

Dermoperfection Medical Skin & Cosmetic Clinic

Inspection report

Unit 56
The Mail Box
Birmingham
B1 1RE
Tel: 01214394350

Date of inspection visit: 11 September 2023
Date of publication: 04/10/2023

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

Ratings

Overall rating for this location

Good 

Are services safe? Good 

Are services effective? Good 

Are services caring? Good 

Are services responsive to people's needs? Good 

Are services well-led? Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dermoperfection Medical Skin & Cosmetic Clinic on 11 September 2023 as part of our inspection programme and to provide a rating for the service. The service has not previously been inspected.

Dermoperfection Medical Skin & Cosmetic Clinic is an independent nurse led clinic, providing a range of aesthetic treatments to those over the age of 18 years. Some of which fall into the scope of registration. For example, thread lifts, removal of skin lesions and treatments for hyperhidrosis (excessive sweating).

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. Dermoperfection Medical Skin & Cosmetic Clinic provides a range of non-surgical cosmetic interventions, for example, treatment of wrinkles and non-invasive fat removal techniques which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The service has a 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:

- Dermoperfection Medical Skin & Cosmetic Clinic provided care in a way that kept patients safe.
- Clinical records seen demonstrated the delivery of safe and effective care and treatment.
- The premises were well maintained with appropriate arrangements for infection prevention and control.
- The provider had effective systems for acting on and learning from incidents and complaints.
- There was a strong emphasis on learning and development for all staff.
- Patients were treated with dignity and respect and feedback seen was positive about the services provided.
- Patients were able to access timely care and treatment to meet their needs.
- The service had a clear vision for the future.
- The service was well led, with appropriate governance arrangements to support the provision of high-quality care.

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

Overall summary

- Improve staff awareness of people with learning disabilities and autism in line with latest guidance for health and social care organisations.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Dermoperfection Medical Skin & Cosmetic Clinic

Dermoperfection Medical Skin & Cosmetic Clinic is a nurse led clinic that provides a range of aesthetic treatments for patients over the age of 18 years. Details about the services provided can be found on their website at: [Dermoperfection – Medical Skin & Cosmetic Clinic](#)

The service is located in Birmingham city centre at Unit 56, The Mail Box, Birmingham, B1 1RE where it is registered with CQC to provide the following regulated activities: Surgical procedures and treatment of disease, disorder or injury.

The staff team consists of three nurses (including the registered manager), three therapists, a practice manager and an administrator.

Patients can access services provided by appointment on a pay as you go arrangement. Appointments are bookable online or by phone. The service is open:

Monday to Friday 10am to 7pm,

Saturday 10am to 6pm, and

Alternative Sundays.

How we inspected this service

During the inspection, we carried out a site visit, spoke with staff, reviewed information about the service made available to us by the provider and intelligence held by CQC, reviewed a sample of clinical records, made observations and reviewed patient feedback.

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:

Dermoperfection Medical Skin & Cosmetic Clinic demonstrated that services were provided in a way that ensured patients' safety.

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 and training. The service had systems to safeguard children and vulnerable adults from abuse.
- Staff knew how to identify safeguarding concerns and the agencies involved to support patients and protect them from neglect and abuse. Information was displayed raising awareness of support for people at risk of domestic violence.
- The provider carried out staff checks at the time of recruitment. This included Disclosure and Barring Service (DBS) checks for all staff. (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). Risk assessments had been completed while waiting for staff DBS checks to be returned.
- The provider did not see or treat children and there were protocols in place for verifying the identity of patients attending for treatment.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Clinic rooms displayed notices that informed patients they could request a chaperone if they wanted one. During our site visit, training records showed that staff who acted as chaperones had not all received any specific chaperone training. However, this was immediately addressed by the provider who forwarded evidence of completed staff training following our site visit.
- There was an effective system to manage infection prevention and control (IPC). All staff were up to date with their IPC training. The provider had subcontracted the cleaning to an external provider. We found the premises to be visibly clean and tidy. Cleaning schedules were completed on a daily basis and audits had been undertaken to ensure standards were maintained. There was a legionella risk assessment in place and regular checks and flushing of the water supply were recorded. There were systems for safely managing healthcare waste.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Equipment had been tested for electrical safety. The provider advised that they did not have any equipment that currently required calibration checks.
- The provider carried out 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. Additional staff had been employed to support the growth of the business.
- The provider did not use agency staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff were trained in basic life support. Patients who elected to attend for treatment at the clinic were generally well and in good health.

Are services safe?

- 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. The provider had access to a shared defibrillator within the building it occupied, we saw that this was checked and pads were in date.
- There were appropriate indemnity arrangements in place for the provision of the service.

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. Care records seen, showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service did not routinely share information with other services but would signpost the patient back to their GP if they had any concerns.
- The provider had membership with organisations that provided safety advice for aesthetic practitioners and had recently employed a medical director to provide professional support and advice when needed.

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 minimised risks. Medicines were held securely and records seen showed that there were processes in place for checking them to ensure they were in date and fit for use. We checked a sample of medicines and found these were in date.
- The registered manager was an independent prescriber and carried out limited prescribing, usually antibiotics, if needed. An electronic prescription system was used to improve prescribing safety. Prescribing was audited to ensure it was in line with best practice guidelines for safe prescribing.
- The service did not prescribe any controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Where medicines were administered to patients, advice was given in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines held.

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.

Are services safe?

- The service learned and shared lessons and took action to improve safety in the service when things went wrong. The provider shared with us incidents that had occurred and action taken to improve safety. For example, improvements were made for recording and verifying who visitors attending the service were, after persons attended unannounced to do some checks on the premises.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a mechanism for reviewing and acting on safety alerts, where relevant.

Are services effective?

We rated effective as Good because:

Dermoperfection Medical Skin & Cosmetic Clinic was providing effective care in accordance with the relevant regulations.

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)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Prior to receiving treatments, patients received a consultation where any health or other needs were discussed to ensure the treatment was appropriate for them.
- The provider maintained their clinical practice in the NHS and was a member of the British Association of Cosmetic Nurses where they held a regional lead role. They were also subscribed to Aesthetics Complications Experts. This enabled them to access the latest updates and advice. The provider had also recently employed a medical expert to provide governance support within the organisation and advice when required.
- Staff were supported and encouraged to keep up to date and undertake relevant training.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Although numbers were small, the provider had reviewed a sample of clinical records to ensure process had been appropriately followed.
- There were plans to develop and improve the service with the recent recruitment of a medical lead to oversee clinical governance.
- The provider routinely undertook various monitoring audits relating to the environment, hand hygiene, medicine and fridge temperatures.

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 specific to their role. Staff were supernumerary while they developed specific competencies.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery 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. Training records seen confirmed this.

Coordinating patient care and information sharing

Staff worked together, and with other organisations (as appropriate), to deliver effective care and treatment.

Are services effective?

- Staff told us that they would signpost patients to other services when appropriate but there were no specific incidents where they had needed to do this. Patients attending the clinic were usually in good health.
- Before providing treatment, clinicians ensured they had adequate knowledge of the patient's health and their medicines history. This ensured staff had information to help plan and deliver care.
- The provider had risk assessed the treatments they offered. Only staff who were competent in delivering those treatments were able to undertake them. Treatments relating to regulated activities were only carried out by the provider.

Supporting patients to live healthier lives

Staff were proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Patients attending the clinic were generally healthy but attended the clinic for treatments that would improve their general confidence and wellbeing.
- Where appropriate, staff gave patients advice so they could self-care following treatments.
- Risk factors were identified and highlighted to patients as part of their initial consultation. The provider shared with us written documentation that they gave to patients in relation to a specific treatment. This included information about the treatment, risks and side effects, expectations and aftercare.
- Where patient's 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.
- Treatments were only available to patients over 18 years of age, patient identification was checked to ensure this was adhered to.

Are services caring?

We rated caring as Good because:

Dermoperfection Medical Skin & Cosmetic Clinic demonstrated that they provided a caring service in which patients were treated with dignity and respect.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of care patients received.
- Feedback from patients was positive about the way staff treat people. Feedback received by the provider from 50 patients during 2022/23 showed high levels of satisfaction with their experience of the service.
- The provider received an online score of 4.9 out of 5 stars based on 112 reviews, 52 of which were made in the last 12 months. Positive reviews included comments about the friendly staff, cleanliness of the premises and satisfaction with the results of their treatment.
- 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.

- Online reviews from patients showed 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. Reviews seen included comments about staff being happy to help with questions and guidance and that staff were not pushy.
- Information about services provided at the clinic, were available on the practice website. Patients were also able to discuss treatments prior to consenting.
- Staff communicated with people in a way that they could understand, for example, written information was available to patients to take away.

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.
- Doors on clinic rooms indicated when they were in use to avoid the risk of others inadvertently entering.
- Staff signed confidentiality agreements as part of their employment with the service.

Are services responsive to people's needs?

We rated responsive as Good because:

Dermoperfection Medical Skin & Cosmetic Clinic provided a responsive service. They made reasonable adjustments and delivered services that met the needs of their patients in a timely way.

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 continued to update themselves on new technologies in order to expand the range of services on offer.
- The facilities and premises were suitable for the services delivered. The provider had relocated in the last year, which enabled them to consider future expansion.
- Relocation into the current premises had also improved physical access to services for example for patients with mobility difficulties.
- Current guidelines state that health and social care organisations need to undertake training in relation to people with a learning disability or autism. Training records seen did not include this.

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, as appropriate.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Appointments were easily accessed online or by phone.
- Appointments were available in the evening and at weekends to support those with work or other commitments.

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 on the service website. Staff treated patients who made complaints compassionately.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.
- The provider shared with us 2 complaints which demonstrated that these had been fully investigated, reflected upon and responded to in a timely manner.

Are services well-led?

We rated well-led as Good because:

Dermoperfection Medical Skin & Cosmetic Clinic demonstrated that it had the leadership and culture to support the delivery of high-quality care.

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 were visible and approachable. They worked closely with staff and were inclusive in the running of the service.
- The provider had effective processes to develop leadership capacity and skills, staff were encouraged to develop their leadership skills and take on new responsibilities to support 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.

- The provider shared with us their vision and values for the service. There were plans to expand the business, develop staff and strengthen clinical governance arrangements.
- Staff demonstrated an awareness of the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy through audits and patient feedback.

Culture

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

- Staff felt respected, supported and valued.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider had reflected on incidents and complaints and taken appropriate action when needed. 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 needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Relevant staff were supported to meet the requirements of professional revalidation.
- There was a strong emphasis on the safety and well-being of all staff. There was a lone working policy in place to support them.
- Staff had not all received equality and diversity training when we inspected. However, following our site visit the provider shared with us training records to demonstrate all staff had since completed it.

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.
- Staff were clear on their roles and accountabilities and were encouraged in their development.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended, through ongoing monitoring and audits.
- The provider had recruited a medical director to provide direction and advice on governance and clinical issues within the service. This provided the leadership with additional support in developing high quality, safe and effective care.

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 held quarterly governance meetings to discuss any issues affecting the delivery of the service.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audits of their consultations and prescribing to ensure the quality of services provided.
- Leaders had oversight of safety alerts, incidents, and complaints.
- There was clear evidence of action to change services to improve quality. For example, relocation of premises to promote better accessibility.
- The provider had plans in place and had trained staff for major incidents in the event of disruption to the continuity of the service.

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 management and staff were held to account.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe the systems in place to give feedback. Patients could provide feedback online or comment cards held at reception.
- We saw evidence of feedback opportunities for staff through regular one to one meetings.

Are services well-led?

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 provider took opportunities for themselves and staff to undertake further study to support the development of the service.
- Membership of professional associations in the field of aesthetics enabled the provider to keep up to date, as well as share and access specialist knowledge with others working in this field.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work, the provider identified new technologies available to expand the service.