

# Derby Skin Laser & Cosmetic Clinic

## Inspection report

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www.derbskinlaserclinic.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 

# Overall summary

## **This service is rated as Good overall.**

Derby Skin Laser & Cosmetic Clinic was previously inspected on 7 November 2022 when it was rated good overall and in all key questions except for safe which was rated requires improvement. This inspection was to follow up on the actions taken by the provider to act on concerns identified at our previous inspection.

The key question safe is rated as Good following our inspection on 10 July 2023.

We carried out an announced, focused inspection on 10 July 2023 at Derby Skin Laser & Cosmetic Clinic to follow up on a breach of regulation for providing safe care and treatment and 3 best practice recommendations. We found that improvements had been made to meet the relevant requirements.

This service is registered with the CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner for minor surgical procedures. At Derby Skin Laser & Cosmetic Clinic the aesthetic cosmetic treatments, including skin laser treatments, that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the treatment for clients requiring minor surgical procedures but not the aesthetic cosmetic services.

One of the partners 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- Recruitment policies had been updated to include the need to explain gaps in employment histories however it had not been fully embedded into practice.
- There were systems in place to manage infection prevention and control.
- Staff had completed, or were booked onto, essential training as identified by the provider.
- A fire risk assessment had been arranged for 18 July 2023.
- Appropriate emergency equipment and medicines were available within the service.
- Patients' records were stored securely.

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

- Embed into practice guidance contained in their updated recruitment and staff health assessment policies.
- Review the fire risk assessment planned for 18 July 2023 and develop an action plan to address any potential risks.

**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

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

## Background to Derby Skin Laser & Cosmetic Clinic

Derby Skin Laser & Cosmetic Clinic is situated in Derby at 1-2 Vernon Street, Derby, DE1 1FR.

The clinic provides medical and surgical treatments, and is run by a husband and wife partnership, supported by 2 part-time receptionists. The service is registered to deliver the regulated activity surgical procedures.

Surgical treatments are provided on Fridays by one of the partners who is a practicing NHS Consultant Ophthalmic Surgeon. Treatments include removal of skin lesions, moles, skin tags and cosmetic eye surgery, such as blepharoplasty. Blepharoplasty is a procedure to remove skin and to add or remove fat from the eyelids. This is the regulated activity that is registered with CQC. The Derby Skin Laser & Cosmetic Clinic does not see or treat clients under the age of 18 years.

The clinic opening times are:

- Thursday 10am- 6pm
- Friday 10am – 7pm.

Further details can be found on their website at [www.derbyskinlaserclinic.co.uk](http://www.derbyskinlaserclinic.co.uk)

### **How we inspected this service**

During the inspection:

- We spoke with the two partners.
- Reviewed key documents which supported the governance and delivery of the service.
- Made observations about the areas the service was delivered from.

To get to the heart of patients' experiences of care and treatment, we followed up on the concerns identified in the key question safe at our previous inspection.

# Are services safe?

## We rated safe as Good because:

At our previous inspection on 7 November 2022 we found that:

- A written explanation of gaps in staff employment histories had not been obtained. We found that the service's recruitment policy did not identify the need to obtain written explanations for gaps in employment history.
- An infection prevention and control audit of the premises had not been completed. Cleaning equipment was not stored in an appropriate place.
- A legionella risk assessment had not been completed to identify potential risks and any actions required to mitigate those risks.
- A fire risk assessment and action plan were not available within the service to mitigate any potential risks.
- Emergency equipment such as oxygen, a defibrillator and pulse oximetry were not available within the service. An effective risk assessment to mitigate potential risks to clients was not in place.
- All of the suggested emergency medicines were not available within the service. An effective risk assessment to mitigate potential risks to clients was not in place.
- Client hand-written records were not stored securely or protected from damage or fire.
- Staff had not always attended and completed essential training for fire safety, basic life support and infection control and prevention.

## At this inspection we found that:

The issues we identified at our previous inspection had mostly been addressed. Where we identified a safety concern it was rectified the day after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor.

## Safety systems and processes

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

- We reviewed the provider's recruitment policy and found that it had been updated in January 2023. It included the requirement to ensure there was a written explanation of gaps in employment history. We reviewed the records of 2 new members of staff and found that there were gaps in the employment histories of both of these staff. We found that 1 gap had been explained. However, there was no written explanation for the other staff member. The provider was aware of the reason for the gap and the day after our inspection forwarded evidence to us that this had been documented in their records. We found that Disclosure and Barring Service (DBS) checks for the 2 members of staff had been applied for. However, a risk assessment had not been completed to mitigate potential risks whilst the results of the checks were waited for. The day after our inspection the provider forwarded evidence to us that this had been completed. We found that health assessments and an immunisation record of the 2 staff members had not been completed. The provider forwarded their revised staff health assessment and immunisation policies 2 days after our inspection.
- An infection prevention and control audit (IPC) of the premises had been completed. An action plan had been put in place that demonstrated any issues identified had been appropriately addressed. For example, we found that cleaning equipment was stored in an appropriate place and that cleaning solutions were stored in a locked cabinet. We found that clinical waste was stored securely.
- A legionella risk assessment had been completed in December 2022 to identify potential risks. No risks were identified. We found that there was a system in place for recording the running of tap water on clinic days to mitigate the risk of legionella.

# Are services safe?

- All staff had received up-to-date training in fire safety and IPC. Clinical staff had received training in basic life support (BLS) and BLS training had been booked for the 2 non-clinical members of staff.

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

- The clinic was located in part of a rented building. A fire risk assessment of the whole building had been carried out by the landlord on 26 February 2019. The provider had reviewed the risk assessment and developed a fire safety action plan to mitigate identified risks relevant to their service. However, it did not cover all of the issues identified in the risk assessment that impacted on their service. For example, the landlord's risk assessment stated that 'the responsible person should ensure that work is progressed to ensure that fire doors are fitted across the premises to protect escape routes.' The landlord had recorded in the fire risk assessment that this was too expensive to be completed. Actions to mitigate this potential risk were not included in the provider's action plan. The day after our inspection, the provider sent us evidence that a fire risk assessment of their clinic had been booked for 18 July 2023.
- The provider told us they carried out monthly fire drills and explained the procedure to us. The day after our inspection the provider sent us documented evidence that this had been completed.
- The provider had reviewed the emergency equipment they held at the clinic and a policy was in place to support its use. We reviewed the emergency equipment and found that appropriate checks and monitoring were in place.
- The provider had reviewed the emergency medicines that were appropriate to hold within their clinic which included a medicine used to treat a low heart rate. We found that all the emergency medicines were in date, however, there was no documented evidence of regular checking of the expiry dates. The day after our inspection the provider forwarded evidence of how they would record this.

## **Information to deliver safe care and treatment**

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

- The wooden filing cabinet used to store patient records had been replaced with a lockable metal cabinet to protect records in the event of fire.