

# Advanced Skin Limited

## Inspection report

Lumiere Building  
38 City Road East  
Manchester  
M15 4QN  
Tel: 07921850589

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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.**

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 Advanced Skin Limited as part of our inspection programme.

We did not speak directly to people who use the service during this inspection due to the risks associated with the COVID-19 pandemic.

People attend for appointments and day case procedures only. Prior to the inspection we provided the service with details to allow patients to share their experiences directly with the CQC electronically but we received no responses.

## **Our key findings were:**

- The service had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced and was regularly reviewed and discussed with staff.
- The service had developed a programme of quality improvement through clinical and internal audits. These were used to monitor quality, make improvements and to provide quality auditable data. Annual reviews also took place.
- The service had been awarded three accolades between 2019/2020. One award nominated by a patient was “Best Patient/Customer Transformation & Experience Award”.
- All staff fully understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised and transparent throughout the whole service.

## **We saw the following outstanding practice:**

The service offered a skin care treatment for patients receiving acne treatment and felt the current brand of product used was not performing as required. The service therefore had developed and produce their own after care skin cream called ‘Dr Nicole Dermatology 3 in 1 cream’. The cream is only available directly through the service and since the development in late 2019, patients have reported outcomes to be much more effective than previous treatments tried. Patients said the cream resulted in a reduction in acne flare and a calming effect on their skin helping to relieve patients’ symptoms after receiving inhouse treatment.

**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 GP specialist advisor.

## Background to Advanced Skin Limited

Advanced Skin Limited is located on the outskirts of Manchester City Centre and is known as:

Lumiere Clinic

38 City Road East

Manchester

M15 4QN

The service is located on the ground floor of a city building. The entrance has full disabled access which leads to what was (prior to COVID-19) a small seated reception area. Facilities include two treatment rooms with all staffing areas closed to the public.

The service is led by two clinical managing directors (one male and one female) and they employ one laser therapist as part of the clinical team. There is also a small team of administration staff supporting the service.

The service provides a full range of rejuvenation treatments for a wide variety of aesthetic and skin conditions. Treatments includes anti-wrinkle injections, dermal fillers, thread lifts, chemical peels and laser treatments. The service also offers diagnosis and treatment of dermatology (term for the study of the skin and various diseases) and hair conditions such as eczema, moles, skin cancer, and hair loss.

The service is open as follows:

Monday - 10:00 am — 20:00 pm

Tuesday - 10:00 am — 20:00 pm

Wednesday - 10:00 am — 20:00 pm

Thursday - 10.000 am — 20:00 pm

Friday - 10:00 am — 17:00 pm

Saturday - 10:00 am — 17:00 pm

### 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.

Before visiting, we reviewed a range of information and policies about the service. We carried out an announced visit on 22 June 2021. During our visit we:

- Spoke with a range of staff including managing directors and administrative staff.
- Observed the patient's journey and how patients were cared for.

# Are services safe?

## **We rated safe as Good because:**

The service had clearly defined and embedded systems, processes and practices to keep patients safe which were regularly audited. There was an effective system in place for reporting and recording significant events, with a log of all actions and improvements made. Lessons were shared to make sure action was taken to improve safety in the service.

## **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. For example, the monitoring of safety of the premises such as control of substances hazardous to health (COSHH) standards.
- The service had systems to safeguard vulnerable adults from abuse. Staff understood how 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).
- All staff received up-to-date safeguarding training for their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained and understood the process for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). The registered manager was the clinical lead for IPC and kept up to date with best practice. Annual and regular IPC audits were undertaken. All staff had received up to date training; this included COVID-19 related online training.
- Legionella testing had taken place throughout COVID-19 restrictions. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- COVID-19 restrictions were in place on the day of the site visit. We observed clutter free areas, correct and appropriate use of Protective Personal Equipment (PPE) with clear signage throughout.
- The service maintained expected standards of cleanliness and hygiene throughout. We observed the premises to be extremely clean and tidy. The provider had an external cleaning company attend onsite daily. Cleaning audits and rotas were in place.
- 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.

## **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.
- 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 infections, for example sepsis.
- 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 information they needed to deliver safe care and treatment to patients.**

# Are services safe?

- 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 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 ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- Clinical staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- The systems and arrangements for managing medicine, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- All medicines were audited by the 'product log' which had a tracking process and follow up service on any outstanding items.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.

## Track record on safety and incidents

### The service had a good safety record.

- The service monitored and reviewed activity at each stage in the patient journey. This helped to give a clear, accurate and current picture of safety improvements. For example, the clinical directors held regular meetings for their staff which covered risk, incidents, alerts and complaints.

## 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. The registered clinical lead supported them when they did so.
- There were robust systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, we reviewed five events all of which had been fully investigated, appropriate actions taken where required and learning documented in meeting minutes.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- When there were unexpected or unintended safety incidents the registered manager would conduct a full investigation and introduce new processes, whilst seeking the input of the staff.
- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- There was a system for receiving and acting on safety alerts, although most of these alerts were out of scope. The service had a clear process for informing relevant staff by their internal communication systems.

# Are services effective?

## **We rated effective as Good because:**

The service provided histology (the removal of mole / moles) testing as a part of the core service package. We saw an effective programme of continuous clinical and internal audits. There were systems in place such as the pre-patient consent process which enabled the service to obtain patient consent in a safe and effective way.

## **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).**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinical risk assessments were in place for all patients' immediate and ongoing needs. This included their clinical needs. For example, the service invested in a patient clinical IT system and any paper information was scanned directly into the patient's notes.
- Post-procedure patient information leaflets and management advice were in place for patients. A range of bespoke scar and aftercare leaflets were also available for patients to reference.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinicians assessed and managed patients' pain where appropriate.
- The service used a medical-grade laser and Intense Pulse Light (IPL) technology on patients to enhance skin rejuvenation, reduce scars, and facial thread vein removal. Each type of equipment had an in-depth clinical and patient policy.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- 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, we were shown a new clinical incident protocol developed for the laser therapy service.
- We reviewed the latest histology audit (Histology is the study of tissues and their structure). Each tissue sample was sent for histology testing to help identify the causes and possible treatments for disease such as skin cancer. All patients were informed of the process and it was an integral part of the service.
- All clinics were fully audited on a regular basis with in-house reviews taking place. For example, a regular audit of each clinician's consultation records was undertaken by the registered manager and a brief report was provided to the clinician offering feedback with action points, and access to learning if considered necessary.

## **Effective staffing**

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

- The small group of staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered for example, as Consultant Dermatologists on the general medical council (GMC) and were up to date with revalidation.

# Are services effective?

- We observed electronic staff records were comprehensive, up to date, concise and contained vital documentation such as photographic ID, training records, insurance, registration checks and immunisation status.
- The service provided staff with ongoing support, this included regular one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. Staff told us that they enjoyed working at the service and felt supported and happy.

## **Coordinating patient care and information sharing**

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

- 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 patient's records being fully electronic, comprehensive and auditable.
- 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.
- All consent forms had been fully completed, signed and dated by both the patient and the clinician. The consent form contained detailed information about the procedure, possible complications, and risks.
- 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.**

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, the service developed an aftercare wound care leaflet for patients to help provide more education in the healing process after treatment.
- 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. We were shown the patient consent processes which also involved an extra step of signing a 'Re-consent' form before the treatment of any Intense Pulsed Light treatment commenced.

# Are services caring?

## **We rated caring as Good because:**

We found positive examples to demonstrate how patients' choices and preferences were valued and acted on. Information for patients about the services available was easy to understand and accessible.

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treated people during the COVID-19 pandemic. For example, Patient satisfaction survey results from April 2021 stated that 100% of patients were extremely satisfied with their recent visit. We also observed actions from the patient survey, with posters informing patients by 'you said, we did' poster.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

### **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.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

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



# Are services responsive to people's needs?

## **We rated responsive as Good because:**

We found multiple positive examples to demonstrate how patients choices and preferences were valued and acted on throughout the inspection. One being the development of an after care cream for their patients.

## **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. For example, the registered manager developed their own cream for their patients' after care treatment. The cream was called 'Dr Nicole Dermatology 3 in 1 cream' and was used to calm and reduce swelling after clinical face treatment. The service had identified the current options for patients were not as effective, as the development of the new cream.
- The facilities and premises were appropriate for the services delivered.

## **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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. We were told of the histology collection and result service, which was quick and completed within 24 hours.

## **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 patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had 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 service held annual complaint meetings to review trends and outcomes.

# Are services well-led?

## We rated well-led as Good because:

The service demonstrated that clinical governance and performance management arrangements were proactively reviewed and reflected best practice which supported their delivery of high-quality care. The service had won accolades for their services to patients.

## 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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

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

- 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 annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. The small clinical team were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

# Are services well-led?

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. 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 service had invested in a Customer Relationship Management (CRM) tool, which was used in line with the patient record IT system.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Managing risks, issues and performance**

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. We observed a business continuity plan being in place.

## **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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## **Engagement with patients, the public, staff and external partners**

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. They used survey monkey to seek feedback from their patients.
- The service won three accolades between 2019 /20:

# Are services well-led?

- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

## **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. For example, the service had developed their own skin care cream to help patients with acne flare up.
- Best New Clinic, UK & Ireland from the Aesthetics Awards
- Best Clinic North England from the Aesthetics Awards
- Best Patient/Customer Transformation & Experience Award from Safety in Beauty in 2020.