

Harpenden Skin Clinic

Inspection report

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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.

We carried out an announced comprehensive inspection on 25 February 2020 at Harpenden Skin Clinic, Hertfordshire. This was part of our inspection programme, to rate independent health services throughout England.

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

The provider Harpenden Aesthetics Ltd provides private health care services to patients with skin conditions from the location Harpenden Skin Clinic, in Harpenden, Hertfordshire.

Harpenden Aesthetics Ltd 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. Therefore, we were only able to inspect the provision of services covered by CQC regulations during this inspection. These services include nurse led prescribed treatments for skin conditions such as Acne and Rosacea, and treatment of excessive sweating (Hyperhidrosis).

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

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

Our key findings were:

- Services provided were organised and delivered to meet patients' needs.
- Systems were in place to provide care in a way that kept patients safe and protected them from avoidable harm. At the time of our inspection, records of vaccinations in line with current Public Health England (PHE) guidance were not available for some non clinical staff. After our inspection the provider sent us documentary evidence that confirmed staff vaccinations had been updated.
- There were quality improvement activities to review the effectiveness and appropriateness of the care provided.
- Patient feedback highlighted a high level of satisfaction with the services received.

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

- Take action to ensure that staff vaccinations are maintained as per the Public Health England (PHE) guidance and the recently initiated Harpenden Skin Clinic health clearance, screening and immunisations policy.

Dr Rosie Benneworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

Background to Harpenden Skin Clinic

The provider Harpenden Aesthetics Ltd provides private health care clinic services to patients with skin conditions from the location Harpenden Skin Clinic, in Harpenden, Hertfordshire. The service website is: <https://harpendenskinclinic.com/>

The services are offered through a pay as you go scheme. Currently the clinic sees up to 50 patients per week, but not all appointments are related to the provision of regulated activities.

There is a female registered nurse who is also an independent prescriber who provides the regulated activities. They are supported by a practice manager and a team of administrative and reception staff.

The Harpenden Skin Clinic operates from a two storey premises. There is car parking outside with adequate disabled parking available.

Harpenden Skin Clinic is open Tuesday to Saturday and operates varied opening times. The core hours are between 8.30am until 4pm Tuesday to Saturday. Late consultations are offered on Tuesday until 8pm, on Wednesday until 6pm, on Thursday until 9pm and on Saturday until 5pm.

This service is not required to offer an out of hours service. Patients who need medical assistance out of

operating hours are requested to seek assistance from alternative services. This is detailed in patient literature supplied by the service as well as verbally communicated to the patient during a consultation.

How we inspected this service

Prior to the inspection, we reviewed all information available including the provider website, the previous report, information provided to us by the provider and intelligence we gathered from other sources, including stake holders.

The method we used to inspect included being open to talking to people using the service and their relatives, interviewing staff, observations and review of documents.

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:

Systems were in place that ensured the safety of patients. We identified a gap in the records of staff vaccinations as these were not in line with current Public Health England (PHE) guidance, but this was rectified soon after our inspection. The likelihood of this happening again in the future was low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care were minor.

The provider should continue to review systems to ensure staff vaccinations are maintained as per the Public Health England (PHE) guidance and the recently initiated Harpenden Skin Clinic health clearance, screening and immunisations policy.

Safety systems and processes

The service had 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.
- 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).
- The service provided regulated activities to adults aged 18 and over and had systems to safeguard children and vulnerable adults from abuse. All staff received safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control. However, at the time of our inspection, records of vaccinations for non clinical staff involved in regulated activities were not in line with current Public Health England (PHE) guidance. The provider told us that this was work in progress. After our inspection the provider sent us documentary evidence that confirmed staff vaccinations had been updated.

- 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.

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. At the time of our inspection only limited regulated activities were provided by a nurse who was also the registered manager.
- The provider did not offer treatments for patients that needed acute care. Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were medicines and medical oxygen available to deal with medical emergencies which were stored appropriately and checked regularly. The practice did not stock a defibrillator. Not all recommended medicines for use in an emergency were stocked. The provider had risk assessed with appropriate controls those medicine not stocked. In the event of a medical emergency patients were given appropriate immediate treatment and awaited emergency services attendance through a 999 call.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

- 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.

Are services safe?

- 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.
- The lead nurse 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 systems for 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.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

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 and maintained safety records related to portable appliance testing, equipment calibration, control of substances hazardous to health, fire safety, infection control and, health and safety and acted appropriately on any identified risk(s). This helped it to understand risks and gave an accurate and current picture that led to safety improvements.

Lessons learned, and improvements made

The service had a system to learn and make 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.
- There were adequate systems for reviewing and investigating when things went wrong. However, there were no significant events reported or recorded to date.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because:

Our inspection showed the provider had organised clinical services that were based on evidence based best practice guidelines and individualised to specific patient clinical needs.

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence based practice. We saw evidence that patient's needs were assessed, and care and treatment were delivered 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.
- The service had enough information to make or confirm a diagnosis with appropriate reference made to the patient's NHS GP when needed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients to ensure continuity of care.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Though the practice had not commissioned any clinical audits, we saw that care was delivered based on good practice guidelines including NICE guidelines. For example, we saw that the treatment for acne was based on the NICE guidelines on management of acne in primary care service. The registered manager told us that they intended to commission clinical audits once patient numbers increased to enough numbers to give a credible sample size.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The lead nurse was appropriately qualified and registered with The Nursing and Midwifery Council (NMC) and was up to date with revalidation.

- The provider had a system to induct any newly appointed staff.
- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, in-house training and online training.
- All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, patients were asked for consent to share details of their consultation, treatment and any medicines prescribed with their registered NHS GP.
- Before providing treatment, the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Patients were signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

Supporting patients to live healthier lives

Staff were 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, but these were primarily restricted to advice related to skin care and skin health.
- The service was proactive in engaging its population. For example, through display boards on skin awareness and skin health including protection against ultra violet (UV) rays and through organising open days on healthy living with an emphasis on skincare in association with other professionals such as the dentist, the nutritionist and a plastic surgeon.
- 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

Are services effective?

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.
- Patients were provided with information about the cost of consultations and treatments and follow up appointments to make an informed choice about treatment options.

Are services caring?

We rated caring as Good because:

Our observations showed staff were caring and provided a service that was respectful and understanding of patient needs. Internal satisfaction surveys showed that staff had been helpful, and that care received had been friendly, involved and relaxed.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. The service sought feedback on the quality of care patients received. Results for the month of February 2020 showed all the 35 patients who completed a survey were satisfied with the quality of the treatment received.
- 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 we spoke with knew how to access interpretation services for patients who did not have English as a first language.
- There was patient information available both on site and on the website. These gave details health promotion and prevention activities related to skin health and management of skin problems.
- During our inspection we received 12 comment cards. Patient's comments were positive about the care provided. Comments made indicated that staff had been kind caring and professional and had involved them throughout.
- Systems were in place to allow the provider to communicate with people in a way that they could understand.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of maintaining patient'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. Chaperones were available.

Are services responsive to people's needs?

We rated responsive as Good because:

The provider offered a bespoke service to patients taking account of their individual needs and the limitations of the clinical services offered.

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. There was a system to ensure that all requests for appointments were reviewed by the service to ensure they were within the scope of the provisions available.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. There was a designated car park with disabled parking available.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- The appointment system was bespoke, based on patient need and access was available Tuesday to Saturday each week. The monthly in-house patient surveys showed high levels of patient satisfaction with access to appointments.
- Patients had timely access to initial assessment, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately.
- The service had a commitment to answer all enquiries within a 24-hour period from receipt.
- All patients are followed up with a satisfaction survey and an after-care leaflet. Patients that participated during the February 2020 survey had expressed satisfaction with the quality of the treatment received.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems to respond to them appropriately and to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The service had a complaints policy and procedures in place. There was a responsible person who handled complaints. However, there were no complaints reported or recorded to date.

Are services well-led?

We rated well-led as Good because:

Through the governance systems and processes we saw that the provider was committed to continuous improvement within a learning and caring environment.

Leadership capacity and capability;

Leaders had capacity and skills to deliver high-quality, sustainable care.

- The service was led by a lead nurse who understood the challenges and was addressing them. They were knowledgeable about issues and priorities relating to the quality and future of services.
- The lead nurse was 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.

Vision and strategy

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

- There was a vision and set of values. The service had a realistic strategy and supporting plans to achieve priorities. For example, since registration with the CQC in April 2019 the practice had a progressive strategy to increase the range and depth of regulated activities available from the current limited range.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The service acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- There were positive relationships between staff and the lead nurse. Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

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

- Structures, processes and systems to support governance and management were set out, understood and effective. There were supporting policies, processes and operating systems.
- Staff we spoke with were clear on their roles and accountabilities.
- There were regular staff meetings to discuss governance issues.

Managing risks, issues and performance

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

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the risk register was updated after each clinical governance meeting with agreements made.
- The service had processes to manage current and future performance. There were systems to improve the performance of staff. For example, the service over the past nine months had reviewed all operational policies, simplifying them where needed to ensure they could be utilised as practical working documents.
- There were arrangements to ensure the lead nurse had oversight of any safety alerts, incidents, and complaints.
- 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.

Are services well-led?

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- There were 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. It had gathered feedback from patients through in-house patient surveys and responded to comments raised through their website and social media. We saw that all feedback and survey results were analysed, and appropriate actions implemented as needed.

- Staff told us that they were encouraged to give feedback and that the lead nurse operated an open-door policy.
- The service was transparent, collaborative and open 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 service improvement.
- The provider continued to analyse the market for private healthcare with a view to providing a service that made a difference to patient outcomes.
- The provider collaborated with pharmaceutical companies associated with skin including where possible in the participation of clinical trials.
- Learning was shared and used to make improvements.