The Skin to Love Clinic

Inspection report

13-15
Chequer Street
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Date of inspection visit: 30 January 2023
Date of publication: 27/02/2023

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 The Skin to Love Clinic on 30 January 2023. The service was registered with the Care Quality Commission (CQC) in November 2019. We carried out this first inspection as part of our regulatory functions. The inspection was undertaken to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 general 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 Skin to Love Clinic is registered with the CQC to provide 3 regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Surgical Procedures.

The services that are within scope of registration include mole removal by minor surgery, blood tests, platelet rich plasma treatment, thread lifting procedures and skin related services, including acne consultations.

The Skin to Love Clinic provides a range of non-surgical cosmetic interventions, for example Botox and fillers for cosmetic reasons which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The clinic owner 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.

We did not speak directly to people using the service on the day of the inspection.

Our key findings were:

- The service had safety systems and process in place to keep people safe. There were systems to identify, monitor and manage risks.

Overall summary

- Systems and processes existed to monitor, detect and reduce the risk of infection.
- Staff were clear about their role and responsibilities and maintained their skills and competencies through training and professional development.
- Clinical records were written clearly and contained accurate information.
- Evidence-based best practice guidance was followed when providing treatment to patients.
- Staff understood the legislation around gaining consent to treatment from patients and we found this was documented in all the clinical records we reviewed.
- Patient feedback confirmed people found the staff caring and professional.
- The clinic website was informative and included details about the treatment offered, prices and testimonials.
- The service focused on the needs of patients.
- The leadership and governance arrangements promoted good quality care.

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

- Implement a specific policy for checking parental authority.
- Continue to develop a fully integrated electronic clinical records system.
- Increase audit activity and use the findings to drive improvement in the quality of service for patients.
- Review the processes in place to manage, monitor and address current and future risk.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a specialist adviser, and a second inspector.

Background to The Skin to Love Clinic

The Skin to Love Clinic is the sole location operated by the provider The Skin to Love Clinic Limited. It is located at:

13-15 Chequer Street

St Albans

Hertfordshire

AL1 3YJ

www.theskintoloveclinic.co.uk

The Skin to Love Clinic is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Surgical Procedures.

Services within the scope of registration are mole removal by minor surgery, blood test, thread lifting procedures and skin related services, including acne consultations. The Skin to Love Clinic registered in November 2019 and is registered to treat adults and children from 13-18 years old.

The Skin to Love Clinic operates Monday from 10am to 5pm,Tuesday,Wednesday,Friday; Thursday from 10am to 7pm; Saturday from 10am to 6pm and Sunday from 10am to 2pm. Patients can book an appointment by phone. The service does not formally provide a service outside of these hours.

The clinic is on two floors and compromises four treatment rooms, a waiting room, reception area, toilet facilities and administrative areas. There is no lift.

The clinic employs an advanced nurse practitioner who undertakes minor surgery. In addition, the clinic manager undertakes regulated activities with the support of two independent nurse prescribers. The clinic employs a beauty therapist and a team of reception and administrative staff.

How we inspected this 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.

Good

Are services safe?

We rated safe as Good because:

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 included policies for fire safety, health and safety, infection controls and safeguarding. 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. Staff were suitably trained to recognise and respond to signs of abuse and we saw there were contact details for the local safeguarding teams available. The registered manager was the safeguarding lead for the service.
- Whilst the service did not have a specific policy in place for checking parental authority the service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients 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). The recruitment process included checking applicant's employment history and requesting references.
- 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.
- There was an effective system to manage infection prevention and control. The provider checked staff had appropriate immunisation status. There were pre and post cleaning procedures in place and room cleaning scheduled, which were checked and signed. Staff had access to personal protective equipment. There had been no incidents of wound infection and the provider used single use disposable instruments and surgical packs.
- 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 and legionella testing had been undertaken. We saw posters displayed in clinical areas for the management of sharps injuries.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There were sufficient numbers of trained staff for the treatment offered.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. Staff were up to date with basic life support training and recognised symptoms of deterioration.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

Good

Are services safe?

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 records were in both paper and electronic format. The provider told us they were in the process of transferring to a fully integrated electronic clinical records system.
- Records included evidence of consent. For minor surgery consent was recorded by both the patient and the clinician and consent for photographs was included. Staff completed surgical safety checklists for all minor surgery in line with national guidelines.
- For minor skin dermatology, histology samples were managed securely, and these tests were carried out under contract. The clinic ensures that results were received and communicated to patients promptly.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. If histology results indicated concern, the results were shared with the patient's GP with patient consent.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. For example, if the clinician was concerned about the appearance of a mole, they referred the patient to a dermatologist for further review prior to treatment.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.
- Fridge temperatures were monitored to ensure medicines were kept within the required temperature range
- The service does not prescribe Schedule 2 and 3 controlled drugs, medicines that have the highest level of control due to their risk of misuse and dependence. Neither did they prescribe schedule 4 or 5 controlled drugs.
- 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. The use of medicines was not high, and checks were undertaken weekly.
- There were effective protocols for verifying the identity of patients including children.

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. The service had not experienced any incidents in the past year.

Good

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. Staff we spoke with told us safety learning opportunities were discussed regularly at team meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

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 the National Institute for Health and Care Excellence (NICE) best practice guidelines and the British Association of Dermatologists (BAD).
- Staff undertaking the treatments that were within scope of CQC registration were trained at delivering the relevant care and treatment. For example, the advanced nurse practitioner employed by the service had high levels of skill, knowledge and experience to deliver the care and treatment offered by the service. They also worked within the NHS and had access to mentoring from a consultant plastic surgeon.
- Our GP specialist advisor reviewed the clinical records of 5 patients who had received treatment from the service. Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clear, accurate and contemporaneous clinical records were kept with treatment and follow-up plans fully documented.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.
- The advanced nurse practitioner had the skills and equipment to examine patients presenting with skin lesions or growths.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. We saw a histology audit was undertaken weekly. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. Further audits were planned for 2023, including second cycle audits to identify areas of improvement.

Effective staffing

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

- We sampled the recruitment files of 3 members of staff, both clinical and non-clinical and found all staff were appropriately qualified for their roles and the provider understood the learning needs for staff.
- The provider had an induction programme for all newly appointed staff.
- Relevant professionals (nursing) were registered with the Nursing and Midwifery Council and were up to date with revalidation. There was a system to continually monitor registrations to ensure they remained up to date.

Good

Are services effective?

- 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.
- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.
- There was a comprehensive appraisal system for staff, which included a detailed staff self appraisal form.

Coordinating patient care and information sharing

Staff worked together to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, nurses at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- When patients registered with the service all were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- All of the 5 clinical records our specialist advisor reviewed demonstrated their details were recorded and consent to share information with the patients NHS GP had been given.
- The provider had risk assessed the treatments they offered. Patients were signposted to more suitable sources of treatment if risk assessed indicated this was required.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, to NHS dermatology services.
- Patients were able to access the National Medical Weight Loss Programme at the clinic.
- The service monitored the process for seeking consent appropriately. There was a consent policy in place and of the 5 clinical records reviewed consent to treatment had been taken and recorded. A consent form for minor surgery include consent for photographs to be taken before, during and after treatment.

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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Patients were provided with information about procedures including the benefits and risk and likely success of treatments provided.

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.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received through patient surveys.
- Feedback from patients was consistently positive about the way staff treat people.
- The service contacted patients by phone following treatment and asked patients about their satisfaction with the outcome of their care. In addition, the service undertook courtesy phone calls to patients referred back to their GP or onwards under the 2 week wait pathway.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff had a range of experiences working in other healthcare settings and had completed training in equality and diversity.
- The service gave patients timely support and information in a way that was kind and compassionate.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- We received positive feedback from 10 patients via our feedback section on our website, all 10 reported staff had been attentive, had listed and addressed any concerns, gave clear explanations about the treatment planned and provided supportive aftercare. 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 patients with learning disabilities family or carers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Consultations took place behind closed doors to avoid conversations being overheard.
- There was a notice in reception which reminded patients chaperones were available.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Staff received customer care training which aligned to the services objective of privacy and decency.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

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 leadership team had identified there was demand from patients for minor surgical dermatology procedures and skin assessments, including mole checks, which could not be accessed on the NHS, or where patients wished to access services outside of their own GP practice.
- The facilities and premises were appropriate for the services delivered. Treatment rooms were on the first and second floor and this was made clear to patients when they contacted the service. Staff said they suggested alternative providers of patients could not use the stairs to access the clinic.
- There was a spacious waiting room and information available for patients to refer to.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment. They could book appointments by telephone or in person.
- The clinic was open every day of the week. Patients had access to services within the scope of CQC registration during the week and at weekends.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.
- Referrals to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and were committed to responding to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. The service maintained a complaints policy and although the service had not had any complaints in the past year, the staff said they would treat complaints seriously and discussed complaint scenarios in team meetings.
- Staff encouraged patient feedback through various mediums, including text message, phone and monthly audits. In addition, patients were encouraged to submit feedback via the service website.

Good

Are services well-led?

We rated well-led as Good because:

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. They understood the challenge patient faced when treatments were not available through the NHS and designed their service in response to these challenges.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we spoke with told us they were comfortable to approach leaders with ideas and feedback and felt confident if they did, action would be taken. On the day of the inspection we saw that leaders responded positively to suggestion for improvements raised by individual member of the team.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The service had a 'Patient Promise' which was available for patients and included 7 promises, for example 'We never forget what it feels like to be a patient'.
- 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, and focused on the needs of the patient.
- We were not provided with any examples of behaviour and performance not consistent with the vision and values during the inspection, and staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There had been no serious incident in the 12 months preceding the inspection regarding regulated activities carried out by the service. 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 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. All staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Good

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- 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. For example, we saw that leaders had aligned their policies to the CQC's fundamental standards and regulations.
- The service understood requirements to submit data or notifications to external organisations as required, for example the provider had informed CQC of changes to the service during the COVID-19 pandemic.
- 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.
- 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. Leaders we spoke with told us they had plans in place to move all clinical records to an integrated electronic system.

Managing risks, issues and performance

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

- There was a process to identify and understand risks including risks to patient safety. However, the service did not have a risk register in place to manage, monitor and address current and future risk.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, and referral decisions. However, audit activity was limited because there was no evidence of second cycle audits. Leaders had identified this as an area for improvement.
- Although there had been no significant events in the 12 month preceding the inspection, there was a clear process for raising, recording and learning from any event which occurred in the service.
- 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 via informal feedback and monitoring of online reviews.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. We saw the service had a sustainability policy in place. Leaders we spoke with told us this was an area they hoped to develop further in the future.

Good

Are services well-led?

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback which included during their appraisal and directly to colleagues.
- The service was transparent, collaborative and open.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- 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 relating to new treatments and staff.