

# My Skin Medics

## Inspection report

My Skin Medics Eyebrow Cottage  
120 Cross Street  
Sale  
M33 7AW  
Tel: 07877177976

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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 My Skin Medics as part of our inspection programme.

My Skin Medics is a medically led aesthetics & wellness clinic in Sale.

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

One of the partners who provides the service is also 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.

The service was relatively new and not a lot of customer feedback had yet been collated. Feedback received from one person using the service was positive and there were a number of positive reviews on the service website.

## **Our key findings were:**

- The premises were used for pre-treatment consultations with patients, for treatment and for follow up. Regulated treatments were undertaken by the provider and one other member of staff who was a registered nurse. No surgical procedures were undertaken at the premises.[EA1]
- The premises were clean and hygienic and infection prevention and control was well managed with appropriate cleaning processes in place.
- There were good systems in place at these premises to manage risks so that safety incidents were less likely to happen.
- There had been no treatment related patient safety incidents at the time of the inspection and there were satisfactory policies and procedures to follow in the event of an incident happening.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

# Overall summary

- There was a strong focus on continuous learning and improvement throughout the service.

**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 My Skin Medics

My Skin Medics is a skincare, health and aesthetics clinic based in Sale, Manchester. The service offers a wide range of non-surgical cosmetic treatments and medical grade skincare products to address a range of skin issues. The registered manager is a qualified doctor and manages a team of clinical practitioners and aestheticians.

The provider is registered at:

120 Cross Street

Sale

Manchester

M33 7AW

0161 243 1919

[www.myskinmedics.co.uk](http://www.myskinmedics.co.uk)

The service is registered with the Care Quality Commission to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

The service opening hours are:[EA1]

Monday Closed

Tuesday and Wednesday 9:30am-5:30pm

Thursday 9:30am-7pm

Friday 9:30am-4pm

Saturday 10am-3pm

Sunday Closed

An appointment only system is in place, but the service does not turn people away who may just walk in for a consultation.

### How we inspected this service

- Gathering information prior to the inspection
- Undertaking remote interviews with staff
- Carrying out a site visit
- Talking to staff on the day
- Reviewing policies, procedures and looking at the record management system.

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.

[EA1]The editorial guide says to use 12 hour clock so have amended these times.

# Are services safe?

**We rated safe as Good because:**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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 and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- 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.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role. The service had not used any locum staff and did not propose to.
- 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 severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. The lead of the service was a qualified doctor registered with the General Medical Council, supported by a nurse registered with the Nursing Medical Council. All staff were appropriately indemnified. Appraisal and revalidations were up to date.

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

**Staff had the 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 systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff 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.

## 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.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, the partners were aware that the service was in the process of growth and systems were being scaled upwards as and when this was happening.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. There were systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians obtained enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, most patients continued to see the same aesthetician or other person of their choice.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

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

- The service used information about care and treatment to make improvements.
- The service made improvements using completed audits and used information about care and treatment to make improvements.
- The registered manager had audited all patient records to ensure data was consistently recorded. Records were currently maintained on paper and the partners were in discussion around how this would be maintained moving forward as the service began to grow. An appropriate electronic clinical management system was being considered.
- Medicines were regularly audited to ensure appropriate management was in place.
- The registered manager had reviewed medicines which were unlicensed and had considered if used, whether these would be beneficial to patients. If agreed, patients were then advised of the risks and benefits with enough information to make informed choices.
- Staff regularly undertook health and safety audits, and other regular audit to ensure the smooth and safe running of the service.

## **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- 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.

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



# Are services effective?

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate such as their GP or other health professionals.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results, and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that may not be suitable for prescribing, such as hormone replacement therapy, if the patient did not give their consent to share information with their GP, or they were not registered with a GP.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services such as their GP or other mental health professionals if relevant. A new counselling service was being introduced and would be available on the premises from September 2023.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.

## **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.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and with patient's consent to their normal care provider for additional support. For example, the service would liaise with the person's GP where appropriate, specifically around hormone replacement therapy.
- Where patients' needs could not be met by the service, staff redirected them to other appropriate services if possible.

## **Consent to care and treatment**

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

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

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- 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 made available for patients who did not have English as a first language, and we were given an example where this was the case.
- We spoke to one client who used the service. They told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Testimonials on the service website were positive, and spoke of a kind, welcoming, knowledgeable, and professional experience.
- The service had not seen any patients with a learning disability but were able to demonstrate how they would not exclude anyone with disabilities or complex social needs and would involve family, carers or social workers where appropriate.

## **Privacy and Dignity**

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

- Staff recognised the importance of people's 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:**

## **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 purchasing new equipment, creating extra treatment rooms or offering new services, such as counselling. There were also plans for growth in other areas such as weight loss management and minor treatments.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. We discussed accessibility and saw how adjustments could be made if and when required. For example, clinic rooms were not currently accessible for wheelchair access, but this would not exclude anyone as arrangements could be made to see people at home following consultation if this was appropriate.

**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.
- Testimonials confirmed that the appointment system was easy to use, and we saw evidence of this on the service website.

## **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.**

- There had been one incident where a patient had been unhappy with their results. [EA1] We discussed this with the provider and saw they had managed it well.
- We saw that information about how to make a complaint or raise concerns was available. Staff treated complaints and the people who raised them with compassion.
- 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 a complaints policy and procedures in place.

[EA1] Maybe separate this out and confirm if this was managed well.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability;**

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- They were visible and approachable and worked closely with all their staff to the benefit of their clients.
- There were effective processes to develop leadership, capacity and skills, including planning for the future 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.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service and demonstrated this on the day of the inspection.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated.
- Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- We saw processes to provide all staff with the development they need. The service was very small with only three members of staff all who were partners and one other who was an advanced practitioner. However, we saw evidence of appraisal and career development conversations. All staff received regular annual appraisals in the last year from their governing bodies. Staff were supported to meet the requirements of professional revalidation where necessary.
- The provider demonstrated emphasis on the safety and well-being of all staff.
- We saw positive relationships between staff.

## **Governance arrangements**

**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.

# Are services well-led?

- Leaders 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.

- 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.

## 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.
- 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.

## 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. The provider had asked external reviewers to look into their service and provide feedback.
- Clients were able to leave feedback via the website and also through Google services and social media.

## 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.

## Are services well-led?

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work for example the provider was considering major enhancements to the service, which would make them unique. These were still at the research and consultancy stage.