Good Skin Days Ltd

Inspection report

78 Back Lane
Guiseley
Leeds
West Yorkshire
LS20 8EB
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www.goodskindays.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?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good **overall.** This was the first time we had inspected the service since it registered with us. We carried out an announced comprehensive inspection at Good Skin Days Ltd on the 24th July 2019, as part of our inspection programme. We visited their site at 78 Back Lane, Guiseley, Leeds, West Yorkshire, LS20 8EB.

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 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.

Good Skin Days Ltd is situated in the Guiseley area of Leeds, West Yorkshire. The provider operates as a doctor-led service which specialises in the combination of medical aesthetic treatments and anti-ageing medicine, as well as offering general medical services.

This service is registered with the Care Quality Commission (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 and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Skin Days Ltd provides a range of non-surgical cosmetic interventions, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. This service is registered with the CQC under the Health and Social Care Act 2008 to provide treatment of disease, disorder or injury and diagnostic and screening services as regulated activities, and this was the focus of our inspection.

The clinic manager is the registered manager for the service. 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.

We received six completed CQC comment cards during our visit, all of which were highly positive. They described the service and staff as being professional, friendly and caring. The premises were described as clean and welcoming.

During the inspection we reviewed a range of systems and processes relating to governance, service delivery and customer care.

Our key findings were :

- There were clear systems in place to manage risk so that safety incidents were less likely to happen.
- The service was offered on a private, fee-paying basis only and was accessible to people who chose to use it.
- Procedures were safely managed and there were effective levels of client support and aftercare.
- There were systems and processes in place to safeguard people from abuse. However, not all clinical staff had a documented record of safeguarding training that they had undertaken. However, we were given a verbal assurance that they had done so, and the provider agreed to obtain the documentation following the inspection.
- There were effective clinical governance systems in place.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The service encouraged and valued feedback from patients. Feedback was highly positive regarding the services. They commented on the caring attitude of staff and the cleanliness of the clinic.
- Staff involved patients in decisions about their care and treatment. They treated people with kindness, compassion, dignity and respect.
- There was a leadership and managerial structure in place with clear responsibilities, roles and accountability to support good governance.

Overall summary

- The provider was aware of the requirements of the Duty of Candour.
- Staff were aware of their own roles and responsibilities. They said they felt supported by leaders and managers who were accessible and visible. Communication between staff was effective.

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

- Review and improve the oversight of required training for clinical and non-clinical staff to be assured that the training policy is effectively implemented.
- Review and improve the oversight of the staff occupational health and recruitment policies to be assured that these policies are consistently implemented.

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 who was accompanied by a second CQC inspector and a GP specialist advisor.

Background to Good Skin Days Ltd

Good Skin Days Ltd operates from 78 Back Lane, Guiseley, Leeds, West Yorkshire, LS20 8EB. The building includes a reception and waiting area and treatment rooms, some of which are located on the first floor. The premises are fully accessible with a lift for people with mobility issues. There is ample parking onsite.

The provider operates as a doctor-led service which specialises in the combination of medical aesthetic treatments, dermatology services and anti-ageing medicine as well as offering independent health services. Services are available to adults, as well as, with appropriate consent, to those aged 12 to 18 years of age. 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, including the prescribing of medicines for the support of cosmetic or medical treatments.

The service is led by the nominated individual who is the managing director of the business. a doctor (male) who is the lead clinical director, a further doctor (male), two nurse prescribers and three clinical assistants. This clinical team is supported by five aestheticians (who deliver solely cosmetic treatments) and a reception and administration team led by a manager.

The service operates:

- Monday and Friday – 8.30am to 6pm
- Tuesday to Thursday – 8.30am to 8pm
- Saturday – 8.30am to 5pm

How we inspected this service

Before visiting the clinic, we reviewed a range of information we hold about the service. In addition, we requested that the provider send us information pre-inspection which we also reviewed.

During our inspection we:

- Spoke with the registered manager, the medical director, a consultant the nominated individual, the lead nurse and several administrative staff.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed CQC comment cards and patient feedback received by the clinic.

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 .

Safety systems and processes

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

- The provider had conducted safety risk assessments. It had appropriate safety policies in place, 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.
- The service had systems in place to assure themselves that an adult accompanying a child had parental authority. Treatment was offered to those aged over 12 years of age. Identification checks were undertaken to verify the identity of children.
- 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 for all newly appointed staff in accordance with the provider's policy. (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. They knew how to identify and report concerns. However, several clinical staff had not provided records of safeguarding awareness training completed for retention in their file. We asked the provider to review this and ensure that their policy was appropriately implemented. Following the inspection, additional evidence was sent to us to confirm that the provider had obtained the required documentation from some of their clinical team and were actively seeking updates from staff in accordance with their policy. Staff who acted as chaperones were trained for the role. Whilst the clinical staff did not meet with health visitors or other safeguarding professionals on a formal basis, the staff were aware of how to raise concerns with them.
- There was an effective system to manage infection prevention and control (IPC). The most recent IPC audit in June 2019 showed high levels of compliance. We saw evidence to confirm that any issues for improvement were immediately acted upon by the provider.
- We reviewed the legionella risk assessment and confirmed that the provider had necessary control measures in place (Legionella is a bacterium which can contaminate water systems in buildings).
- 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.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for permanent and temporary staff tailored to their role.
- The provider had both recruitment and occupational health policies. However, we saw that that clinical staff references were not consistently sought and that some staff did not have a fully documented immunisation history, as specified in the provider's policies. We have asked the provider to review this to be assured that their policy is appropriately implemented.
- 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. Staff received annual basic life training updates and the location had a defibrillator and emergency medicines. However, several clinical staff had not provided records of basic life support training completed for retention in their file. We asked the provider to review this and ensure that their policy was appropriately implemented. Following the inspection, the provider sent us confirmation that evidence of

training had been requested from the relevant staff and training was scheduled for staff who were due for an update. Medicines were checked on a regular basis. All the medicines we checked were in date and fit for use.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The provider had an effective system to share information with a patient's GP if appropriate and sought the patient's consent in line with their policy which included provision to decline any treatment the provider felt posed a risk.
- 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, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing and the provider followed NICE guidelines.
- 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.

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 effective systems in place for reviewing and investigating when things went wrong. However, we saw that the provider had not identified or recorded any significant events in the previous year. We saw that a significant event recorded from an earlier time period had been effectively managed and that appropriate learning had been shared.
- We saw that the provider had not recorded any adverse clinical incidents in the previous year. A complaint regarding a clinical outcome had been reviewed and learning acted upon.
- 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 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 staff.

Good

Are services effective?

We rated effective as Good .

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). For example, by discussing potential treatments during clinical governance meetings.
- 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. Arrangements were in place to support patients receiving long-term or repeated treatment. We saw that all treatment options were considered within a clear ethical framework.
- Clinicians had enough information to make or confirm a diagnosis.
- 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. There was evidence of quality improvement. For example, the quality of clinical records were reviewed on a monthly basis and audits were undertaken to review both infection rates and the histology of tissue samples taken during procedures.

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) / 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. Records of skills, qualifications and professional training were maintained; however, we found some records to support training that staff had completed were not present. Following the inspection, the provider sent us confirmation that evidence of training had been received or requested from the relevant staff.

Coordinating patient care and information sharing

- Whilst the opportunity for working with other services was limited, the service did so when this was necessary and appropriate. Before providing treatment, clinicians 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. 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. 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.

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.

Good

Are services effective?

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified and highlighted to patients before undergoing treatment.
- 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.
- The service monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated caring as Good .

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was highly positive about the way staff treat people.
- Staff understood patients' personal, cultural and social 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.

- Patients told us through CQC comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff always provided patients with a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good .

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 provider prioritised creating a hygienic and welcoming environment.
- The facilities and premises were appropriate for the services delivered.
- The provider encouraged and monitored online feedback from their patients. An example of feedback seen states; 'Excellent service reception staff very welcoming and made me feel at ease immediately. The surgeon explained everything about the procedure and the surgery was painless. I was given all details for aftercare on leaving the clinic. I am very pleased with the results'. The provider valued feedback, and conducted their own patient satisfaction surveys which were routinely emailed to patients following treatment. Questions included 'Would you recommend this service to your family and friends?'. We saw that 90 responses had been received in the last year, with an high levels of satisfaction seen in all but one response. We saw that any patients who had concerns or dissatisfaction with their treatment were followed up and a suitable resolution identified. Patient feedback was regularly discussed at staff meetings.

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 for some clinicians varied due to patient demand. However, the service was recruiting additional clinical staff to meet growing demand.
- Patients reported that the appointment system was easy to use and praised the professionalism of all staff.

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 a complaint policy and procedure in place. The service acted quickly to address any concerns raised by patients. We saw that six complaints had been received within the last year that fell within the scope of CQC regulations. We examined the response to these complaints and found them to be responded to in a satisfactory way and that they had been discussed by the leadership team. We saw that effective review had taken place and any learning points recorded and acted upon.

Good

Are services well-led?

We rated well-led as Good .

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 values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- 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 told us they felt respected, supported and valued. They were proud to work for the service.
- 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 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.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received an appraisal in the last year. 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 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. 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 and teams.

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. The governance arrangements promoted interactive and co-ordinated person-centred care.
- 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 clarity around 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 audits of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.

Good

Are services well-led?

- 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.

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.
- The service used performance information which was reported and monitored, and that 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 effective 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

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 patients and staff.
- 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.
- The service was transparent, collaborative and open with stakeholders about performance.

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 and the provider had received a 'diamond safety in beauty campaign' award from the Aesthetic Awards 2017 for their approach to patient care and safety.