

Skyn Doctor

Inspection report

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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 Skyn Doctor on 6 June 2023. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Act. This was the first inspection of this provider since their registration with the Care Quality Commission (CQC).

This provider 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.

Skyn Doctor provides a range of non-surgical aesthetic and cosmetic interventions, for example dermal fillers, which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services. The services provided by Skyn Doctor which require CQC registration include the treatment of hyperhidrosis (excessive sweating) and bruxism (excessive grinding, or clenching of the teeth and jaw), prescription medicines for weight management and skin conditions and minor surgical procedures, such as wart removal. At the time of our inspection the service had seen 12 patients for services which fell within CQC registration.

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

Our key findings were:

- There were systems and processes in place to keep people safe and safeguarded from abuse.
- The premises were clean and tidy and there was an effective system in place to manage infection prevention and control (IPC).
- There were systems in place to manage the safety of the premises.
- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- Staff kept up to date in their specialist field and had undertaken appropriate training.
- Feedback from patients about the service was positive.
- There was a clear governance framework which supported the delivery of quality care.

Overall summary

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

- Implement clinical and prescribing audits to drive quality improvement.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a member of the CQC medicines team, who spoke with the lead clinician without visiting the service.

Background to Skyn Doctor

Skyn Doctor is located within a modern, purpose-built GP practice in Moldgreen, approximately 1.3 miles from Huddersfield city centre. The service is located on the first floor, which is accessible by stairs and a lift. The clinic has 3 treatment rooms, a waiting room, and a toilet. There is onsite car-parking at the rear of the clinic.

Skyn Doctor registered with the Care Quality Commission (CQC) in September 2022. The service provides a range of aesthetic and cosmetic services which are not within CQC scope of registration and some treatments that require CQC registration. Those which require CQC registration include the treatment of hyperhidrosis and bruxism, prescription medicines for weight management and skin conditions, such as acne, rosacea and psoriasis, and minor surgical procedures.

Services are available to children and adults aged over 16.

The service is provided by 2 general practitioners (GPs), both of whom are registered with the General Medical Council (GMC) and 3 qualified level 3 therapists. They are supported by a clinic manager and 2 receptionists.

The service is registered with CQC to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Services in slimming clinics
- Surgical procedures

The service is open on Monday from 10am to 8pm, Tuesday to Friday from 10am to 6pm and Saturday from 10am to 3pm.

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 services provided.

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

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:

The service had developed and implemented processes and procedures to manage safety within the clinic. Staff had the training and information they needed to deliver safe care and treatment.

Safety systems and processes

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

- There were systems and processes in place to safeguard children and vulnerable adults from abuse. The registered manager was the safeguarding lead. There was a safeguarding policy in place, which included local safeguarding contact numbers. Policies were available electronically and in paper format. We saw that all staff had undertaken safeguarding children and adult training to a level relevant to their role. All staff had undertaken mental capacity act (MCA) training.
- The service offered treatments to patients over the age of 16. The provider demonstrated that patients were asked to confirm their age in respect of certain treatments at the time of booking. This was then recorded in the patient's notes.
- The service required that children did not attend appointments with patients and information relating to this was provided as part of the booking process.
- All staff had received an enhanced 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 adults who may be vulnerable).
- On the day of the inspection we found all areas of the service, including all treatment rooms and patient areas, were visibly clean and hygienic.
- There was an effective system to manage infection prevention and control (IPC) and appropriate IPC policies were in place. An IPC audit had been carried out in May 2023. Bodily fluid spillage kits were available. Staff had undertaken IPC training.
- The treatment rooms had access to hand washing facilities, hand sanitising gel and paper towels. Personal protective equipment (PPE) was available.
- There were systems for safely managing healthcare waste, including sharp items. We saw that clinical waste disposal was available in each treatment room. This included colour-coded waste segregation and safe disposal of cytotoxic clinical waste such as botulinum toxin. Bins used to dispose of sharps items were signed, dated and not over-filled. There were suitable arrangements in place for the collection of healthcare waste by a waste management company.
- We saw there was signage on display within the service which invited patients to have a chaperone present during their treatment. We saw that staff who acted as a chaperone had undertaken training.
- The service was located in a purpose-built GP practice. We saw there were systems and processes in place to ensure premises and equipment maintenance was undertaken, for example fire alarm and fire extinguishers.
- The service ensured that equipment was safe and maintained according to manufacturers' instructions. We saw evidence that portable appliance testing (PAT) and the calibration of medical equipment had been undertaken.
- We saw there were appropriate risk assessments in place, for example fire, control of substances hazardous to health (COSHH) and legionella. (Legionella is a particular bacterium which can contaminate water systems in buildings).
- We noted that fire alarm testing was carried out weekly and there had been a recent fire evacuation drill. The service had a named fire marshal and all staff had undertaken fire awareness training.

Risks to patients

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

Are services safe?

- We saw that recruitment checks were carried out in accordance with regulations. We reviewed 2 staff recruitment files and found evidence of photographic identification, references, DBS checks, and contract paperwork.
- We saw there was evidence of the immunisation status for both GPs, which included Hepatitis B. The provider had reviewed current guidance and undertaken a risk assessment for other staff based on their role and responsibilities. The provider told us that the immunisation status of staff was captured at the time of recruitment and staff could be referred to occupational health, where appropriate.
- There was an induction process in place for new staff which included health and safety, fire, safeguarding, managing medical emergencies and infection prevention and control but this was not a documented and formalised system. Immediately after the inspection the provider sent evidence of an induction check list which it planned to use for new staff.
- The service did not use agency or locum staff.
- The service had public and employer's liability insurance and appropriate indemnity arrangements in place.
- The service was equipped to respond to medical emergencies. The service was located in a GP practice and shared the use of a defibrillator, oxygen and emergency medicines. We saw there were systems in place to ensure these were regularly checked and fit for use. All staff were aware of the location of the emergency equipment.
- Both GPs had undertaken basic life support training. The service had delivered in-house training to all staff on how to respond to a medical emergency. We saw that face-to-face life support training had been arranged in November 2023 with the GP practice.
- All treatments that were within scope of regulation were of low risk and patients received full medical assessments to determine they were of sufficient good health to undertake the treatments. We saw the assessment contained sufficient information to determine the treatment could go ahead, including past medical history, current medicines and allergies.
- The service had considered the process to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading and this was included in their information governance policy. The service was aware of guidelines on the retention of medical records.
- Staff had undertaken data protection training.
- The provider was registered as a data controller with the Information Commissioner's Office (ICO). The ICO upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals.
- The service had a first aid kit in place which was appropriately stocked, and its contents were regularly checked.
- The provider gave patients using the service information and guidance 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.

Information to deliver safe care and treatment

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

- We saw that individual care records were written and managed in a way that kept patients safe. At the time of our inspection the service used a combination of paper and electronic patient records. We saw paper records were securely locked away and electronic records were password protected. The provider was in the process of sourcing an electronic medical records system which would meet all their administration and clinical record-keeping requirements.
- The service had systems in place for seeking consent to share information with a patient's NHS GP, if applicable. The provider told us that with consent they gave the patient a copy of the discharge summary letter to give to their GP. During the inspection process the service reviewed their process and said they would now send the letter to the GP to assure themselves that the GP had received it, and keep a copy in the patient's medical record.

Safe and appropriate use of medicines

Are services safe?

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

- The systems and arrangements for managing medicines, including emergency medicines minimised risks.
- Access to the electronic prescribing system was secure. Prescriptions were sent electronically to a pharmacy. Paper prescriptions were kept securely and had a serial number to provide an audit trail.
- Medicines administered to patients at the service were managed safely. From a selection of patient records reviewed, we found that the manufacturer and batch number were recorded in the patient's notes.
- We saw that the clinicians prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. For example, for the treatment of hyperhidrosis (excessive sweating) using Botulinum toxin.
- National guidelines were followed when prescribing a medicine for weight loss and patients' health and well-being were monitored.
- Medicines were stored securely in a locked cupboard in a consultation room.
- At the time of our inspection there were no medicines requiring refrigeration. However, the service maintained a medicines refrigerator which was monitored to ensure it maintained the correct temperature range. We reviewed records and saw that the actual, minimum and maximum temperatures recorded had been within the range for safe storage.
- The provider did not store or prescribe any controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in place in relation to safety issues, for example health and safety and fire.
- There were systems in place to record and act on significant events, incidents and complaints.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service had not recorded any incidents at the time of our inspection so we were unable to assess whether the system was effective. However, there was a reporting form and staff were aware of the system.
- Staff we spoke with were aware of the requirements of the Duty of Candour. We saw that training had been delivered in a team meeting.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. There was a system for receiving safety alerts, such as those relating to the use of medicines. The GP told us they received alerts and assessed whether they were relevant to the service and acted upon them when necessary.

Are services effective?

We rated effective as Good because:

The service had systems to keep up to date with current evidence-based practice. Staff were appropriately qualified, and had been trained to deliver services within their competencies.

Effective needs assessment, care and treatment

The service had systems to keep up to date with current evidence-based practice.

- We saw evidence that the service 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and their mental and physical wellbeing.
- The service was registered with the British College of Aesthetic Medicine (BCAM) and Save Face, a national register of accredited practitioners who provide non-surgical cosmetic treatments.
- We saw that there were clear policies and protocols in place for all treatments provided at the service written in line with evidence-based guidance and manufacturers guidelines.
- We saw that clinicians kept up to date with current evidence-based practice and training for all regulated services provided. For example, we saw that training had been undertaken for hyperhidrosis.
- Individual care records were written and managed in a way that kept patients safe. We saw that clear, accurate and contemporaneous patient records were kept and that treatment planning and information was fully documented.
- The service ensured they provided information to support patients' understanding of their treatment, including pre- and post-treatment advice.
- Clinicians assessed and managed patients' pain where appropriate. Local anaesthetic was used prior to some procedures.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

Although the service was involved in some quality improvement activity, they had not undertaken any formal prescribing audits.

- The size, scope and length of time the service had been operational impacted the ability to complete full cycle clinical audits. However, we saw the service had undertaken a clinical record keeping audit in May 2023 which reviewed 10 patient records to ensure appropriate medical history, allergies, medication, consent and GP details had been captured. Overall, the audit had showed good compliance. We saw that in 1 patient record the GP details had not been recorded. As an outcome of this, the service had updated their consultation paperwork to include a check box to ensure that GP details had been obtained. The service planned to reaudit in November 2023.
- The service had not undertaken any formal prescribing audits as patient numbers had not been sufficient to undertake an effective audit. However, we saw that prescribing audits formed part of their planned audit schedule and there was an audit template in place.
- The service had undertaken some non-clinical audits which included disability access and data protection.

Effective staffing

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

Are services effective?

- We saw that both clinicians were registered with the GMC and were up to date with revalidation. Revalidation is the process by which doctors demonstrate they are fit to practice and renew their registration.
- Clinicians were appropriately qualified for the services provided. We saw that up to date records of qualifications and training were maintained.
- Clinicians had attended specialised training to ensure they kept up to date with the procedures carried out at the service.
- We saw that the service's core training schedule included safeguarding children and adults, mental capacity act (MCA), infection prevention and control, basic life support, data protection, fire safety awareness and equality and diversity.
- There was a process in place for new staff to receive a 3-month probationary review and an appraisal after one year. We saw all staff were up to date with their appraisal which included personal learning and development plans. We saw the service was supporting some administrative staff to upskill and attain a therapist qualification.

Coordinating patient care and information sharing

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

- Patients who used the service received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services where appropriate.
- Our review of patient records confirmed that before providing treatment, the clinicians ensured they had adequate knowledge of the patient's health, previous medical and medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP when they accessed services.

Supporting patients to live healthier lives

The service was consistent and proactive in empowering patients' and supporting them to manage their own health and maximise their independence.

- Patients were provided with information about procedures, including the benefits and risks of treatments provided. The service provided pre- and post-treatment advice and support to patients.
- Where patients' needs could not be met by the service, they were redirected to the appropriate service for their needs.
- Where appropriate, patients were given advice so they could self-care.

Consent to care and treatment

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

- The service understood the requirements of legislation and guidance when considering consent and decision making.
- There was a documented consent policy. Patient records we reviewed clearly documented the consent process and discussions between the clinician and patient.
- Patients were supported to make decisions.

Are services caring?

We rated caring as Good because:

The service treated patients with kindness and understanding and involved them in decisions about their care and treatment. Patient feedback was overwhelmingly positive.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- On the day of the inspection we observed staff speak with patients in a dignified and respectful manner.
- The service actively sought patient feedback and we saw that this was overwhelmingly positive. We reviewed feedback received between January and March 2023 and found that from 105 responses, 96% had rated the service as excellent. These reviews were for all services provided at the clinic, including non-regulated activities.
- Patients emotional needs were seen as being as important as their physical needs. This was demonstrated through a detailed initial medical assessment and aftercare of people who had treatments undertaken. Treatments were discussed at length with patients who were nervous. The clinician we spoke with told us they discussed with patients the risks and benefits of any treatment and answered any questions. The clinician also discussed realistic outcomes and costs.
- There was a 'cooling off' period for patients if they decided not to go ahead with the treatment.
- Information regarding the fees for services was discussed with patients at the time of booking to ensure they were aware of the full cost of any treatment or procedure.
- Interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available to help patients be involved in decisions about their treatment.

Involvement in decisions about care and treatment

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

- The service ensured that patients were provided with all the information they required to make decisions about their treatment prior to treatment commencing. The clinician we spoke with told us how they took time to explain treatment to patients and we saw written information was available on specific treatments.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The service recognised the importance of patients' dignity and respect. Consultations and treatments took place behind closed doors and conversations could not be overheard.
- Staff complied with the service's information governance arrangements. For example, processes ensured that all confidential electronic information was stored securely on password protected devices, and paper records were securely locked away.

Are services responsive to people's needs?

We rated responsive as Good because:

The clinic was responsive to the needs of their patients, staff prioritised patients' privacy and convenience and ensured appointments ran on time. There were systems to take complaints and concerns seriously.

Responding to and meeting people's needs

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

- The service was provided on a fee-paying basis and was accessible to people who chose to use it.
- The facilities and premises were well maintained and were appropriate for the services and treatments delivered.
- All staff wore a uniform and a name badge to identify themselves to patients.
- 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 an induction hearing loop and translation support services were available.
- We saw that one of the GPs had undertaken autism and learning disability training.

Timely access to the service

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

- The service operated on Monday from 10am to 8pm, Tuesday to Friday from 10am to 6pm and Saturday from 10am to 3pm.
- Staff ensured appointments ran on time and patients were not kept waiting. Staff told us the appointment schedule allowed sufficient time for the treatment to be carried out and time for recovery.
- The service had not received any complaints within the previous 12 months.
- Details of how to book were available on the service's website, which included online, by email, on the telephone or in person.
- All appointments for treatments regulated by the Care Quality Commission (CQC) were pre-booked.

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.

- The service had a complaints policy in place. Staff responsible for complaints management had undertaken training.

Are services well-led?

We rated well-led as Good because:

The service had established clear structures, systems and processes to support effective leadership and governance.

Leadership capacity and capability

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

- The GP and clinic manager we spoke with were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.
- The centre manager was visible and approachable and worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff told us they felt supported by the manager.
- Staff attended conferences and training which enabled networking and peer support within the aesthetic industry.
- There was an awareness of and systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal, career development conversations and evaluation of their work.
- The service actively promoted equality and diversity. We saw staff had undertaken equality and diversity training.

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 told us their aim was to promote health and wellbeing for their patients by ensuring that all services provided were safe, appropriate and evidence based, whilst recognising and ensuring that individual needs were met.

Culture

The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients; staff told us they always put the patient's best interest before any financial consideration.
- Staff described working at the service as friendly and professional.

Governance arrangements

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

- The governance arrangements were appropriate to the range of services provided and the small team delivering these services. Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Although a small team, monthly meetings were held, and learning and actions from meetings were documented and recorded.

Are services well-led?

- The service had established appropriate policies and procedures. We saw there were standard operating protocols in place for all treatments provided at the service.

Managing risks, issues and performance

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

- The service had oversight of systems and processes to manage incidents, safety alerts and complaints.
- The service was involved in some quality improvement activity, which included a consultation notes audit, but had not undertaken any formal prescribing audits.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service used feedback from patients to drive improvement.
- Individual care records were written and managed in a way that kept patients safe.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable information, records and data management systems. This included registration with the Information Commissioner's Office (ICO).
- The service submitted data or notifications to external organisations as required.

Engagement with patients

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

- The service encouraged and heard views and concerns from patients. The feedback was overwhelmingly positive.

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. Staff attended regular conferences in their field of expertise and kept their training up to date.
- The service used patient feedback, incidents, complaints and audits to drive improvement in the services provided.