

Skin Excellence Clinics

Inspection report

First Floor
4 The Crescent
Plymouth
PL1 3AB
Tel: 08002982391
www.skinexcellenceclinics.co.uk

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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 inspection at Skin Excellence Clinic as part of our inspection programme.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is registered for the provision of treatment, advice or surgery by a medical practitioner. The aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the provision of advice and treatment and not the aesthetic cosmetic services.

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.

Our key findings were:

- The service was offered on a private, fee paying basis and was accessible to people who chose to use it.
- Procedures were safely managed and there were effective levels of client support and aftercare advice.
- There were systems, processes and practices in place to safeguard clients from abuse.
- Information for service users was comprehensive and accessible. Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.

The service encouraged and valued feedback from service users via in-house surveys and the website.

Overall summary

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 Skin Excellence Clinics

We carried out an announced comprehensive inspection visit at Skin Excellence Clinic on 7 June 2021 as part of our inspection programme. The clinic is rated as Good

Skin Excellence Clinic is situated in the city of Plymouth, at First Floor, 4 The Crescent, Plymouth, Devon, PL1 3AB and is registered for the regulated activities of:

- Treatment of disease, disorder, or injury
- Surgical procedures

The Skin Excellence Clinic offers a range of non-surgical cosmetic treatments to help slow down the ageing process as well as further treatments for example, treatment for hormonal imbalances and wellbeing.

The clinic is led by a General Practitioner, assisted by a practice manager, therapists and receptionists.

Access is by appointment only and is only available to adults 18 years or over.

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 included:

- Conducting staff interviews using video conferencing
- Requesting evidence from the provider
- A short site visit

Due to the current pandemic we were unable to obtain comments from clients via our normal process of asking the provider to place comment cards within the service location. However, we saw from internal surveys and reviews on social media that clients were consistently positive about the service, describing staff as professional, kind, polite, non-judgemental and caring.

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.

Are services safe?

We rated safe as Good because:

We found:

- The provider demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable young people relevant to their role.
- The service had arrangements in place to respond to emergencies and major incidents.
- Medicines were stored safely.
- Clinical areas appeared clean and hygienic.

Safety systems and processes

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

The clinic had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. All staff had received training on safeguarding children and vulnerable people to level three in line with guidance according to their role.
- We saw evidence that staff were up to date with all professional training requirements. We saw records of training and learning to support their own professional development. The provider had encouraged staff to continue with training during the COVID-19 lockdown.
- We spoke with staff regarding their recruitment process. We reviewed staff files and found that the provider carried out appropriate staff checks at the time of recruitment and on an ongoing basis. All staff had a completed Disclosure and Barring Service (DBS) check. (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 persons who may be vulnerable).
- The provider maintained appropriate standards of cleanliness and hygiene. Clients commented that the practice appeared hygienic and clean. Protective personal equipment and cleaning equipment was readily available. Single use equipment was used, and we saw appropriate systems were in place for clinical waste disposal. There was evidence of contracts for clinical waste and clinical sharps disposal.
- Infection control measures were in place to reduce the risk and spread of infection. We inspected the consultation rooms and waiting areas which were clean and were in good overall condition.
- Due to the COVID-19 pandemic additional infection control measures had been put in place to allow for social distancing and a more thorough clean between clients.
- Systems were in place for the prevention and detection of fire. The provider used an external provider to undertake risk assessments and equipment was readily available. Weekly checks of this equipment were undertaken, we found there were no issues.

Risks to patients

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

- The clinic had arrangements in place to respond to emergencies and major incidents.
- All staff had received basic life support training.
- The clinic had oxygen and emergency equipment on the premises which staff knew how to use. A first aid kit and accident book were also available on-site.

Are services safe?

- All electrical equipment was checked to ensure it was safe to use.
- Clinical equipment was checked regularly to ensure it was working properly and had been calibrated.
- The laser equipment was professionally maintained to ensure safe operation and staff had received training for its use.
- Clinical rooms where medical gases were stored had appropriately signed.
- All treatment rooms where laser treatments could be used had additional security so that they could not be entered whilst treatment was being carried out.
- Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure.
- The provider had employer's liability insurance cover and clinicians had medical indemnity insurance in place. The GP was registered on the GMC and performers list.

Information to deliver safe care and treatment

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

- A comprehensive medical questionnaire is completed by each client prior to any treatment being undertaken. The answers were used by the clinicians to decide whether people were physically and psychologically suitable for treatment.
- If a procedure was unsuitable for a client, then treatment would be refused.

Safe and appropriate use of medicines

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

- Staff prescribed, administered or supplied medicines to clients 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 stored and prescribed to clients.
- Oxygen used for emergencies was checked weekly and we saw records that showed these checks had taken place.
- Private prescription stationary was stored securely, and logs were in place to monitor the distribution of these prescriptions.

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, when needed.

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 and supported to do so. To date no significant events had been recorded.

Are services safe?

- There were adequate systems for reviewing and investigating if things went wrong. The service would learn and share learning and take action to improve safety in the service.

Are services effective?

We rated effective as Good because:

We found that this service was providing effective care in accordance with the relevant regulations.

- The provider was aware of current evidence-based guidance.
- The staff working at the service and the skills and knowledge to deliver effective care and treatment.
- The provider had a process in place to ensure staff working at the service maintained and updated their registration. This also included assurances regarding professional revalidation, medical indemnity, update training and personal development.
- The service had protocols and procedures in place to ensure that signed consent for procedures was obtained.

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)

- Clients who used the service had an initial consultation where a detailed medical history was taken to decide whether clients were physically and psychologically suitable for treatment. Clients were also able to access detailed information regarding the treatments and different procedures which were provided by the provider. This included advice on the procedures and post care.
- After the procedure, staff discussed after-care advice with clients and informed them of what to expect over the recovery period. This was both to allay concern and anxiety and to avoid them attending other primary or secondary care services unnecessarily.
- The provider was aware of evidence-based guidance and had access to written guidance should this be required. For example, NICE (National Institute for Health and Care) guidance. The provider told us client demographics were mostly fit and healthy but was also aware of identifying the symptoms of the acutely unwell patient. For example, in the event of anaphylaxis (a severe potentially life-threatening allergic reaction).
- The provider received safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) and acted on them where relevant.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider kept a record of each procedure provided and clients were given comprehensive details of what complications may arise and what to look for. Details were given and instructions to contact the service should any complications arise.
- The service made improvements using 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.

Are services effective?

- Processes were in place for the assessment and monitoring of the quality of services being provided. In addition to the complaints, infection control and medicine management processes, these included audits on fire safety, health and safety, clinical records and infection control.

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 were registered with the General Medical Council (GMC) and were up to date with revalidation. All staff had medical indemnity cover and were registered on professional registers. For example, the General Medical Council.
- Each staff member had an annual appraisal where training needs were identified, although staff said training needs could be identified informally throughout the year. We saw evidence that staff had attended and completed training courses in their specialist areas and remained up to date with current practice.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff had utilised the time during the COVID-19 lockdown to complete their mandatory learning and refresh their existing skills.

Consent to care and treatment

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

- The provider had developed protocols and procedures to ensure that consent for procedures and treatment were obtained and documented. Consent forms were individual to each treatment and contained benefits and risks associated with the procedure.
- Consent was obtained for the use and retention of photographs that was used before and after treatments.

Are services caring?

We rated caring as Good because:

Feedback showed that clients said they were treated with compassion, dignity and respect and they were well informed with regard to the process and aftercare of procedures and screening.

Information for clients about the services available was accessible and available in a number of formats. For example, the clinic provided information within leaflets, on their website and verbally within the clinic.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care clients received.
- Feedback from clients was positive about the way staff treated them.
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all clients.
- The service gave clients timely support and information.

Internal surveys contained comments to demonstrate that the clients were happy with the care, treatment and service received. Clients comments included feedback that the staff were courteous, caring and helpful to clients, and treated them with dignity and respect.

Involvement in decisions about care and treatment

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

Feedback on their website showed that clients had been involved in the decision-making process and could make choices on the treatment available. The staff actively discussed the procedure with clients and recorded discussions in the client record.

All clients received an initial consultation appointment, via zoom or any other online platforms, to discuss treatments available. Following this consultation, they were provided with information on the treatments and the costs, to take away and consider. There was an option for clients to ask further questions as needed to help them make a decision before starting any treatment plan.

The provider made extensive use of client feedback as a measure to monitor and improve services and did this by monitoring compliments, complaints and results from online reviews and client surveys.

Privacy and Dignity

The service respected patients' privacy and dignity.

Doors were closed during consultations and conversations taking place in these rooms could not be overheard.

The provider told us that time was spent with clients both pre and post procedure to carefully explain the after care, recovery process and options to reduce any anxieties they may have.

Are services responsive to people's needs?

We rated responsive as Good because:

- The clinic had modern facilities and was well equipped to treat clients.
- Information about how to complain was available.
- The service offered post-treatment support for all client.

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 had a range of information and support resources which were available to clients
- The website for the service was very clear and easily understood. In addition, it contained information regarding treatment and procedures available, fees payable, procedures and aftercare. The providers were in the process of updating their website to include additional information on their treatments and costs.
- The premises were located on the first floor with no lift access. Clients were made aware of this when first making enquiries.

Timely access to the service

Clients were able to access care and treatment from the service within an appropriate timescale for their needs. Enquiries could be made by telephone or using the website to contact the clinic for further information or to book a consultation. The clinic did not treat clients under the age of 18 years.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and would respond to them appropriately to improve the quality of care.

The provider had a complaints policy and process in place.

At the time of our inspection the provider had not received any formal complaints. Each client had a follow up review consultation to discuss how the treatment went and to review any concerns the client may have had. These individual consultations were recorded on the clients notes.

The clinic had received numerous thank you letters and testimonials on their website.

Are services well-led?

We rated well-led as Good because:

- The providers had the skills, capacity, capability and enthusiasm to deliver the service.
- A governance framework supported the delivery of good quality care. This included systems to follow up and monitor outcomes for service users.
- The provider was aware of the requirements of the duty of candour.
- The provider encouraged a culture of openness, honesty and staff engagement. The service had systems for acting on and learning from notifiable safety incidents.

Leadership capacity and capability;

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

- The leaders had a clear vision which was; to provide care and treatment options in response to client demand, within their clinical competencies and within a clinically clean and safe atmosphere.
- 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.

- 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. Clinical staff were considered valued members of the team and were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- 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.

Governance arrangements

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

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- Arrangements were in place for identifying, recording and managing risks and issues. This included methods of reducing risk in infection control, building, medicines, clinical governance, staffing, reputational risk and security and information technology. We saw evidence of these processes and systems in place.
- The provider had systems and processes in place to manage and mitigate any risks associated with the premises. These included systems, processes and contracts for annual portable electrical equipment testing, equipment calibration, fire safety procedures, waste management and laser equipment calibration.

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 provider encouraged and valued feedback from clients and staff. It proactively sought feedback from:

- Feedback and compliments and complaints.
- Verbal feedback post procedure and at reviews.
- Internal surveys.

The provider encouraged staff to give feedback and offer suggestions for improvement. The culture of the provider encouraged openness and honesty.

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 and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. For example, further learning took place following a consultation where the client had body image issues. The provider changed the initial consultation format to include further psychological questions to highlight this condition earlier.