

Revitalise Skincare Clinic

Inspection report

21 The Gateway
Bythesea Road
Trowbridge
BA14 8FZ

Tel:
www.revitaliseskincareclinic.co.uk

Date of inspection visit: 22 April 2022
Date of publication: 28/06/2022

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.

The service was registered with the Care Quality Commission (CQC) on 17 August 2020 and this is the first inspection since registration.

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 Revitalise Skincare Clinic as part of our planned inspection programme.

The service is registered with CQC under the Health and Social Care Act 2008 as Revitalise Skincare Clinic 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.

Revitalise Skincare Clinic provides a range of non-surgical cosmetic interventions, for example: Botox injections, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. We inspected those procedures offered by Revitalise Skincare Clinic which are regulated activities, for example Polydioxanone (PDO) thread lifts, mole removal and hyperhidrosis (injection of botulinum toxin for the treatment of excess sweating).

Revitalise Skincare Clinic is led by a registered manager who is also a registered nurse. 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.

During the inspection two people provided positive feedback about the service and following the inspection one person provided positive feedback by email.

People told us that every treatment was delivered with care and professionalism and it was a pleasant experience. People told us they felt fully advised, informed and never pressurised or sold to.

Our key findings were:

- The service had clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- The registered manager kept up to date in their specialist field and reviewed and monitored care and treatment to ensure the services provided were effective and there were quality outcomes for the people who used the service.

Overall summary

- Infection prevention and control systems and processes were effective. The registered manager had introduced additional measures to reduce the risk from Covid-19.
- People were able to contact an out of hours service 24 hours a day via email and telephone.
- The registered manager and clinic manager worked together to ensure the continuity and flexibility of the service met the needs of people.
- People were advised of treatment prices in advance and they were given a two week “cooling” off period before any treatment was undertaken.
- People had access to the complaints process.
- The registered manager encourages compassionate, inclusive and supportive relationships among staff so that they feel respected, valued and supported.

We saw the following outstanding practice:

- Feedback from people who used the clinic was continually positive: people said that the staff go the extra mile and the care and support received exceeds their expectations, from initial consultation to the aftercare treatment and review. People said the clinic has their best interests at the centre of the treatments discussed and they never felt under pressure to proceed with any treatments
- The service carried out six monthly customer satisfaction surveys to ensure that customer service was of a high standard and to highlight any areas where they could improve. Following the last survey in April 2022 the clinic received 30 responses all of which were extremely positive.

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.

Background to Revitalise Skincare Clinic

Background to Revitalise Skincare Clinic

The registered provider of Revitalise Skincare Clinic has two locations registered with CQC.

- Unit 21, The Gateway, 3 The Courtyard, Bythesa Road, Trowbridge, Wiltshire, BA14 8FZ.
- Flat 1, Lombard House, St James Parade, Bath, BA1 1UJ.

This inspection relates to the location: Unit 21, The Gateway, 3 The Courtyard, Bythesa Road, Trowbridge, Wiltshire, BA14 8FZ.

People can contact the clinic by telephone or through the website,

www.revitaliseskincareclinic.co.uk

Clinic appointments are available Tuesdays 10am to 6pm and Fridays 10am to 4pm.

The provider is registered to provide the following regulated activities: surgical procedures and treatment of disease, disorder or injury.

Revitalise Skincare Clinic provides non-surgical aesthetic treatment solutions such as: wrinkle reduction injections (botox), dermal fillers, non-surgical face lift with PDO threads, prescription skincare for acne, rosacea and hyperpigmentation, mole and skin tag removal, hyperhidrosis treatment (excessive sweating) and advanced laser hair removal.

The clinic is led by a registered manager who is the medical director and a registered general nurse and is supported by a clinic manager and a receptionist.

The clinic is located in Trowbridge town centre, where there are multiple car parks and it is within walking distance of the train station.

How we inspected this service

Before the inspection, we asked the provider to send us information about the service. This was reviewed prior to the site visit.

We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with the provider, reviewed documentation and records including clinical records.

We made observations of the premises, facilities and the service provided.

The provider described people using the service as “clients” so from here on in this is how they will be referred to in the report.

To get to the heart of client’s 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 had clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse.
- Infection prevention and control systems (IPC) and processes were effective. The registered manager had introduced additional measures to reduce the risk from Covid-19.

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 including locums. 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 required that children did not attend appointments with clients and information relating to this was provided at the initial telephone call. No treatment was provided to people under the age of 18.
- 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 registered manager was trained at level three safeguarding adults and children. 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 had IPC policies and procedures which had been reviewed and updated to include information on reducing the risk from Covid-19. An IPC audit was carried out in Jan 2022 and showed the provider was compliant with national guidelines.
- A hand washing audit was carried out to ensure staff were cleaning their hands appropriately. There were also comprehensive daily cleaning checklists of equipment and rooms, and the premises were visibly clean and tidy.
- The clinical rooms used had access to hand washing facilities, hand sanitising gel and paper towels. Personal protective equipment (PPE) was available including gloves, aprons, masks and visors for use during and after appointments. We saw masks were always worn inside the building to reduce the risk of infection from Covid-19.
- 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 did not have any water storage tanks and the risk from legionella was low. There were air condition units which were regularly serviced and maintained, we saw records which confirmed this.
- We spoke with two clients during the inspection who told us they felt confident with the Covid-19 measures the provider had put in place.
- 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.

Are services safe?

- All staff had received up to date fire safety training and a fire drill was carried out in April 2022.

Risks to clients'

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

- The registered manager was the only clinician within the service and was supported by a clinic manager and a receptionist.
- There was an effective induction system for staff tailored to their role.
- The provider did not use agency or locum staff.
- 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.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- There was access to a defibrillator next door to the clinic and two staff within the clinic were trained first aiders.
- The provider gave clients using the service information and guidance leaflets relating to their treatment and after care. The advice included possible side effects and the action to take as well as a 24-hour emergency telephone number.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to 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 recorded electronically. The clinician carried out and recorded a detailed assessment which included the persons medical history, their expectations from the procedure, advice and information and consent gained. Following the procedure records clearly identified what treatment was given and the aftercare guidance provided. Aftercare advice was given verbally, followed by a hard copy advice sheet and then an email was also sent to the client.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Clients' having treatments were asked for consent to share information with their GP if appropriate.
- 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. Computerised records were password protected and this was changed on a regular basis.
- All staff had received training on General Data Protection Regulation (GDPR) and a recent information governance audit had been carried out. The registered manager was also the data controller for the service. A data controller is the person who legally determines the purposes and means of processing personal data.

Safe and appropriate use of medicines

Are services safe?

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

- The provider gave advice on medicines in line with legal requirements and current national guidance. The provider followed guidance from specialist clinicians, up to date research, the manufacturers of the product used in the treatment and a national specialist training company regarding the use of antibiotics following PDO thread lifts. A PDO thread lift is a procedure that uses dissolvable sutures to tighten and lift sagging skin.
- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The provider used the services of an online pharmacy to order prescriptions electronically for individual clients.
- The provider carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The provider did not prescribe any controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- The provider 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 the provider 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.
- There were effective protocols for verifying the identity of clients' who were provided with medicines.

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.
- The provider reviewed their activity and discussed good practice, complex cases or concerns with a national forum made up of other clinicians when necessary. The provider is also a trainer for a national dermal company one day per week.

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. However, the provider told us they had not had to report a significant event at the clinic. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. There had only been one complaint made within 12 months, the practice followed its complaint procedure and the client had a timely and concise response. Following this complaint, the clinic reviewed its consultation forms to ensure there was a clear explanation of the treatment or procedure that was discussed.

Are services safe?

- 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

Are services effective?

We rated effective as Good because:

- The provider assessed and delivered care and treatment in line with current legislation, standards and guidance.
- The provider kept up to date in their specialist field and reviewed and monitored care and treatment to ensure the services provided were effective.
- Staff had the skills knowledge and experience to carry out their roles and they had protected time for learning and development.
- The continuing development of the staff's skills, competence and knowledge is recognised as being integral to ensuring high-quality care. Staff are proactively supported and encouraged to acquire new skills, use their transferable skills and share best practice.

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. For example, The National Institute for Health and Care Excellence (NICE) best practice guidelines and following the manufacturer's instructions when carrying out PDO thread lifts.
- Clients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat clients. All patients were provided with a treatment plan and aftercare support following a consultation and procedure.

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 provider had reviewed the templates for recording the initial assessment and consultation of the client. Following this review, they had added a more detailed description of what was discussed with the client and what their requirements were.
- The clinic manager had reviewed the client record system and updated these onto a computerised system with a two-step secured password which is changed every week.
- The service made improvements through the use of completed audits. 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: A six monthly audit was carried out on 10 clients' who were concerned about lines and the appearance of their skin under the eye area. The audit compared the effectiveness of PDO threads in comparison to both skin booster injections and botox treatments for the under eye area. The clinical findings showed an improved skin elasticity following the PDO thread treatment.

Effective staffing

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

Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The registered manager who was the clinician, was registered with the Nursing and Midwifery Council (NMC) and were up to date with revalidation. Revalidation is the process by which nurses demonstrate they are fit to practice and renew their registration.
- 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.
- The provider had attended specialised training to ensure they kept up to date with the procedures carried out at the clinic.
- Staff received regular appraisals, coaching and mentoring within their role.
- There were daily and monthly staff meetings to discuss clinical outcomes, performance and training updates. All meetings had an agenda and were minuted.

Coordinating client care and information sharing

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

- Before providing treatment, the clinician ensured they had adequate knowledge of the clients' 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 information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

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

- The clinician gave clients advice and guidance so they could self-care following their treatment.
- Risk factors were identified and discussed to the client. Following the treatment, if clients were concerned or experiencing any discomfort, pain or swelling they were provided with the clinician's contact details as well as an emergency 24-hour telephone line and email address.
- 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 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.
- Clients were supported to make decisions and all staff had undertaken training about the Mental Capacity Act (2005).
- We spoke with two clients during the inspection who told us their written consent had been requested and provided before beginning the treatment. They said the treatment procedure and risks were explained to them before giving their consent.
- 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 Good because:

Clients are truly respected and valued as individuals and are empowered as partners in their treatment, practically and emotionally by an exceptional service.

Kindness, respect and compassion

Staff treated clients with kindness, respect and compassion.

- The service had received 107 patient reviews over three years through the Google and Facebook online review service. Of these 104 people (98%) gave the service five out of five stars.
- The service actively sought feedback on the quality of clinical care client's received and we reviewed written feedback from over 30 clients who all reported they were treated with dignity and respect at all times, staff were professional and friendly and the treatments exceeded their expectations.
- We spoke with two clients during the inspection who told us that the staff were warm, caring and very professional at all times. Staff were very knowledgeable about the treatments and the service provided was excellent.
- Clients emotional and social needs are seen as being as important as their physical needs. This was demonstrated through a detailed initial assessment and ongoing aftercare of people who had treatments undertaken. Treatments are discussed at length with clients who are nervous.
- Staff understood clients' personal, cultural, social and religious needs. Reasonable adjustments had been made so clients in vulnerable circumstances could access and use the clinic services on an equal basis to others. The building was fully accessible with all patient areas being on the ground floor. 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.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Clients told us 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.
- Clients we spoke with told us the cost of the treatments and the follow-up treatment recommended was clearly explained to them before their treatment. Clients told us the clinician did not request additional costs after the treatment.
- The provider gave a complimentary treatment on the clients' birthday and also provided a loyalty card which gave the client a 20% discount after four treatments.
- Clients we spoke with told us they did not feel pressured into agreeing to procedures following a consultation.
- 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 clients' privacy and dignity.

Are services caring?

- The provider recognised the importance of clients dignity and respect. We spoke with two clients during the inspection who told us that staff treated them with dignity and respect at all times and that staff were warm and caring towards them.
- Staff knew that if clients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. Clients we spoke with told us that the clinician takes time to listen to any concerns raised and explains the treatments fully before proceeding.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service organised and delivered services to meet clients needs.
- Clients were advised of treatment prices in advance.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Clients were able to access a private emergency telephone support line which provided advice 24 hours a day, seven days a week.

Responding to and meeting people's needs

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

- The provider understood the needs of their clients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example: there was level access and accessible facilities for any client with restricted mobility.

Timely access to the service

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

- Clients had timely access to initial assessment and treatment. Clients were provided with aftercare information and contact details for advice and support 24 hours a day seven days per week.
- Clients were advised of the waiting times for an appointment at the initial consultation.
- Clients reported that the appointment system was easy to use.

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. For example: The clinic had reviewed its consultation forms to ensure there was a clear explanation of the treatment or procedure discussed during a consultation along with photographs and expected outcomes.

Are services well-led?

We rated well-led as Good because:

- Management had the capacity and skills to deliver high-quality, sustainable care.
- The registered manager and clinic manager worked together to ensure the continuity and flexibility of the service met the needs of the clients.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The registered manager welcomed and encouraged feedback and communication from clients to improve and develop the service.

Leadership capacity and capability;

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

- Revitalise Skincare Clinic was a limited company operated by a medical director who was also the registered manager and the clinician. They were knowledgeable about issues and priorities relating to the quality and future of services.
- They worked closely with staff 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.

- 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 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 carried out a detailed assessment for each client to identify their individual needs prior to any treatment or procedure.
- 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 staff with the development they need. This included appraisal and career development conversations. All staff received an annual appraisal in the last year.
- 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.

Are services well-led?

- Arrangements were in place to ensure training was completed and was up to date.

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. 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.
- 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 sent 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.

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 client 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.

Engagement with clients

The service involved clients to support high-quality sustainable services.

- The service encouraged and heard views from clients. Clients were asked to complete feedback forms following their care and treatment.
- The registered manager was a member of a clinical forum and used this forum to keep up to date, share good practice and seek guidance.

Are services well-led?

- Staff could describe to us the systems in place to give feedback.

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 service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

The registered manager is a member of the British Cosmetic Association of Nurse and British Dermatological Nursing Group and regularly attends conferences and master classes in aesthetic medicine.