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Derby Skin Laser & Cosmetic Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 31 January 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations

Notable practice;

The provider ensured that all patients had access to their follow-up service that was available at any time of the day or night immediately following a procedure for a period of 24 hours. This enabled patients to feel assured of immediate attention in the unlikely event of a complication following treatment, or if they felt concerned about something.

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 associated with the Health and Social Care Act 2008.

The service provides medical treatments such as hair removal, photo rejuvenation, radio frequency skin tightening and skin resurfacing. Minor surgical treatments include removal of skin lesions, cysts, and cosmetic procedures for eyelids.

Summary of findings

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner for minor surgical procedures. At Derby Skin Laser and Cosmetic clinic the aesthetic cosmetic treatments, including skin laser treatments that are also provided are exempt by law from CQC regulation. Therefore we were only able to inspect the treatment for patients/clients requiring minor surgical procedures but not the aesthetic cosmetic services.

The female partner 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.

16 people provided feedback about the service. All 16 patients were overwhelmingly positive about the service they had received. They told us that the staff were professional, polite, friendly, respectful and very thorough. Many patients said how pleased they were with the results of their treatment.

Our key findings were:

- The provider put their patients first before financial gain. They would not provide treatment where they felt it was not in the patient's best interest.
- There was information available regarding treatments that were available.
- The clinicians made a thorough initial assessment, including discussing the patients' relevant clinical history, prior to discussing treatment options available.
- Benefits and drawbacks of treatment options were discussed to assist patients in making decisions about their care and treatment.
- Written consent was obtained prior to the commencement of each treatment session.

- The treatment room for surgical procedures was maintained as a sterile environment similar to an operating theatre, where additional cleanliness and entry rules were observed and special footwear for use in sterile environments were used.
- The male partner was a Consultant Ophthalmic Surgeon at an NHS hospital and had received appropriate safeguarding training.
- There were limited amounts of medicines used by the service. These were mainly local anaesthetics, which were stored and checked appropriately.
- Sterile equipment was a mix of single use items and some which required sterilisation after use. The provider had an agreement with a local hospital for sterilisation of instruments. The packages we checked at inspection were all in date.
- Receptionists had received an induction when first recruited to the role and were aware of policies and procedures used in the clinic.
- Receptionists had not received a DBS check and there was no risk assessment made to mitigate against any risk. However, we were told that patients/clients rarely requested a chaperone.
- There were emergency medicines for use in case of anaphylactic reaction stored at the clinic which were accessible, however, there was no oxygen or defibrillator for use in an emergency and no risk assessment to justify this decision.
- Receptionists received an annual appraisal, and one clinician had received an appraisal through their NHS work, however, the clinician providing the majority of the treatments had not received an appraisal to check that competency had been maintained.

There was an area where the provider could make improvements and should:

- Consider holding emergency equipment such as a debibrillator and oxygen in the premises, or making a formal risk assessment to mitigate this risk.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- The clinic had a policy for reporting and recording significant events, and an accident book to record any accidents. Staff knew how to report and record an incident or accident, however, none had been recorded in the preceding year.
- The clinic had conducted a number of risk assessments and checks to ensure that staff and clients/patients were safe whilst on the premises.
- The male partner worked as a Consultant Ophthalmic Surgeon at a local hospital and had received training on safeguarding vulnerable people.
- Staff had a good understanding of how they would respond to a potential emergency, however, the two receptionists employed had not received formal training in basic life support. We saw that the registered manager had recently completed an update in basic life support and that the main clinician was due to attend an update.
- The clinic did not have access to emergency equipment such as a defibrillator or oxygen and had not assessed the risk of this.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and development plans for reception staff. The provider had received an appraisal relevant to their NHS and private work. Each partner informally reviewed their partner's clinical practice during occasions where they assisted one another.
- Audits conducted demonstrated 91-100% satisfaction with the outcome of treatment.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The clinic maintained a treatment decision approach that was 'always in the best interest of the client'.
- Information for patients about the services available was accessible.
- Patients were treated with kindness and respect.
- The provider maintained patient and information confidentiality.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The provider took account of the needs and preferences of patients such as those with a learning disability.
- The CQC comment cards showed that patients found it was easy to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, however, there had been no complaints received in the preceding year.

Summary of findings

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The provider had a clear vision and strategy to deliver safe, high quality care and all staff understood their responsibilities in delivering this.
- There was a leadership structure, and some policies and procedures in place to govern activity. There were no formal policies to govern mandatory training, including basic life support, safeguarding, and information governance, however, staff knew to follow procedures and instructions outlined in their induction to preserve patient confidentiality.
- The provider was aware of the requirements of the duty of candour.
- The provider had a system to receive and act on notifiable safety incidents.
- There was a clear recruitment and induction process for recruitment of receptionists, and a system of appraisal.

Derby Skin Laser & Cosmetic Clinic

Detailed findings

Background to this inspection

Derby Skin Laser and Cosmetic Clinic is situated in the centre of Derby at 1-2 Vernon Street, Derby, DE1 1FR.

Opening hours are 10am to 6pm each Tuesday and Thursday; 10am to 7pm each Friday, and alternate Saturdays from 10am to 3pm. An additional session is available each Friday afternoon for surgical procedures with male partner who is a consultant at a local NHS hospital.

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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Therefore, at Derby Skin Laser and Cosmetic Clinic, we were only able to inspect the services which were subject to regulation, which was surgical procedures. This means that we were not able to inspect provision of treatment relating to cosmetic procedures, which included skin laser treatment.

The female partner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

The clinic provides cosmetic medical and surgical treatments, and is run by a husband and wife partnership, supported by two part time receptionists.

Skin laser treatments include hair removal, photo rejuvenation, radio frequency skin tightening and skin resurfacing. These treatments are for cosmetic improvement and are not regulated activities that are regulated by CQC.

Surgical treatments are provided by one of the partners who is a practicing NHS Consultant Ophthalmic Surgeon and available on each Friday afternoon. Treatments include removal of skin lesions, moles, skin tags and cosmetic eye surgery, such as blepharoplasty. Blepharoplasty is a procedure to remove skin and to add or remove fat from the eyelids. This is the regulated activity that is registered with CQC.

The Derby Skin Laser and Cosmetic clinic does not see or treat anyone under the age of 18 years.

We inspected Derby Skin Laser and Cosmetic Clinic on 31 January 2018.

The inspection was led by a CQC inspector, and there was a GP specialist advisor.

We reviewed information from the provider including evidence of staffing levels and training, audit, policies and their statement of purpose.

We interviewed staff, reviewed documents, talked with the provider, examined the facilities and the building. We also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 15 comment cards and spoke with one patient on the day.

Detailed findings

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?

Our findings

Safety systems and processes

There were systems, processes and practices to minimise risks to patient safety. However, improvements were required:

- The senior partner who worked at a local NHS hospital had received training on safeguarding children and vulnerable adults relevant to their role, and was the designated lead for safeguarding at the clinic. The remaining staff (one full time clinician and two part-time receptionists) had not attended any safeguarding training relevant to their role. Staff knew who the lead for safeguarding was and would report any concerns verbally. However, there was a limited understanding of their responsibilities in relation to identifying and acting on concerns. We did not see practice policies or procedures relating to identifying safeguarding concerns, and there were no safeguarding referral contact telephone numbers available to staff. However, the provider told us that they would contact the patient's GP if they had a concern or contact social services directly.
- There was a policy regarding responsibilities for acting as a chaperone which was shared with receptionists during their induction. Patients were offered a chaperone prior to treatment. Staff advised us that patients rarely requested a chaperone. There were always sufficient staff on duty so that a chaperone could be provided if requested. Staff received in-house chaperone training and understood the role.
- The premises were clean and tidy. Cleaning was carried out by the clinic staff and checked by a clinician. There were additional measures in place to clean and maintain the main surgical/treatment room which was set out as a surgical theatre with stringent entry rules observed.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment.
- We saw that the clinician who provided surgical treatment was recorded on their appropriate professional register and had undertaken appraisal and professional revalidation as required through their NHS work.

- Clinical staff had received a Disclosure and Barring Service (DBS) check. (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).
- Receptionists had not received a DBS check and there was no risk assessment made to mitigate against this risk. However, we were told that patients/clients rarely requested a chaperone.

The practice had a variety of other risk assessments to monitor safety of the premises such as:

- Control of substances hazardous to health,
- Fire safety
- Infection control.

The clinic manager had attended a course in Control of Substances Hazardous to Health (COSHH) and routinely conducted fire checks and health and safety checks. We saw evidence to show that fire drills were carried out regularly and infection control audits were undertaken in-house. There were no outstanding actions recorded which needed to be followed up.

The premises were managed by a third party who was unable to identify when the last Legionella risk assessment was made. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the provider arranged for a new assessment to be conducted and we saw evidence that this had taken place the day after our inspection. The risk of Legionella was deemed to be very low.

Risks to patients

The practice had limited arrangements to respond to emergencies and major incidents.

- The male partner had completed advanced adult and paediatric life support courses as part of his work at a local NHS hospital. At the time of our inspection, the main clinician was due to attend an update and neither receptionists had attended basic life support training whilst employed at the clinic. Staff told us that in the event of an emergency, they would call an ambulance.
- There was no defibrillator or oxygen on the premises, and no written risk assessment to mitigate this risk had been conducted. The partners told us that they would call emergency services if a patient collapsed.

Are services safe?

- There were emergency medicines available in case of an allergic reaction, and staff knew where they were located.
- All the medicines we checked were in date and stored securely.
- The provider had a single professional indemnity policy covering all the staff and clinical activities within the building.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- Medicines were only prescribed by the provider who was a practicing Consultant Ophthalmic Surgeon. The provider received pharmacy advice from several different sources to help ensure that their prescribing practice remained safe and up to date.
- There was an awareness of the need for stewardship in the use of antibiotic medicines, however antibiotics were rarely used at the clinic, and did not fall into those classes where resistance to their use was a major cause for concern.

Are services safe

Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system and their intranet system.

- Where material had been sent for testing, such as skin samples, there were systems to help ensure that results were received and checked against the patients' record.
- The patients' GPs were kept informed about the treatment where this was necessary.
- A comprehensive assessment was made during the initial consultation. This included relevant medical history and allergies which were documented in the patient record.
- Patients consent was recorded at every visit prior to treatment. Written consent was obtained prior to administration of any local anaesthesia.

Safe and appropriate use of medicines

Track record on safety

- There was a policy and a system for reporting and recording significant events. Records showed that there had been no significant events or near misses recorded over the last year. A receptionist we spoke with knew to report any events to the provider or the manager, and was able to show us the policy and relevant form to complete. Awareness of what constituted a significant event was limited to more serious events and the clinic did not recognise minor events that had happened.
- There was a system for receiving safety alerts, such as those relating to the use of medicines or medical devices. They were assessed to decide if they were relevant to the provider and acted upon when necessary.

Lessons learned and improvements made

- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

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 those from the Medicines and Healthcare products Regulatory Agency (MHRA).

- A comprehensive assessment was made during the initial consultation. Where patients had allergies this was recorded in the notes.

Monitoring care and treatment

There was evidence of quality improvement following clinical audit:

- There had been regular audits carried out to monitor cleanliness standards and compliance with infection prevention and control. We noted that there were no outstanding actions relating to these audits.
- There was an audit completed to identify scar acceptance after skin lesion removal. Results showed that 91% of patients were satisfied with the residual appearance at 4 weeks; 0 patients required scar revision; and 100% of patients were satisfied after 12 weeks.

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The provider was the only clinician who conducted surgical treatments and we saw that they had received a revalidation for their practice within their NHS work.
- Receptionists had received induction training which included in-house instruction on fire safety, health and safety, infection control, and confidentiality. This was supported by written procedures which were easily accessible to staff.
- The provider had access to training through their work at a local NHS hospital, including safeguarding up to level three.

- The learning needs of reception staff were identified through appraisals, and reviews of their work which was conducted by the clinicians. One receptionist was attending a local college and time for them to attend was worked into the rota.

Coordinating patient care and information sharing

Consultations respected patient confidentiality and most patients/clients did not want their information to be shared. However, the provider told us that there were some instances where they needed to share information with the patient's consent. From documents we reviewed we found that the clinic shared relevant information with other services in a timely way, for example;

- When referring patients to other services for a consultation with another specialist.
- When notifying a patients' GP of the results of a skin sample tested.
- If required, the provider would contact social services if they had a safeguarding concern.

Referral letters were timely and contained the necessary information.

The provider did not treat children under the age of 18 years and made this clear in their patient information.

Supporting patients to live healthier lives

Consent to care and treatment

- All patients were asked for their consent at each visit prior to treatment and this was recorded in the patient file.
- Where there was minor surgery there was a separate consent form whereby consent was obtained in writing.
- There was always a delay between the patient consenting to the surgery, and the surgery taking place so that patients had the opportunity to consider (or re-consider) their decision. A second consultation was arranged free of charge where a patient/client required additional information or was unclear about the proposed treatment options. In these situations, the provider encouraged patients/client to bring a friend or relative along to the consultation for support.

Are services caring?

Our findings

Kindness, respect and compassion

- During our inspection we observed that members of staff were kind, courteous and very helpful to patients and treated them with dignity and respect.
- Consultation and treatment room doors were closed during consultations and locked during treatment. Conversations taking place in these rooms could not be overheard.
- The provider had patients with learning disabilities and other specialist needs. There was a compassionate approach to accommodating them, for example by ensuring sufficient time to discuss their needs and options available, and ensuring that a carer or appropriate adult accompanied them to help their decision making.
- The provider told us that they always put the patient/client's best interest before any financial consideration and were very proud of this approach. This was supported by the receptionist we spoke with and patients who described the approach as thoughtful and with no 'hard sell'.
- All of the 15 patient Care Quality Commission comment cards we received were very positive about the service experienced. Many patients/clients expressed their gratitude for the difference their treatment had made to their confidence and mental wellbeing. All comments were overwhelmingly positive about the care and attention they had received and the professional and respectful way they had been treated by all staff.
- When we showed the comments cards to the provider, they told us they felt very humbled by the positive comments received and in particular, comments relating to how much their treatment had made a difference in people's lives.

Involvement in decisions about care and treatment

- There was evidence of treatment plans in patients' files which demonstrated patient's involvement in decisions about their care.
- The provider told us that they went to great care to outline the various treatment options available, and always discussed the limitations and potential complications as well as the benefits. Patients/clients were always given time to think about the options offered and a second appointment was offered free of charge to discuss further if required, with a friend or relative.
- In situations where the provider felt that treatment was not suitable, or there would be little benefit, then treatment would not be offered, and the client/patient would be counselled if required.
- We saw that there were information leaflets and a folder containing information for patients about the various treatments, including the potential benefits and limitations of treatments. The leaflets also contained diagrams to facilitate explanation.

Privacy and Dignity

- Patients' confidential information was protected. Written files were stored in a locked cabinet in the main consultation room which was kept locked. Electronic files and photographs were stored on the clinic's computer system which was password protected and any additional files were stored on a hard drive which was also password protected.
- The provider had never had a cyber security breach or experienced any problems with hard copy files. However, they were considering whether it was necessary to review their information security systems in the light of current cyber breaches reported nationally.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The provider held evening clinics on Fridays until 7pm and alternate Saturdays from 10am to 3pm.
- The provider was able to receive and respond to patients/client's concerns including out of normal working hours through the use of an on-call system. Receptionists took turns on the on-call rota and directed the calls to the appropriate clinician during the out of hours period. This included during the night and at weekends.
- The provider assessed the patients' needs and recommended appropriate treatments.
- The provider put the patients' needs before other consideration with some patients being advised that no treatment or a "wait and see" approach were the favoured options if that was clinically in the patients' best interests.

Timely access to the service

- The clinic was open from 10am to 5pm each Tuesday and Thursday, and from 10am to 7pm on Friday. Saturday appointments were available on alternate weekends from 10am to 3pm. The service regulated by CQC was provided on Friday afternoons.

- There were arrangements to support patients outside of those hours. Telephones were answered during the clinic's opening hours. Patients were given advice on what to do following minor surgery if there were any complications.
- The provider operated an on-call system for patients following minor surgery, whereby they could call for advice if there was a problem when the clinic was closed for up to 24 hours after the procedure.

Listening and learning from concerns and complaints

- There was a clear complaints procedure which was available in the patient's information folder and in the policy and procedure folder held by the receptionists.
- There had been no complaints in the previous year related to treatments regulated by the Care Quality Commission. The provider told us that they felt this may be because they provided a comprehensive assessment and outlined treatment options fully including and drawbacks.
- The provider had conducted an audit to identify the number of 'top-up' treatments required and patient satisfaction levels.
- We did not see evidence of learning from significant events or complaints as there were none recorded. However, the provider told us that, where patients/clients had complained about a product they had purchased from the clinic, they provided them with a refund.

Are services well-led?

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

Our findings

Leadership capacity and capability;

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the service and ensure high quality care.

They prioritised safe, high quality and compassionate care. Staff told us the provider was approachable and always took the time to listen to all members of staff. Most staff had been with the provider for a long time and there was a very low staff turnover.

Vision and strategy

The provider had a vision to be a centre of excellence providing the highest quality care which was effective, caring, safe and evidence based. The most recent treatments and most recent technical innovations were available. Patients were shown, in leaflets and discussions the evidence base for their treatments.

Culture

There was a clear leadership structure and staff felt supported by management.

- Staff told us there was an open culture within the clinic and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Reception staff told us that both partners were very approachable and easy to work for.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There was a culture of openness and honesty.

Governance arrangements

There was a governance framework which supported the delivery of the strategy and good quality care. However, improvements were required in some areas:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The provider and receptionists had lead roles in key areas. For example there were leads for, finance, staffing, infection control and appraisal.

- There were some specific policies which were implemented and were available to all staff. However, we did not see any policies relating to some key areas of governance, for example; safeguarding vulnerable adults, information governance and completion of relevant training updates.
- There were policies and procedures to manage significant events and complaints, and these were easily accessible to all staff. However, there were no significant events or complaints recorded so we were unable at this inspection to see evidence of any discussion or opportunity to learn from such occurrences. However, where clients had reported some dissatisfaction with a product they had purchased, a refund had been offered.
- Clinical governance arrangements took account of an additional consultant ophthalmologist on site who utilised a consultation room one day each week to see and treat patients.

Managing risks, issues and performance

- There were risk assessments to monitor safety and to mitigate risks. For example:
- There were regular fire drills and checks.
- There was a thorough assessment of the control of substances hazardous to health.
- The provider had employed a specialist contractor to review the premises in relation to health and safety practices.

There was an awareness of the clinical and financial performance of the service. For example the provider knew how many patients had attended and what treatment each individual had received. Patient satisfaction audits were conducted to establish outcomes of treatment

Appropriate and accurate information

- Patients received a comprehensive assessment which included their previous medical history and allergies. These were recorded in way that all staff carrying out treatment would be aware of them.
- Patients GPs were informed of treatment, where required, with the consent of the patient.
- Referral letters were timely and contained the appropriate information.

Engagement with patients, the public, staff and external partners

Are services well-led?

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

- The provider encouraged and valued feedback from patients and staff.
- Staff were asked for ideas about how to make changes or resolve issues.
- Patients were asked to complete a questionnaire following treatment. There was also a comments book for patients in the reception area and they could post comments online.