

Cosmedic Skin Clinic

Inspection report

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Date of inspection visit: 14 March 2022
Date of publication: 11/04/2022

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. This is the first inspection since registration with the CQC.

We carried out an announced comprehensive inspection at Cosmedic Skin Clinic on 14 March 2022 as part of our inspection programme.

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

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. Cosmedic Skin Clinic 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. Cosmedic Skin Clinic is registered in respect of the provision of the treatment of disease, disorder or injury and surgical procedures; therefore we were only able to inspect treatments relating to medical conditions which include treatment for excessive sweating (hyperhidrosis) and PDO surgical thread lifts.

Sharon King 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:

- The service was offered on a private, fee paying basis only and was accessible to patients who chose to use it. Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- 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.
- Systems, processes and records had been established to seek consent and to offer coordinated and person-centred care.
- The clinicians maintained the necessary skills and competence to support patients' needs.
- The provider and staff team demonstrated a positive culture and a commitment to the delivery of person-centred care and treatment.
- The provider was aware of, and complied with, the requirements of the duty of candour.
- The provider was not able to demonstrate that emergency equipment and medicines were regularly checked or that equipment servicing contracts were fulfilled by external companies.

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

Overall summary

- Maintain records to demonstrate that the emergency equipment and medicines were checked, in good working order and where applicable, in date.
- Develop a reminder system to highlight when equipment is due for testing.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Cosmedic Skin Clinic

Cosmedic Skin Clinic Limited is registered with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder, or injury (TDDI), diagnostic and screening procedures and surgical procedures from one registered location at the following address: 13 Albert Road, Tamworth, Staffordshire, B79 7JN.

The location is situated in a commercial area of Tamworth and is on the ground floor. Car parking is available at the rear of the building. There is limited disabled access from the car park at the rear with one treatment room being accessible. Access to the service is by way of the front door which is locked for security and a buzzer system in place. The reception is manned during opening hours. The reception is large and comfortable with three treatment rooms leading off. There are toilets available.

There are 2 treatment rooms allocated to registerable services performed by Dr King and Mrs King only. There was suitable flooring and handwashing facilities for the procedures being delivered.

The service is provided by two registered practitioners. Cosmedic Skin Clinic offers patients a range of services including botulinum toxin treatment for hyperhidrosis (excessive sweating); lifting face threads (PDO) and minor operative procedures such as the removal of skin tags, warts and verrucae using plasma sublimation. Treatments are provided for adults aged 18 and over with appropriate consent. These services are available on a pre-bookable appointment basis. Patients can book appointments online, via the telephone or in person at the service. The service is open Tuesday and Thursday between 10am and 6pm, Wednesday and Friday between 10am and 8pm and one Saturday a month between 10am and 2pm.

How we inspected this service

During the inspection:

- we spoke with one clinician, who is also the Registered Manager, the office manager and the patient advocate.
- reviewed key documents which support the governance and delivery of the service.
- made observations about the areas the service was delivered from.
- looked at information the service used to deliver care and treatment plans.

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 service provided care in a way that kept patients safe and protected them from avoidable harm, although the record keeping around safety checks needed to be strengthened.

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. Contact numbers for the local authority safeguarding team were easily accessible and appropriate safeguarding policies were in place. Staff had completed safeguarding training appropriate to their role. Staff who acted as chaperones had appropriate training and were able to describe how they would carry out this role. Staff spoken with knew how to identify and report concerns.
- The provider carried out staff checks at the time of recruitment, including Disclosure and Barring Service (DBS) checks. (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 provider followed the same recruitment procedure for all staff, including staff who were not responsible for carrying out regulated activities.
- The service had a process in place to monitor infection prevention and control using room check lists. There was an infection control policy in place. The registered manager was the infection control lead. We found treatment rooms and the toilet area were clean and hygienic. Staff followed infection control guidance and attended relevant training. The service undertook daily infection prevention and control checks. The service had introduced COVID-19 policies to ensure staff and patients were kept safe. The legionella risk assessment had been completed in February 2022.
- The clinician 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 service had risk assessments and procedures in place to monitor safety of the premises such as the control of substances hazardous to health (COSHH).
- 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 mostly 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.
- There was a fire risk assessment and fire policy and procedure in place. Staff were up to date with their training. The fire alarm was tested on a monthly basis by the designated fire marshal. The provider was unable to locate the fire alarm servicing certificate at the time of the visit. They assured us that they had requested a duplicate from the supplier.
- We saw that the fire extinguishers had not been serviced in August 2019. The provider had a contract in place with a designated company to service the extinguishers annually, however, the company had not fulfilled the contract. The provider informed us that they had arranged for the fire extinguishers to be serviced on 15th March 2022.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately. The provider told us the emergency equipment was checked regularly, however these checks were not recorded. Staff had access to oxygen and a defibrillator on site. We observed that the oxygen expired in June 2020. The provider told us they would contact the supplier immediately to arrange for a replacement cylinder.

Are services safe?

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.
- Information was not routinely shared with the person's registered GP. However, the provider told us that if they considered it appropriate, they would discuss any concerns with the patient and seek consent to share the information with their GP.
- 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 and emergency medicines were safe. The emergency medicines kept onsite were appropriate for the type of service offered to patients.
- The clinicians prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The provider told us processes were in place for checking medicines, however this was not recorded. The medicines we looked at were all in date.

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.

- Although there had been no significant events, there was a system for recording and acting on significant events should they arise. Staff understood their duty to raise concerns and report incidents and near misses.
- Staff were aware of and complied with the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty.

Are services effective?

We rated effective as Good because:

Patients have good outcomes because they receive effective care and treatment that meets their needs.

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 provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards. Both practitioners delivering regulated activities were accredited trainers in their field of aesthetic medicine.
- Patients immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The service was aware of body dysmorphia and potential patients presenting with this condition. Body dysmorphic disorder (BDD) or dysmorphophobia, is a mental disorder characterised by the obsessive idea that some aspect of the person's body or appearance is severely flawed and therefore warrants exceptional measures to hide or fix it.
- 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. Information about the service was monitored and reviewed regularly to ensure the quality of the service remained in line with current good practice.
- The clinicians were members of the relevant professional associations for doctors and nurses undertaking cosmetic treatments. They were accredited trainers and had been involved in several clinical research trials.

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 and employee handbook for all newly appointed staff.
- 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.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example: with the patient's registered GP.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health and their medicines history.
- The provider told us they discussed treatment options with patients and offered patients more appropriate treatments if the chosen treatment was not suitable.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP where appropriate.
- The provider had risk assessed the treatments they offered.
- Risk factors were identified and highlighted to patients before the provision of any treatments.
- Assessments were carried out to ensure that the treatment patients were asking for were correct or suitable. Alternative treatments were offered if deemed more appropriate for their needs.
- Advice about maintaining a healthy lifestyle was shared with patients, which included good skin care, healthy diet and the effects of smoking.
- The service monitored the process for seeking consent appropriately. Consent forms were sent to patients electronically and had to be signed and returned prior to their appointment.

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 following their treatments.
- 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.

Are services caring?

We rated caring as Choose a rating because:

Patients were treated with respect and staff were kind and caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal and medical needs. They displayed an understanding and non-judgmental attitude to all clients.
- The service gave patients timely support and information. The service provided patients with a personal direct telephone number to answer any concerns.
- The provider and staff had completed equality and diversity training.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The provider told us they rarely treated patients who did not have a full understanding of English, although interpretation services were available for patients if required.
- Before providing treatment, patients attended for a consultation, where the clinician discussed with them the risks and benefits of any treatment and answered any questions. The clinician also discussed realistic outcomes and costs.

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.
- Consultations were conducted behind closed doors, where conversations were not overheard.
- Staff understood the importance of keeping information confidential. Patient records were stored securely.

Are services responsive to people's needs?

We rated responsive as Choose a rating because:

Services were tailored to meet the needs of individual patients and were accessible.

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 facilities and premises were appropriate for the services delivered. The consultation / treatment rooms were on the ground floor. There was level access at the rear of the building for those patients who could not manage the steps at the front entrance.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attended for their appointment.

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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients could book appointments either online, via the telephone or face to face at the service.
- Referrals and transfers to other services were generally not necessary, although the provider would consult with a patient's GP or consultant for additional information and as part of the clinical assessment if necessary.

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 for patients on the practice website. A laminated copy of the procedure was available for patients to look at
- 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 had not received any formal complaints.

Are services well-led?

We rated well-led as Choose a rating because:

The culture of the service and the way it was led and managed drove the delivery and improvement of good quality, person-centred care.

Leadership capacity and capability;

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

- The leaders of the service had the capacity and skills to deliver high-quality, sustainable care.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There were effective processes to develop leadership capacity and skills.

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 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 describing how they would respond 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 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.
- There were positive relationships between staff and teams. Staff felt the culture of the service was professional and approachable.

Governance arrangements

Are services well-led?

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
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Both clinicians undertook supervised practice as part their role as trainers for the introduction of new products. They regularly attended conferences relevant to their sphere of work to update their knowledge and interact with peers. Both clinicians continued to work part time within NHS health care settings.
- The registered manager, who was a registered nurse, carried out peer supervision / appraisal with a colleague who worked in the sector.

Managing risks, issues and performance

There were mostly 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.
- The provider was not able to demonstrate that emergency equipment and medicines were regularly checked or that equipment servicing contracts were fulfilled by external companies. The provider was in the process of improving arrangements to correct this.

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 which were generally recorded on the practice social media site or web based review sites.
- 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
- There were mechanisms in place to monitor the effectiveness of the quality of the service provided which included feedback from patients, which were generally recorded on social media or web based review sites.
- On the day of inspection we were unable to speak directly to patients in order to gather their views of the service. However, we saw feedback collected by the service. All were positive about the care and treatment received.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

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. The provider has sought to create links with other nurses and professional forums to ensure that they continue to develop their role and meet revalidation requirements.
- There were systems to support improvement and innovation work. The service made use of internal and external information to make improvements.

Both practitioners delivering regulated activities were accredited trainers in their field of aesthetic medicine. They regularly attended conferences relevant to their sphere of work to update their knowledge and interact with peers.