UKSKIN Birmingham

Inspection report

Eaton House
67 Valentine Road
Birmingham
B14 7AJ
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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 at UKSKIN Birmingham on 19 May 2022 as part of our inspection programme.

UKSKIN Birmingham is a private medical clinic for over 18s offering a range of treatments for the skin and body such as skin lesions, skin cancers, skin excess and body sculpting.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of diagnostic and screening procedures, treatment of disease, disorder or injury and surgical procedures.

Dr Braham Ouali 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 service provided care in a way that kept patients safe and protected them from avoidable harm.
- Policies and procedures were in place to support the delivery of safe services.
- The premises and equipment were well maintained, and appropriate risk assessments were undertaken to ensure the safety of patients and staff.
- The practice had systems and processes in place to minimise the risk of infection and had put in place additional measures during the COVID-19 pandemic.
- Patients received effective care and treatment that met their needs.
- There were systems in place for identifying, acting and learning from incidents and complaints to support service improvement.
- Staff treated patients with kindness, dignity and respect.
- The practice organised and delivered services to meet patients' needs.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

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

Our inspection team

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

Background to UKSKIN Birmingham

UKSKIN Birmingham is the registered provider and is located at Eaton House, 67 Valentine Road, Kings Heath, Birmingham, B14 7AJ. The service registered with the Care Quality Commission in January 2020 to provide the following regulated activities:

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

UKSKIN Birmingham provides treatment for men and women over 18 years of age and specialises in skin and body treatments such as skin lesions, skin cancers, skin excess and body sculpting.

The service is provided from a two storey fully converted building which is shared with another organisation. UKSKIN provides services on the ground floor with consultation rooms and minor surgery rooms, with additional office space on the first floor. The service is centrally located and there is on-site parking. Services available are on a prebookable appointment basis. Patients can book appointments directly with the service by telephone or via the website. The clinic is staffed by a clinic manager, medical director, business development manager, a nurse, an operating department practitioner, a healthcare assistant, a front of house and two patient coordinators.

The service opening hours are Monday, Wednesday and Friday 9.30am to 6pm, Tuesday and Thursday 9.30am to 7pm and Saturday 9am to 4pm.

The website address is: www.ukskin.co.uk

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking account of the circumstances arising from the pandemic, and in order to reduce risk we have conducted our inspection differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Requesting evidence from the provider
- A shorter site visit

During the inspection:

- We spoke with the provider, clinicians and the administration staff.
- Reviewed key documents which support the governance and delivery of the service
- Made observations about the areas the service was delivered from
- Looked at information the service used to deliver care and treatment plans

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 provided care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. We saw protocols for safeguarding and a system in place to assure that patients requesting care and treatment were over the age of 18 years.
- Disclosure and Barring Service (DBS) checks and risk assessments 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. There was an appointed safeguarding lead and staff 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. An infection control policy and annual statement was in place. We found that weekly infection control audits had been carried out. The service had introduced COVID-19 protocols and additional cleaning schedules to keep patients and staff safe.
- The provider had undertaken a legionella risk assessment of the premises and regular water checks were in place to minimise the risk of legionella.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw that portable appliance testing (PAT) and calibration of relevant equipment had been undertaken in the last 12 months. There were policies and systems in place for safely managing healthcare waste and sharps disposal. The service had risk assessments and procedures in place to monitor the safety of the premises such as the control of substances hazardous to health (COSHH).
- 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. This included premise and security checks and fire safety. We saw evidence that fire alarm testing took place on a weekly basis.

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 identified additional staffing requirements to meet the changing demand and were in the process of recruiting further staff.
- There was an effective induction system for locum staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. The service had a defibrillator and oxygen on the premises which were regularly checked.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. All clinicians were trained in first aid and basic life support.

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 well written, documented and managed in a way that kept patients safe. Records contained detailed information specific to the procedure. For example, consent forms, history, examination and follow up care in place which demonstrated information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicine audits to ensure prescribing was in line with best practice guidelines for safe prescribing. In addition, they carried out a review of stock, record keeping and had relevant policies in place.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were systems in place for verifying the identity and age of patients attending the service during a triage assessment. The service did not provide treatment for anyone under the age of 18 years.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive systems and processes in place for risk assessments in relation to safety issues. For example, a process to manage Medicines and Healthcare products Regulatory Agency (MHRA) alerts and best practice guidance.
- 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 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 systems and processes for reviewing and investigating when things went wrong. All staff had access to an electronic platform to report incidents. The service learned and shared lessons, identified themes and took action to improve safety in the service.

Good

Are services safe?

- 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 receiving and 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 including sessional and locum staff.

Good

Are services effective?

We rated effective as Good because:

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance.

Effective needs assessment, care and treatment

- 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. Where appropriate this included their clinical needs and their mental and physical wellbeing. Records we looked at confirmed this.
- Clinicians had enough information to make or confirm a diagnosis
- Arrangements were in place to deal with repeat patients. Patients mental health and wellbeing was assessed and considered before undertaking a surgical procedure.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed 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. For example, the provider was reviewing pre- and post-operative brochures to meet a diverse range of skin tones within their patient population.
- There was oversight of clinicians in the service through the use of clinical meetings and completed audits. For example, the medical director regularly carried out histology audits to ensure excisions undertaken were appropriate and reviews undertaken of any post procedure complications. 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 qualified. The provider had an induction programme for all newly appointed clinical and non clinical staff. This included buddying and shadowing opportunities.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) 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. Appraisal processes were in place and staff were encouraged and given opportunities to develop.

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, staff referred to and communicated with the patient's GP when undertaking surgical procedures to ensure any health risks were considered.

Good

Are services effective?

- Before providing treatment, surgeons 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, on each occasion they used the service.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

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. For example, a post-operative care package with wound cleaning supplies and bandages were given to patients so they could self-care following their treatments. Dressing changes and suture removals were in place and a direct number was given to contact the service during out of hours if there were any concerns.
- Assessments were carried out to ensure that the treatment patients were asking for were correct. Alternative treatments were offered if deemed more appropriate for their needs.
- 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.

Good

Are services caring?

We rated caring as Good because:

Patients were treated with respect and staff were kind and caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The provider understood patients personal and medical needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service sought feedback on the quality of clinical care patients received. The provider followed up feedback from online reviews and had carried out a review of their patient satisfaction results in the last 12 months.
- 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. The service provided patients with an appointed patient coordinator and a direct telephone number to answer any concerns following a post-operative procedure.

Involvement in decisions about care and treatment

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

- Staff at the service could speak a number of languages, however the provider was in the process of supporting patients with language barrier through an external provider.
- Feedback from patients from online reviews told us that patients found staff professional, friendly, efficient and thorough.
- Before providing treatment, an electronic triage service was undertaken to screen patients on the suitability of the procedure. This was undertaken by the medical director to ensure patients were appropriately seen by the service.
- Patients attendingfor an assessment, where the clinician discussed with them the risks and benefits of any treatment and answered any questions. The clinician also discussed realistic outcomes and costs. Patients were given a cooling off period before any procedures were undertaken.
- Staff communicated with people in a way that they could understand, for example, electronic patient brochures for pre- and post-operative information were available so patients could understand the procedures undertaken.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of respecting people's dignity. All staff were trained in chaperoning, equality and diversity and lesbian, gay, bisexual, transgender, queer and questioning (LGBTQQ) awareness.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear.
- Staff understood the importance of keeping information confidential and patients records were held securely.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients and were accessible.

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.
- Equipment and materials needed for consultation, assessment and treatment were available at the time, for patients attending for their appointment. For example, support garments for skin excess surgeries.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider was in the process of purchasing a wheelchair for patients attending with mobility issues.

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. For example, each patient was assigned a patient coordinator and histology results were given in a two-week timeframe.
- Appointments were available Monday, Wednesday and Friday 9.30am to 6pm, Tuesday and Thursday 9.30am to 7pm and Saturday 9am to 4pm.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were generally not necessary, although the provider would consult with a patients GP for additional information and as part of the clinical assessment if necessary.
- Patients had access to aftercare, advice and support at the clinic. For example, post-operative care packages were provided to patients and an out of hours phone line for medical emergencies.

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 example, there were dedicated email addresses to raise a complaint or a clinical concern which was investigated and responded to in a timely way.
- Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Good

Are services well-led?

We rated well-led as Good because:

The service was well-led, organised and had a culture that supported high quality care. There were clear governance arrangements and policies and procedures to support staff.

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 core values to strive to be a centre of excellence for the range of treatments offered, with patient safety and outcomes at the centre. This included listening, communicating, collaborating with patients effectively and seeking continuous feedback to improve.
- The service had a realistic strategy and supporting business plans to achieve priorities. The service spoke with the inspection team about the vision and values of the service and how they hope to expand the provision of services as well as the potential expansion of their current location in the future.
- 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. For example, there were weekly board meetings.

Culture

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

- Staff felt respected, supported and valued. Staff we spoke with were proud to work for the service and told us there was a supportive culture. The clinic manager was new in post and was working to improve the culture even further for staff.
- 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 and shared with all staff 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.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed, and improvements made.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. At the time of our inspection some newly appointed staff had been appointed.
- Staff were supported to meet the requirements of professional revalidation where necessary.

Good

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. All staff had completed equality and diversity training. Staff we spoke to felt they were treated equally.
- There were positive relationships between staff and leaders. Staff felt the culture of the service was professional, supportive open and approachable. All members of staff were considered valued members of the team.

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 we spoke with 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. For example, the service had standard operating procedures (SOP's) which staff could refer to. These were available on the service's shared computer system.
- All staff had access to policies and procedures from their computers.
- 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The service was registered with the information commissioner's office (ICO).
- 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.

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 and reviews of their consultations.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents and policies were accessible for all staff.

Appropriate and accurate information

Good

Are services well-led?

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.
- We saw evidence that quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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. Staff could describe the systems in place for sharing and reviewing feedback. The service regularly analysed online feedback received and responded to any comments. We saw evidence that the provider had carried out a review of their patient feedback in the last 12 months to identify ways to improve the service further. For example, the provider completed monthly reviews of patient satisfaction and patient feedback to improve the patient journey and booking experience.
- There were processes in place to monitor the effectiveness of the quality of the service provided which included feedback from patients and social media.
- The service was transparent, collaborative and open with stakeholders about performance where necessary.
- There were systems to support improvement and innovation work. Staff were able to share ideas about how they could improve the quality of the service. Feedback about improvements was shared with all staff.
- The provider held monthly in-house skin lesion training to learn more about certain types of skin conditions which was led by the medical director and open to all staff.

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. Staff training was encouraged, and staff were given protected time to complete relevant training.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. This was discussed with leaders on a weekly basis and with staff in monthly meetings.