection control auditing and oversight, and the arrangements to manage medical emergencies.