Sk:n - Sheffield Psalter Lane

Inspection report

172 Psalter Lane
Sheffield
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall. (Previous inspection 13/02/2014 – inspected but not rated).

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 Sk:n-Sheffield Psalter Lane as part of our inspection programme. The inspection was carried out to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. The service registered with the Care Quality Commission (CQC) in 2012 and was inspected in 2014 but not rated. This was the first rated inspection of the service.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sk:n-Sheffield Psalter Lane provides a range of non-surgical cosmetic interventions, for example, laser hair removal and anti-ageing injections which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Sk:n- Sheffield Psalter Lane is registered with the CQC to provide the following regulated activities:

Diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury.

The clinic manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Due to the current pandemic we were unable to obtain comments from patients via our normal process of asking the provider to place comment cards within the service location. However, we saw from internal surveys and on-line feedback reviews that patients were mostly positive about the service, describing staff as professional, kind and caring. We did not speak with patients on the day, as there were none attending for regulated activities.

Our key findings were:

- The provider had systems and processes for monitoring and managing risks.
- Best practice guidance was followed when providing treatment to patients.
- Staff were clear on their roles and responsibilities and had received mandatory training relevant to their role.
- Patient feedback was acted on.

Overall summary

- There was a clear strategy and vision for the service. The leadership and governance arrangements promoted good quality care.

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

- Review the interpreter system in place for patients whose first language is not English.

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

Our inspection team

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

Background to Sk:n - Sheffield Psalter Lane

The registered provider is Lasercare Clinics (Harrogate) Limited, 2 Bromwich Court, 1st Floor, Gorsey Lane, Coleshill, Birmingham, B46 1JU. The provider has more than 50 locations registered with the CQC in England. The registered provider controls the governance and standards within clinics by providing policies, procedures and advice and by auditing clinics compliance in achieving the standards.

Sk:n- Sheffield Psalter Lane is based at 172 Psalter Lane, Sheffield, S11 8UR. The service was first registered with CQC in 2012. It was inspected in 2014 but not rated. This is the first rated inspection of the service. The service provides several regulated activities which include doctor-led minor surgical procedures including the excision of moles and skin lesions. Activities outside the CQC scope of regulation include laser hair removal, skin peels and anti-ageing injections. The service is registered to treat patients aged 18 years and over.

The clinic opening times are:

Tuesday- Thursday 12-8pm

Friday 11-7pm

Saturday 9-6pm

Sunday 10-5pm

The service is run from premises over two floors which are leased by the provider. The premises include a suite of consultation and treatment rooms, a reception area and a toilet on the ground floor. Minor surgical procedures are provided to patients on the ground floor level. The staff team is comprised of a clinic manager, assistant manager and two consultant plastic surgeons who have practicing privileges to perform minor surgical procedures, they are supported by a nurse and there are three practitioners providing non regulated aesthetic treatments. Staff are supported by the provider's regional and national management and governance teams.

How we inspected this service:

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting an interview with the consultant plastic surgeon using telephone conferencing
- Staff completing interview templates
- Requesting evidence including documents relating to the management of the service from the provider prior to the inspection
- Reviewing patient feedback received by the provider
- A short site visit

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 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 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. We saw evidence referrals to the local safeguarding team had been completed when necessary.
- 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 on all staff. (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.
- There was an effective system to manage infection prevention and control (IPC). The provider had completed a recent IPC audit and had no concerns to address. IPC audits were carried out monthly. Cleaning and monitoring schedules were in place and cleaning was done by the service. The premises were visibly clean and well maintained. Staff had access to appropriate personal protective equipment (PPE).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. This included having regular fire system checks, fire drills, alarm checks and equipment maintenance checks. Portable electrical appliances were routinely safety checked.
- There were systems for safely managing healthcare waste. We saw bins used to dispose of sharp items were wall mounted, signed, dated and not over-filled.
- The provider carried out appropriate environmental risk assessments. There was a fire risk assessment and legionella risk assessment in place. We saw evidence that actions were being taken to mitigate the risks identified on risk assessments.
- There were clear and visible risk assessments available to staff to support them when using hazardous substances. This was in line with legislation involving the control of substances hazardous to health (COSHH).

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 was an effective induction system for staff tailored to their role. All staff had received up to date mandatory training. The clinic was supported by the provider's central human resources training team manager to complete and monitor this.
- There was an established process for sending samples for histology (analysis) and receiving results for review. Samples were recorded in the histology log and the minor operations book which were tracked when dispatched. The clinic manager had oversight of the process. Results were accessed via the services' computer system and reviewed by a clinician. All patients were contacted by the nurse for a post wellness check and sent a copy of the results with a second copy for the patient to give to their GP. If there was a cause for concern an appropriate referral to the patient's GP would be made.

Good

Are services safe?

- All patients had a consultation prior to treatment. Any suspicious moles would not be treated. The consultant plastic surgeon would refer back to the patient's GP for referral to secondary care. The service told us of an occasion when this had happened.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There was an effective system for managing patients who required medical advice when the clinic was closed. Patients could call the providers' national contact centre. This had a triage system which automatically recognised an existing patient's telephone number. Callers were responded to by a manager or senior advisor who referred the call to a clinician for further medical advice where required.
- 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

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. We reviewed three care records during the inspection. These were clearly written, showed evidence of treatment planning and consent which outlined the risks and possible complications of the treatments. Medical records were stored securely.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Patients were asked to consent for the service to send treatment details to their GP and any other relevant healthcare professionals.
- 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. For example, we saw evidence the consultant had referred a patient back to their own GP with a potential cancerous growth for urgent referral to secondary care.

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, emergency medicines and equipment minimised risks to patients. The service kept prescription stationery securely and monitored its use.
- The service did 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 did not currently prescribe medicines to patients. The nurse who had prescribed medicines had recently left. The post was not filled at the time of the inspection. The registered manager told us how the service had monitored prescribing by the nurse to make sure it was in line with best practice guidelines for safe prescribing.
- Processes were in place for ordering, replenishing and monitoring medicines, for example emergency medicines and local anaesthetic and staff kept accurate records of these.
- Medicines requiring refrigeration were stored in a refrigerator which was monitored to ensure it maintained the correct temperature range for safe storage in line with national guidance.
- There were effective protocols for verifying the age and identity of patients.

Track record on safety and incidents

Good

Are services safe?

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.
- 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 been no serious incidents recorded in the 12 months prior to our inspection.
- 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 via the weekly staff bulletin. All staff signed the bulletin to confirm it had been read. The clinic manager gave an example of a recent medicine alert relating to batch numbers of a medicine used for anti-ageing treatments. As a result, the provider implemented a system to record medicine stock onto the computer so that batch numbers could be located across the organisation more easily.

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.
- Clinicians with practicing privileges to work in the clinic were consultant plastic surgeons who had high levels of skills, knowledge and experience to deliver the care and treatments which came within scope of registration with CQC that were offered by the service.
- Patients' immediate and ongoing needs were fully assessed as well as their expectation from treatment. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinical records were kept, with treatment planning and information fully documented.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients of any side effects and risks, including pain, and understood how to assess patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity. For example, regional audit staff for the provider worked with the clinic manager to audit different areas of the service including premises, safety and IPC. These audits followed the CQC's key lines of enquiry which are linked to the Health and Social Care Act. The audit manager told us that areas identified for improvement were actioned promptly and learning shared with their other locations across the country for improvement.

- The service used information about care and treatment to make improvements. 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. For example, the nurse carried out a well person check after every minor surgery procedure and audited post procedure wound infections. The service had achieved 100% for the previous two years.
- The service used information about care and treatment to make improvements.

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.
- Both doctors carrying out regulated activities were registered consultant plastic surgeons. They shared evidence of their NHS appraisal with the registered manager.
- 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 and had regular one to one meetings with the clinic manager.

Good

Are services effective?

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the patient's own GP.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation with their registered GP.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. For example, if any suspicious or cancerous lesions were identified at consultation or via histology, the patient would immediately be referred into an urgent cancer care pathway either by the service's doctor or by their own GP. The provider had a system to monitor this.
- The service monitored the process for seeking consent appropriately.

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.

- Information about procedures, including the benefits, risks and likely success of treatments provided were documented on the consent form. All patients received pre and post treatment advice and were given advice on how to contact someone should they require support following treatment.
- Risk factors were identified, highlighted to patients and where appropriately highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

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. All patients were given a link to a feedback form which the provider analysed and took action from. For example, the provider had changed the phone system so that patient calls went directly to the clinic and were only transferred to the call centre if not answered in five rings to reduce the amount of time patients were on hold on the telephone. The service also reviewed on-line feedback and responded to patients who left comments.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff had received training in equality and diversity.
- The service gave patients timely support and information. Patients had access to the call centre and to the staff working in the clinic.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment although the service did not have access to an interpretation service for patients whose first language was not English.

- The clinic did not have access to interpretation services for patients who did not have English as a first language. The provider told us that they would ask family members to interpret for patients and would ask them to sign a consent form to confirm they would translate accurately. Staff we spoke with told us they were aware of a patient's body language and would not carry out treatment if they did not feel the patient had a good understanding of what was happening. We were given an example of a patient being referred to local safeguarding as the clinician did not feel the patient was consenting to the treatment proposed. The service had one staff member who was bi-lingual in another language.
- Patient feedback on on-line platforms was mostly positive with 12 reviews being left in the previous 12 months. Ten were positive about care and treatment and said staff were friendly, professional, efficient and they felt they were treated with respect. Two were negative, one about limited time available during the consultation. The service had responded to the patient with an explanation.
- The service asked every patient for feedback following a consultation or treatment. From the feedback we reviewed, patients said they felt listened to, were offered advice and they felt supported by staff.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Consultation room doors were self locking due to laser safety.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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 service sought feedback on the quality of clinical care patients received and their experience. We were told patients would be asked about their experience after treatment and if any concerns were raised these could be addressed immediately.
- The facilities and premises were appropriate for the services delivered. The provider had a Laser Protection Adviser (LPA) who advised on laser safety issues and risk assessments.
- 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 were treatment rooms on the ground floor level and disabiled toilet facilities for those who had mobility problems.

Timely access to the service

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

- Patients attended the clinic on a fee paying basis for elective procedures for cosmetic reasons. The provider had a contract with the NHS to provide laser hair removal procedures to transgender patients who met the NHS criteria. We did not review this as it is not within scope of registration for CQC. Patients had timely access to initial assessment, diagnosis and treatment. Histology results were taking two weeks to be processed but these were routine removal of moles for cosmetic purposes.
- Referrals and transfers to other services were undertaken in a timely way. For example, patients requiring onward referral to secondary care services for skin cancer treatment.

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 to patients in the information folder in reception.
- Staff treated patients who made complaints compassionately and informed them of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had received seven complaints within the previous 12 months and was able to demonstrate how appropriate and timely actions were taken in response to a complaint.
- The service had a complaint policy 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 service had changed the way treatments were explained to patients in terms of long term results and these were now highlighted and documented on patient consent forms.

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 the service. They understood the challenges and were addressing them. There was a clear governance framework and management structure in place which managed risks and audited the quality of the service.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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 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.
- 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 regular one to one meetings with the clinic manager. Annual appraisals had been delayed due to the pandemic but these had recommenced and there was a plan to do these. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. Staff told us they felt supported in their roles. The provider had a wellness and rewards platform all staff could access to support and show appreciation to staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff and teams. We saw evidence of weekly staff bulletins which were cascaded to all staff in the wider organisation to ensure all staff knew about changes to organisational policies and relevant safety updates. Staff signed to say they had reviewed these bulletins. There were regional meetings for managers and nurses. Staff would receive minutes of these meetings if they were not able to attend.

Governance arrangements

Good

Are services well-led?

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The service had a clear structure which included local clinics receiving oversight and support from regional management and the provider's senior management team. This structure worked together to provide support to all its clinics. The service had a medical director.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were provided by the provider's national governance and audit teams. Staff knew how to access these.
- Staff were clear on their roles and accountabilities.
- The service used performance information which was reported and monitored.
- 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.

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. Leaders had oversight of safety alerts, incidents, and complaints.
- Audits 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 patients.

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 the public, patients and staff and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. Staff said managers were supportive and that the registered manager had an open door policy and was very visible in the clinic.

Continuous improvement and innovation

Good

Are services well-led?

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 reviews of incidents and complaints across all its locations. Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work. For example, the provider was developing an on-line platform to allow patients to access appointments and clinical information. They were also looking at implementing digital handheld devices to record patient information.