

# Thames Skin Clinic

## Inspection report

1-3 Baylis Mews  
Twickenham  
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[www.thamesskin.co.uk](http://www.thamesskin.co.uk)

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

## Ratings

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

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of Thames Skin Clinic on 3 November 2022. This was the first CQC inspection of this location under the current CQC inspection methodology.

The registered manager is the medical director of the company. 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.

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. Thames Skin Clinic provides a range of surgical and non-surgical treatments, for example skin boosters, hydrafacials, skin peels, dermal filler, chemical peels, LED phototherapy, microneedling and electrolysis which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

## **Our key findings were:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

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

## Our inspection team

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

## Background to Thames Skin Clinic

Thames Skin Clinic is an independent provider of medical services. The service provides face to face and online consultations, physical examinations, dermatology and slimming clinic services as well as some minor surgery. The service provides a broad range of aesthetic services, some of which are not regulated by the Care Quality Commission (CQC), but some services that are, including thread vein removal and treatment of acne and rosacea. This report references only those services that are regulated by CQC. The provider offers consultations and/or treatment to both children and adults, mainly aged 14 and over.

Thames Skin Clinic is based at Thames Skin Clinic, 1-3 Baylis Mews, Twickenham TW1 3HQ. The service is for private fee-paying patients only, the service does not see NHS patients. The provider is registered with the CQC to deliver the regulated activities of Treatment of Disease, Disorder and Injury, Diagnostic and Screening Procedures, Surgical Procedures and Services in Slimming Clinics.

The service website can be accessed through the following link: <https://www.thamesskin.co.uk/>

The provider primarily provides services to patients in southwest London, with some international patients. The service is self-contained within a single premises, with all patients checking in at reception. The service has five clinical rooms, with a reception foyer, a patient waiting area and two non-clinical rooms used by staff.

The service operates on a Monday, Tuesday and Friday from 9am until 5.30pm, on Wednesdays and Thursdays, 9am to 7.30pm and on Saturdays from 9am to 4.30pm. The service does not provide a service outside of these hours and is closed on Sundays. Surgical procedures and the prescribing of medicines at the service is carried out by the clinical doctor. The service employs an aesthetic therapist, a practice manager and two part time reception staff who oversee appointments and administration for all patients.

### How we inspected this service

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## We rated safe as Good because:

*The provider had systems and procedures which ensured that users of the service and information relating to patients were kept safe. Information needed to plan and deliver care was available to staff in a timely and accessible way. In addition, there were arrangements in place for the management of infection prevention and control and reliable systems in place for appropriate and safe handling of medicines.*

*We identified some minor safety concerns that were either rectified on the day of inspection or the provider told us they would be rectified soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor.*

## 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 a safeguarding policy, which was last updated in October 2022 with systems in place to safeguard children and vulnerable adults from abuse.
- 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 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 received up-to-date safeguarding and safety training appropriate to their role, however at the time of the inspection one member of clinical staff had not completed the required safeguarding training for their role. Following the inspection, the provider sent us evidence to show that the member of staff had completed the required safeguarding training. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role.
- All staff had undergone a DBS check and this was documented in their staff files.
- There was an effective system to manage infection prevention and control.
- 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.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## Risks to patients

### There were systems to assess, monitor and manage risks to patient safety.

- 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.
- There were appropriate indemnity arrangements in place for the clinic and clinicians.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

# Are services safe?

- We saw evidence of adrenaline in stock and a small oxygen cylinder during the inspection for use in medical emergencies. Due to the nature of the service they did not have a defibrillator, but we were told there was a GP surgery a short distance from the clinic and also a primary school a short walk away.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- We reviewed a sample of 10 individual care records and found no issues. Where consent was needed or a chaperone offered, this had been documented in the patient's notes. If treatment was needed after consultation or a patient's GP had been contacted, this was also documented, along with any follow up arrangements.
- 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.

## 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, emergency medicines and equipment minimised risks.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Clinicians 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.
- During the inspection, we identified some medical equipment that had passed its best before date, including plasters and several bottles of fast acting cleanser/antimicrobial solution, some of which had expiry dates of February 2022. The clinic disposed of these items during the inspection and told us that going forward these items would be included in the medicines checks.

## 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.
- The service had recorded zero serious incidents or events in the last 12 months.

# Are services safe?

- 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.

# Are services effective?

## **We rated effective as Good because:**

*The provider had systems and procedures which ensured clinical care provided was in relation to the needs of patients. Staff at the service had the knowledge and experience to be able to carry out their roles. The service had a programme of quality improvement and audits to help drive improvements.*

## **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- The service used information about care and treatment to make improvements, and online training was carried out via an online platform which was monitored by the practice manager.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service made improvements through the use of completed audits. The provider sent evidence of audits carried out, including medical record audits, consent form audit, hand washing audit and a waste audit. The audits carried out had a positive impact on quality of care and outcomes for patients.
- Patients were monitored after being prescribed medicines to check for side effects or any risks. Patient records were continually reviewed and detailed to ensure the service could monitor the effects of medicines.

## **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 were registered with the General Medical Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## **Coordinating patient care and information sharing**

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

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate.
- Before providing treatment, the clinician at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

# 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 told us that they rarely communicate with patients' GPs and this was at the request of the patient, However, if the clinician felt there was a need for the GP to be contacted, they would discuss this with the patient and document this in the consultation notes.
- The provider had risk assessed the treatments they offered.
- 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 and where appropriate highlighted to their normal care provider for additional support.

## 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.
- The service monitored the process for seeking consent appropriately.



# Are services caring?

## **We rated caring as Good because:**

*The service treated patients with kindness, respect and dignity. The service involved patients in decisions about their treatment and care. Staff we spoke with demonstrated a patient-centred approach to their work and were able to describe how lessons were learnt and actions were taken when things went wrong.*

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received
- Feedback from patients overall was positive about the way staff treat people. Patients were sent a feedback survey after each consultation and also had the opportunity to complete comment cards. The provider also carried out an annual patient survey.
- 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.**

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- The clinic did not have any patients at the time of inspection with any learning disabilities or who needed interpretation services.
- Children attending the clinic were advised that they needed a parent/guardian present.

## **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.
- Patients medical records were securely stored electronically.

# Are services responsive to people's needs?

## We rated responsive as Good because:

*The provider was able to provide patients with timely access to the service. The service had a complaints procedure in place, and it used patient feedback to make adjustments and improve quality of care.*

## 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 waiting area was large enough to accommodate the number of patients who attended on the day of the inspection.
- The website for the service was very clear and easy to understand. In addition, it contained clear information about the procedures offered.
- The facilities and premises were appropriate for the services delivered. The clinic was clean, bright and welcoming and we saw evidence of a cleaning schedule in place.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The clinic was wheelchair accessible and the provider told us that they made changes to accommodate patients with disabilities, for example: moving a piece of clinical equipment to a downstairs clinical room so that a patient using a wheelchair could access treatment.

## 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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The provider told us that there was always remote cover and peer colleague cover when the doctor was not at the clinic.

## 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 both on the website and in leaflets in reception. Staff treated patients who made complaints compassionately.
- The service had complaint policy and procedures in place. All written complaints were acknowledged within two working days and a formal response given within 20 working days.
- 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.
- There had been three recorded complaints in the last 12 months. evidence was provided of a complaints analysis which showed a summary of the complaint, with an action plan and date for that action to be completed.

# Are services well-led?

## We rated well-led as Good because:

*Service leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that patients would receive the best care and treatment that would allow patients to lead active lives. There were good systems in place to govern the service and support the provision of good quality care and treatment. The service used patient feedback to tailor services to meet patient need. Staff reported that the service supported and ensured the wellbeing of its 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 identified that patient expectation was their biggest challenge and were working to address this.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. There were clear lines of communication between staff.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The provider told us of future plans involving employing another doctor under a practising privileges contract and also training up a new therapist to support the existing therapist.

## 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. The provider had a documented set of aims and objectives, including;
- Maintenance of the highest professional and ethical standards
- To encourage innovation, ambition, enterprise and continuous improvement
- Rapidly respond to the needs of our team and our patients
- 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.
- The service focused on the needs of patients. Openness, honesty and transparency were demonstrated when responding to incidents and complaints and these were discussed at team meetings, with the meeting minutes circulated. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

# Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff. The provider told us that due to them being a small team of four, there was open communication in addition to monthly team meetings. There was also a small notice board in the staff room where updates would be added, for example, updates in NICE guidelines.

## 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 were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit 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.
- The provider had business continuity plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- There were regular staff meetings. Staff reported they were able to raise concerns. The provider told us that they did not have the time for formal multi-disciplinary team meetings, however they were able to have regular check ins due to the size of the team.
- The service used performance information to monitor and manage staff.
- The service had information technology systems. All clinical records were completed on the computer.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

# Are services well-led?

**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 and staff and acted on them to shape services and culture.
- The provider had plans to develop the service, and had identified and documented their priorities for the future which included:
- Staff could describe to us the systems in place to give feedback.

## **Continuous improvement and innovation**

**There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints.
- The provider had plans to develop the service, and had identified and documented their priorities for the future which included:
- Plans for young adult education sessions concerning acne.
- Plans to start providing a in house phlebotomy service.