Sk:n - Cheltenham Montpellier Walk

Inspection report

13 Montpellier Walk
Cheltenham
GL50 1SD
Tel: 03300377489
www.sknclinics.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 comprehensive inspection at Sk:n Cheltenham Montpellier Walk on 9 November 2021 as a part of our inspection programme.

Sk:n Cheltenham Montpellier Walk is registered under the Health and Social Care Act 2008 to provide the following regulated activities:

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

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. Sk:n Cheltenham Montpellier Walk provides a range of non-surgical cosmetic interventions, which are not within the CQC scope of registration. We only inspected and reported on the services which are within the scope of registration with the CQC.

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.

Due to the current pandemic, we were unable to obtain comments from patients 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 patients were positive about the service. We did not speak with patients on the day.

Our key findings were:

- The service had safety systems and processes in place to keep people safe. There were systems to identify, monitor and manage risks and learn from incidents.
- The fire risk assessment was out of date at the time of the inspection, however, after the visit, the service provided evidence of an up to date risk assessment being completed.

Overall summary

- The service provided effective treatments and ensured care and treatment were delivered in line with evidence-based guidelines.
- The staff treated patients with kindness and respect and involved them in decisions about their care.
- The service had a clear strategy and vision. The governance arrangements promoted good quality care.

Dr Rosie Benneyworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a GP Specialist Advisor.

Background to Sk:n - Cheltenham Montpellier Walk

Sk:n Cheltenham Montpellier Walk is operated by Lasercare Clinics (Harrogate) Limited, 34 Harborne Road, Edgbaston, Birmingham, B15 3AA. The provider has over 50 clinics registered with the CQC in England. A link to the clinic's website is below:

https://www.sknclinics.co.uk/clinics/the-midlands/cheltenham-montpellier-walk

The service was first registered with CQC in 2010 and is registered to treat patients aged 18 and over. The services offered include those that fall under registration, such as mole removal, skin cancer screening and medical acne treatment. Other procedures, that are out of the scope of regulation include laser hair removal, anti-ageing injectables, dermal fillers, tattoo removal, wart and verruca removal.

The clinic is located in the centre of Cheltenham at 13 Montpellier Walk, Cheltenham, GL50 1SD. There is limited free parking outside of the location. The clinic is open seven days a week; Monday and Friday 10 am to 6 pm, Tuesday, Wednesday and Thursday 12 pm to 8 pm, Saturday 9 am to 6 pm and Sunday 10 am to 5 pm. The provider's call centre operates seven days a week.

How we inspected this service

Before we inspected, we asked the provider to send us some information, which was reviewed before the inspection day. We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with staff present including the registered manager and clinical lead, we have sent staff questionnaires to other staff. We made observations of the facilities and service provision and reviewed documents, records and information held by the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions, therefore, formed the framework for the areas we looked at during the inspection.

Good

Are services safe?

We rated safe as Good because:

The provider had appropriate systems in place to assess, monitor and manage risk to patients. Where applicable the service learnt from where things went wrong and lessons were shared with the team. During the inspection we have identified the fire risk assessment was out of date, however, after the site visit, the service manager confirmed the risk assessment was done by an external company.

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. Even though the service doesn't provide treatment to under 18-year-olds, all staff had safeguarding children training. The provider had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and mandatory training.
- 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 knew how to identify and report concerns and felt confident they can raise any concerns with the managers. 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. There was a recent Infection Control audit and all actions recognised in the document have been completed. The provider had a system to manage water systems, including having Legionella Risk Assessment in place.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing clinical and hazardous waste.
- The provider carried out appropriate general 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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff's Basic Life Support and Sepsis Awareness training were to date.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. There was emergency equipment in each treatment room.
- There were indemnity arrangements in place. The GP lead had indemnity in place, however the practitioners and the bank nurse told us they didn't have indemnity arranged. We received assurance from the provider in form of an insurance certificate to evidence that there were sufficient arrangements in place for indemnity.

Information to deliver safe care and treatment

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

Good

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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. There was a system in place for quarterly post-operation audit, which meant all patients had they care reviewed.

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 emergency medicines and equipment minimised risks.
- The service does 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 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. The client information folder included all relevant information about the procedures performed.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments concerning 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. The emergency protocols and incident reporting forms were available in every treatment room.

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. The service had three incidents in the last 12 months, of which one was related to a sharps injury of a staff member. After the event the learning from it was shared with the whole team to avoid it happening again in the future.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Good

Are services effective?

We rated effective as Good because:

The provider had effective systems to assess and monitor patients' care and treatment. There were sufficient numbers of staff in place with appropriate knowledge and training. The consent was always obtained and we saw comprehensive documentation concerning that.

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 guidelines and standards based on the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed.
- Clinicians had had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service sends samples for histology where appropriate for skin lesions removed. The service is sending the sample to an external laboratory in London. When the results are back, the clinician checks them and informs the patient of the results.

Monitoring care and treatment

The service was actively involved in quality improvement activities.

- The service made improvements through the use of completed audits. There was clear evidence of action to resolve concerns and improve quality. The service had six-monthly audits and action plans in place. We saw evidence of comprehensive post-operation audit along with other quality improvement activities based on five key questions: safe, effective, responsive, caring and well-led aspects 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. For bank staff, the provider made sure that all the training was up to date by checking the training record from external sources.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop. There was a strong culture of progress and learning within the company. The service used training passports and all staff had a training plan in place.

Coordinating patient care and information sharing

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

Good

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with, other services when appropriate.
- The service had adapted comprehensive consent forms, that included consent to share details of patients' consultations and any medicines prescribed with their registered GP on each occasion they used the service.

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 where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained obtain 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. All staff had completed Mental Capacity Assessment training.
- The service monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated caring as Good because:

The service treated patients with care and kindness, ensuring people's privacy and dignity were protected at all times when using the services.

Kindness, respect and compassion

The staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received after each treatment. In case of any concerns gained from the feedback, these were discussed at one-to-one meetings with the manager.
- 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 help patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- All staff have completed Equality and Diversity training.

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.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

The provider assured timely access to the service, acted on feedback and complaints and responded to people's needs.

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.
- The facilities and premises were appropriate for the services delivered.
- The facilities were not adopted to support people that used wheelchairs and the layout of the building didn't support including those patients in the service. However, this information was included on the service's website and disabled people were supported to access the nearest Birmingham clinic.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- In response to the patient's feedback, the service is now open seven days a week. It was previously closed on Mondays.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. The staff treated patients who made complaints compassionately.
- The service received 5 complaints in the last 12 months.
- 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 complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and analysis of trends. It acted as a result to improve the quality of care.

Good

Are services well-led?

We rated well-led as Good because:

The provider had appropriate governance arrangements in place with a Registered manager in place.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against the 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 described the service as a friendly and professional place to work.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received a regular annual appraisal in the last year. All staff were given protected time for professional development.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Good

Are services well-led?

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

- The service had processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of the service promoted coordinated person-centred care.
- Staff were clear on their roles and accountabilities
- The provider had established 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 performance. The staff were offered regular supervision and yearly appraisals.
- The provider had oversight of safety alerts, incidents, and complaints.
- The clinical audit had a positive impact on the 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 were used to ensure and improve performance and shared with all staff.
- 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 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 service had a “you said we did” platform in place, which was updated monthly in response to any patient feedback.
- Staff told us they can give feedback and raise any concerns they might have. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Good

Are services well-led?

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Learning was shared and used to make improvements.

The provider and the service manager encouraged staff to take time out to review individual and team objectives, processes and performance.