

Canterbury Skin and Laser Clinic Limited

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Inspection report

26 Castle Street
Canterbury
Kent
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Ratings

Overall rating for this service

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. (Previous inspection November 2017 – no rating given)

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 Canterbury Skin and Laser Clinic Limited on 7 May 2019. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our

Summary of findings

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.

Canterbury Skin and Laser Clinic provides general dermatology consultations and treatments. These include cosmetic treatments for day-clients using a range of non-invasive or minimally invasive procedures including laser and non-laser technology and treatment techniques. They also offer eXroid, an electrotherapy treatment for haemorrhoids.

Canterbury Skin and Laser Clinic do not treat clients under the age of 18 without the appropriate supervision of a family member and/or a trained paediatric nurse. It is a general rule that all clients under the age of 18 will be referred for treatment to one of the private hospital clinics or NHS hospital where at all possible.

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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The consultant dermatologist based at the location 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.

As part of our inspection we asked for CQC comment cards to be completed by clients prior to our inspection. We received 46 comment cards which were all very positive about the service that had been provided.

' Our key findings were:

- The provider had systems, processes and practices to keep people safe. However, they did not have an effective system for the management of infection prevention and control.
- Systems to support safety within the building were effective and well embedded.
- The provider put the clients' needs before financial consideration.
- There was a strong emphasis on continuous learning for clinical staff.
- There was abundant information for patients on how to approach their treatment. This included providing in-house leaflets, as well as standard leaflets, and links to the latest dermatological research. Clients were enabled to be as knowledgeable about their choices as possible.
- There was a very wide range of lasers available allowing clients to be treated at the clinic rather than referring to secondary care.

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

- Ensure that the actions identified in infection control audits are addressed in a timely manner.
- Ensure all staff at every level are provided with the development they need, including high-quality appraisal and career development conversations.

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

Canterbury Skin and Laser Clinic Limited

Detailed findings

Background to this inspection

Canterbury Skin and Laser Clinic Limited is the registered provider of services carried out at the location Canterbury Skin and Clinic Limited.

We inspected Canterbury Skin and Laser Clinic on 7 May 2019.

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The building is listed, restricting changes that may be made to the building and preventing the installation of a ramp for disability access. There is a consulting room downstairs for clients who have limited mobility and may be unable to manage the stairs. Clients who could not access the building were seen by special arrangements at a local independent hospital where the provider hires a room for that purpose.

The Canterbury Skin and Laser Clinic is led by two Consultant Dermatologists, an Aesthetic doctor/NCCG in Dermatology and a Consultant Angiologist. Staff comprise of an Aesthetic Nurse Practitioner, three part time secretaries/receptionists and three part time aestheticians/beauty therapists.

The clinic is open from 8.30am to 5pm Monday to Saturday with some evening work on a Wednesday and Thursday when the clinic is open until 7pm.

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

Prior to the inspection we gathered and reviewed information from the provider. There was no information of concern received from stakeholders. During our visit we:

- Spoke with the registered manager/nominated individual who was also the consultant dermatologist based at the clinic. We also spoke with the two receptionists.
- Reviewed 46 CQC comment cards where clients shared their views and experiences of the service.
- Looked at documents the clinic used to carry out services, including policies and procedures.
- Reviewed clinical records of clients to track their progress through the service.

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

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

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

This provider refers to people who use the service as clients and we have used this terminology

Are services safe?

Our findings

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority. If a child attended for a consultation, the child would be asked “who is with you today?” This assured the clinician of the identity and relationship the adult had with the child. Correspondence was also written to the home address.
- The service worked with other agencies to support clients and protect them from neglect and abuse. Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date 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.
- A notice on the staircase wall advised clients that chaperones were available, if required. Chaperones were arranged in advance of treatment. All chaperones had received a DBS check.
- There was a system to manage infection prevention and control. However, this was not always effective, in that, chairs in the waiting area were material, and there were

no disposable curtains around the examination couch and on windows in the ground floor room, that had previously been used by a visiting therapist and was currently being updated to become a consultation room. There was no evidence of cleaning schedules for deep cleaning for either items of furniture. The cover of the stool in the minor operation room was torn. There was no evidence that infection prevention and control audits had been undertaken. The registered manager told us that they had scheduled an infection control audit to be undertaken by an external company. Following our inspection, the provider wrote to us and provided evidence that an infection prevention and control audit had been completed on 15 May 2019, and that steps were in place to implement the advice given. The actions included decluttering, removing heavy curtains and a more frequent cleaning programme with signed off cleaning schedules.

- The provider had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella. (Legionella is a term for a bacterium which can contaminate water systems in buildings). We saw evidence that monthly checks of clinic tap water temperatures were carried out.
- 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 clients using the service and those who may be accompanying them.
- The provider had specialist advice on the management of lasers from an accredited laser protection adviser and had conformed to the advice provided. For example, there was a laser protection supervisor at a local level, room blinds were sealed to prevent the egress of laser light, rooms had none reflective surfaces to prevent accidental reflections of laser light.
- There was written guidance in the treatment rooms regarding the use of equipment. All treatments were logged in books in the treatment rooms as well as in the patient’s records. Safety goggles and check-lists were available in rooms where laser equipment was used. This helped to ensure that equipment was used safely and patients and staff were protected. Doors were kept

Are services safe?

locked from the inside when the lasers were in use.

There were warning lights over the entry doors to rooms where there were lasers in use to alert staff of potential danger.

- The laser equipment was maintained in accordance with the manufactures' instructions. We saw evidence of regular servicing, testing and calibration.

Risks to clients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage clients with severe infections, for example sepsis.
- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The provider had a single professional indemnity policy covering all the staff and clinical activities within the building.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept clients 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 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, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- There were processes for handling medicines which included the review of high risk medicines. For example, clients prescribed certain acne treatments, which carried higher levels of risk, were invited for blood tests each month.
- There was an awareness of the need for stewardship in the use of antibiotic medicines. However, the antibiotics, generally used in dermatology practice, did not fall into those classes where resistance to their use was a major cause for concern.
- The provider received pharmacy advice from several different sources to help ensure that their prescribing practice remained safe and up to date.
- 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.

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, an event occurred when a client had taken their shoes off to get on the couch in the minor operating room and found that a solid stitch was caught in their sock. The consultant dermatologist removed the stitch, and undertook blood tests for the client free of charge. The incident was cascaded to all the doctors who used the room and a discussion had with all cleaning staff.
- 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.
- When there were unexpected or unintended safety incidents, the service gave affected clients reasonable support, truthful information and a verbal and a written apology. They kept written records of verbal interactions as well as written correspondence.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

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 such as those from the British Association of Dermatologists.
- Clients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- 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. The service made improvements through the use of completed audits. For example, we saw evidence of a completed audit on consent forms.
- Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to resolve concerns and improve quality. For example, the provider had undertaken an audit of post-operative wound infection and found that they had never had a client with a post-operative wound infection.

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 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 client care and information sharing

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

- Clients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. Referral letters were timely and contained the necessary information. For example, the provider worked with the local NHS skin cancer multi-disciplinary team (MDT). Where clients were referred to services outside the local area, the provider had an established network to help ensure that liaison with the relevant MDT was maintained.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the client's health, any relevant test results and their medicines history. We saw examples of clients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All clients 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 client 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 clients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Client information was shared appropriately (this included when clients moved to other professional services), and the information needed to plan and

Are services effective?

(for example, treatment is effective)

deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on clients who had been referred to other services.

Supporting clients to live healthier lives

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

- Where appropriate, staff gave clients advice so they could self-care.
- Risk factors were identified, highlighted to clients and where appropriate highlighted to their normal care provider for additional support. For example, as routine the provider advised clients on the harmful effects of excessive sunlight (ultraviolet UV) on skin and the links between this and skin cancers. It provided a range of skin products to protect against UV damage.

- The service did not restrict their advice to products that they sold but encompassed speciality products and those available in “high street” stores.
- Where clients 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 obtain 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 clients to make decisions. Where appropriate, they assessed and recorded a client’s mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated clients with kindness, respect and compassion.

- Feedback from clients was positive about the way staff treat people
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave clients timely support and information.

Involvement in decisions about care and treatment

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

- We saw that there were information leaflets available to clients about the various treatments offered, in particular the strengths and limitations of lasers treatments. In addition to leaflets from the manufactures and the British Association of

Dermatologists, the provider had produced their own range of informative leaflets. These were very detailed, but explained the issues in lay terms. There were references in these leaflets to international research so that clients, who wished to become more involved, could access academic and technical guidance. The leaflets also contained diagrams to facilitate explanation.

- Clients told us through 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.
- For clients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected clients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if clients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. This included people who were in vulnerable circumstances or who had complex needs.

Responding to and meeting client's needs

The service organised and delivered services to meet clients' needs. It took account of client needs and preferences.

- Client's individual needs and preferences were central to the planning and delivery of tailored services. For example, the clinic offered an electrotherapy treatment for haemorrhoids (which consisted of a low direct current treatment for internal haemorrhoids requiring no bowel preparation, no anaesthetic and no time off work). For those clients offered the treatment, there would be no barrier to physical disability, as the treatment equipment was portable, and could, in theory, be undertaken into the client's own home.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the building was listed, restricting changes that may be made to the building and preventing the installation of a ramp for disability access. Clients who could not access the building were seen by special arrangements at a local independent hospital where the provider hired a room for that purpose.
- The provider understood the needs of their clients and improved services in response to those needs. For example, the provider held evening clinics on Wednesdays and Thursdays.

- The provider was able to receive and respond to patients concerns including out of normal working hours.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

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

- The clinic was open from 8.30am to 5pm Monday to Saturday with some evening work on a Wednesday and Thursday when the clinic was open until 7pm.
- There were arrangements to support clients outside of those hours. Telephones were answered from 8.30am to 5pm each working day and patients were able to leave answer phone messages which were checked daily. Clients were given advice on what to do following minor surgery. For example, clients were advised of the actions to take if there were any complications following a treatment such as to contact the local hospital who could speak with the provider. Clients were also given the provider's personal email address.

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 clients who made complaints compassionately.
- The service informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated well-led as Good because:

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

Leadership capacity and capability;

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

- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed.
- 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 clients.

- The provider had a vision and strategy to build the UK's leading medical-led dermatology group. A national partnership of consultant dermatologists, developing best practice in dermatology.
- 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 and external partners (where relevant).
- 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 clients.
- 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 clinical staff with the development they needed. This included appraisal and career development conversations. However, reception and administration staff had not received annual appraisals. We spoke with the registered manager who told us that there was ongoing informal appraisals of reception and administration staff. However, there was no documented evidence to support this.
- Clinical staff were supported to meet the requirements of professional revalidation where necessary. 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 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.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services 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 processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- 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 clients.
- 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 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 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 clients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, clients, staff and external partners and acted on them to shape services and culture. For example, the clinic had completed a client survey in January 2019, and we saw that the results were very positive.
- There were high levels of staff satisfaction. Staff we spoke with were proud to work for the organisation and spoke highly of the culture. There were consistently high levels of constructive staff engagement.
- Staff could describe to us the systems in place to give feedback. For example, reception staff said they always had a handover meeting where outstanding messages and tasks were shared.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work. For example, the provider had restarted

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

an electrotherapy treatment for internal haemorrhoids. The Consultant Dermatologist was also the Chairman/Medical Director of eXroid Technology Limited and this treatment was also to be offered from 13 other clinics around the UK.