

# Skin Care Network (Barnet) Limited

## Inspection report

3 Church Passage  
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London  
EN5 4QS  
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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.** (Previous inspection January 2014. No rating given).

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 Skin Care Network (Barnet) Limited

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations of the Health and Social Care Act 2008.

During the previous inspection in January 2014 we found that the provider did not operate effective recruitment procedures to ensure that, before employing people for the purposes of carrying on the regulated activity, all appropriate information about them was in place and they were of good character. This was because there was insufficient recording to demonstrate that Disclosure and Barring Service (DBS) checks of individual staff had been acquired and that, where needed, staff were entitled to work in the UK. We checked these areas as part of this comprehensive inspection and found this had been resolved.

Skin Care Network (Barnet) Limited is a consultant led dermatology service. The clinical team is comprised of six consultant dermatologists (four male and two female), a clinic manager/head nurse, a lead paediatric nurse, one dermatology nurse, one health care assistant, and one psychologist for cancer services. The clinic is supported by two senior receptionists plus two other receptionists, a clinic assistant, an accountant and a housekeeper.

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 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. Skin Care Network (Barnet) Limited provides a range of non-surgical cosmetic interventions, for example Botox for Hyperhidrosis, which is not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The lead consultant 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:

- Care and treatment was delivered in line with current evidence based guidance.

# Overall summary

- Clinical staff we spoke with demonstrated a strong understanding of informed consent.
- Patients were provided with high quality information about the treatment provided and to promote healthy lifestyles, including in-house leaflets and videos.
- The provider actively sought feedback from patients, which indicated high levels of patient satisfaction.
- The clinic is actively involved in quality improvement activity.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The premises were accessible for patients with mobility issues.
- Staff we spoke with gave positive feedback and told us they felt supported.
- There was a strong emphasis on continuous learning and development for staff.
- Lessons were learned and changes made as a result of incidents.
- There is oversight of nursing and non-clinical staff. There were processes in place that enabled the lead clinician to have some clinical oversight of all consultants work.
- The provider held practice privileges at other clinics, which could be used in the event of disruption to the premises.

We saw the following outstanding practice:

- The provider was involved in furthering the understanding and developing this area of medicine. The lead clinician attended national and international meetings to present and discuss developments and new techniques in the field of Dermatology. For example, they had carried out research into the use of Confocal microscopy (RCM) which enables non-invasive imaging of superficial layers of the skin to accurately diagnose Melanoma. They had made presentations to British Association of Dermatology (BAD) in March 2020 and at a conference in New York in May 2021 in relation to their findings.

There were areas where the provider could make improvements and **should**:

- Develop a process for clinical supervision for the consultants that work at the clinic.

**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 CQC second inspector, and a specialist adviser.

## Background to Skin Care Network (Barnet) Limited

Skin Care Network (Barnet) Limited is the registered provider of services carried out at the Skin Care Network. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, surgical procedures and treatment of disease, and disorder or injury.

The clinic was opened in Barnet in 2006 and provides services specialising in skincare and the treatment of skin disorders for people of all ages. Services include the diagnosis and treatment of problems of the skin, hair, mouth and nails. Surgical procedures can be carried out on site under local anaesthetic. Medical and cosmetic treatments are also provided.

The clinic is open Monday to Thursday 8.00am – 8.00pm; Friday 8.00am – 4.00pm; and Saturdays 8.00am – 3.00pm. The clinic is closed Sundays and Bank Holidays.

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[www.skincarenetwork.co.uk](http://www.skincarenetwork.co.uk)

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews by telephone
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

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:**

## **Safety systems and processes**

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

- The provider for the building conducted safety risk assessments. They 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 provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Staff we spoke with knew who their safeguarding lead was for both children and adults.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Clinicians were trained to level 3 and the administrators' level 2. All staff we spoke with knew how to identify and report concerns.
- 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 who acted as chaperones were trained for the role and had received a DBS check.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The landlord for the building had an effective system to manage infection prevention and control, which had been updated to reflect the changes needed following the Covid pandemic. The landlords had carried out Legionella testing and were following the identified actions.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## **Risks to patients**

**Although there were systems to assess, monitor and manage risks to patient safety, they were not always effective.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff we spoke to understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. However, non-clinical staff had not completed formal training to help them identify and manage patients with severe infections, for example sepsis.
- There was suitable equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

## **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 care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service 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. For example, initial tests indicated that patients needed to be treated in a secondary care setting and we saw evidence of referrals being made.

## 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, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The provider stocked the appropriate emergency medicines in line with the remit of the service and provided a risk assessment that detailed how they would deal with any unexpected medical emergency that may require different medicines.
- The service carried out regular medicines audit as part of a wider clinical oversight audit, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- The clinic prescribed one high risk medicine and had an effective system in place to ensure patients were monitored. However, the provider did not have a means of searching their clinical systems for patients prescribed this medicine. The provider told us that they would add this medicine to their existing suite of searches.
- There were effective protocols for verifying the identity of patients including children.

## 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.

## 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. For example, a medicine had been prescribed by a clinician who was unaware of a recent contra-indication with another drug, which could have posed a risk of harm to a patient. As a result of this all prescribed medications have a pre-printed information leaflet which are given to patients for their information. This lists side effects and contra-indications.

# Are services safe?

- The provider was aware of and complied with the requirements of the Duty of Candour. The staff we spoke with told us the management team encouraged openness. The clinic 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:**

## **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**

- 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. The clinic only prescribed dermatology medications for up to 6 months maximum. Patients would have to attend a consultation for a review before any further medication was prescribed.

## **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 quarterly and bi-annual quality systems audits including antimicrobial prescribing, clinical record keeping, clinical oversight and the treatment register. We noted that where an audit had identified that one entry had not been signed by a clinician this was discussed and rectified.
- The provider audited their work against Mohs micrographic surgery gold standard for treating basal cell carcinomas (BCCs) and we saw that they had four years' worth of audits demonstrating that they had met the required standards in most cases. We saw the clinicians had discussions about the findings and where improvements needed to be made the actions had been implemented.

## **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) and the 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. Staff were encouraged and given opportunities to develop. For example, nurses were encouraged to complete Dermatoscopy training.

## **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, when patients were referred to NHS dermatology departments.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

# Are services effective?

- 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. 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, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- 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. Risk factors were identified, highlighted to patients for example, clinicians would discuss with patients how to stay safe in the sun and had leaflets about skin cancer, and protecting children from the sun.

## **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.

# 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. All patients were sent feedback questionnaires after all consultations. All the feedback we reviewed from patients was positive.
- 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. Patients were also 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.
- 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 to those needs. For example, they had amended their patient information leaflets to ensure the information about fees were clear following patient feedback.
- The facilities and premises were appropriate for the services delivered.

## **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.

## **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. 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 complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. They had received four complaints in the past year and we noted they had all been upheld and had been discussed with staff.

# Are services well-led?

**We rated well-led as Good because:**

## **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 in place to assess the competencies of all staff they employed in order to plan appropriate training and development.

## **Vision and strategy**

**The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The 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 service monitored progress against delivery of the 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. Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Leaders and managers acted on behaviour and performance inconsistent with the 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.
- 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. 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.

## **Governance arrangements**

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

# Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. There is oversight of nursing and non-clinical staff. However, there is no formal oversight of the other consultants.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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.
- 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 were processes to identify, understand, monitor and address current and future risks including risks to patient safety. Safety incidents were discussed at practice meetings.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- 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. We asked the provider to formalise their business continuity arrangements and were provided with a copy of their plan after the inspection.

## **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.

## **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. The practice analysed patient feedback on a regular basis.
- 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. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

# Are services well-led?

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

- There was a focus on continuous learning and improvement. Staff we spoke with gave positive feedback and told us they felt supported, and that the service encouraged continuous learning.
- There were systems to support improvement and innovation work. For example, the service shared knowledge and experience with local GP services by holding dermatology lectures.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The provider was involved in furthering the understanding and developing this area of medicine. The lead clinician attended national and international meetings to present and discuss developments and new techniques in the field of Dermatology. For example, they had carried out research into the use of Confocal microscopy (RCM) which enables non-invasive imaging of superficial layers of the skin to accurately diagnose Melanoma. They had made presentations to British Association of Dermatology (BAD) in March 2020 and at a conference in New York in May 2021 in relation to their findings.