Sk:n - London Procter Street

Inspection report

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Date of inspection visit: 31 March 2023
Date of publication: 18/10/2023

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. (No previous inspection)

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 London Procter Street on 31 March 2023 under Section 60 of the Health and Social Care Act 2008. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This was the first rated inspection of the service under our current methodology.

Throughout the Covid-19 pandemic the Care Quality Commission (CQC) has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on-site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Speaking with staff in person and on the telephone.
- Requesting documentary evidence from the provider.
- A site visit.

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.

The provider specialises in dermatology treatments and is led by independent doctors. The service offers a mix of regulated skin treatments and minor surgical procedures, as well as other non-regulated aesthetic treatments.

Sk:n London Procter Street provides a wide range of non-surgical aesthetic interventions, for example, laser hair removal and dermal fillers which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services.

Sk:n London Procter Street is registered with the Care Quality Commission to provide the following regulated activities: Treatment of Disease, Disorder and Injury; Diagnostic and screening procedures; and Surgical Procedures.

Overall summary

The service had a registered manager in place. 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 a 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:

- Leaders and staff had the skills and experience to fulfil their roles in a safe and effective way.
- The provider had comprehensive governance processes to provide assurance to leaders that systems were safe and operating as intended.
- Risk management was deeply embedded in the culture of the service, we saw evidence the provider made improvements when risks were identified.
- There were safeguarding systems and processes to keep people safe.
- There were appropriate arrangements in place to manage medical emergencies.
- Recruitment checks had been carried out in accordance with regulations.
- There were health and safety risk assessments and processes in place.
- The service proactively sought feedback from patients and used this information to monitor and improve the service.
- The provider had an effective complaints procedure with an up to date complaints policy which was accessible by all staff.

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 who was assisted by GP specialist adviser.

Background to Sk:n - London Procter Street

Sk:n London Procter Street provides independent doctor-led dermatology services, offering many treatments including acne treatment and minor surgical procedures, such as removal of birthmarks, skin tags, cysts and warts. The service also provides non-regulated aesthetic treatments which are not within the CQC scope of registration.

The Registered Provider is Lasercare Clinics (Harrogate) Limited, who provide services from more than 50 locations across England.

The clinic opening times for Sk:n London Procter Street are:

- Monday: Closed
- Tuesday: 12pm-8pm
- Wednesday: 12pm-8pm
- Thursday: 12pm-8pm
- Friday: 10am-7pm
- Saturday: 9am to 6pm
- Sunday: Closed

The staff team is comprised of a clinic manager and independent doctors supported by aesthetic practitioners who only provide only non-regulated aesthetic treatments. Doctors who specialise in dermatology, provide dermatology consultations and treatments at the clinic subject to client's individual needs and appointment bookings. Staff are supported by the provider's regional and national management and governance teams.

The service is located on the ground floor, there are five treatment rooms in total. Only one of the treatment rooms were used to carry out regulated activities. The clinic has good transport links with regular buses and local tube stations. The premises were modern, clean and decor was in good condition.

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 developed safeguarding policies and procedures which provided appropriate guidance to staff. There were systems to assess, monitor and manage risks to patient safety. Staff had the information they needed to deliver safe care and treatment. There was a robust infection prevention control policy and process. There were appropriate arrangements in place to manage medical emergencies.

Safety systems and processes

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

- The service had policies in place to safeguard children and vulnerable adults from abuse. Staff were supported to complete safeguarding training at a level appropriate for their role. For example, there was a safeguarding lead trained to safeguarding level 4 (a level higher than required for clinical roles) in each region to support staff with any safeguarding concerns.
- There were effective systems to manage infection prevention and control within the service. Cleaning and monitoring schedules were in place and all cleaning was carried out by staff employed within the service. We reviewed the most recent infection prevention and control (IPC) audit from 31 December 2022, this included all the appropriate details and checks. The provider had a comprehensive audit system in place supported by the central in house audit team. In instances where the service set threshold of 100 percent was not met the provider developed a plan with a clear course of action which included a lead for each action and timescale for completion.
- We were informed the service did not offer treatment to patients under 18 years of age. Where there was doubt, staff asked patients to confirm they were 18 years of age or over. Patients were made aware of the age restriction prior to booking an appointment.
- The provider carried out all required staff checks prior to recruitment. Disclosure and Barring Service (DBS) checks were undertaken for all staff. 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 who acted as chaperones were trained for the role and had undergone a DBS check.
- We reviewed processes for the monitoring of staff immunisations. Records provided contained evidence of Hepatitis B status and other immunisation records for all staff.
- There were systems for safely managing healthcare waste, including sharp items. We saw that clinical waste disposal was available in clinical rooms and the clinic had a contract with a company for the disposal of clinical waste. On the day of inspection we looked at sharps bins in treatment rooms, they were secure, appropriately labelled and had lids.
- There were sufficient stocks of personal protective equipment, including aprons and gloves. The service performed minor surgical procedures for which they used single-use, disposable items.
- There was a documented service specific risk assessment in place to manage risk within the premises that was reviewed on a monthly basis. The assessment ensured risks to the premises and service were monitored as required. The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We reviewed records to confirm that portable appliances had undergone testing (PAT) within the last 12 months, the most recent PAT was completed on 13 April 2022.
- The provider had carried out fire safety risk assessments. The most recent fire risk assessment was completed 09 March 2023. There was appropriate fire-safety equipment located within the service such as fire extinguishers and emergency lighting which had been regularly serviced and maintained.

Risks to patients

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

Good

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff required to meet patient needs.
- Clinical staff working on a sessional basis were scheduled according to patient demand.
- There were planned induction processes in place and a plan of required training for staff to complete as part of their induction process. Additionally, the provider had produced an e-learning policy which outlined the required training for staff to complete which included safeguarding training.
- Staff understood their responsibilities to manage emergencies and had received basic life support training annually.
- There were appropriate professional indemnity arrangements in place for clinical staff.
- The provider had in place public and employer's liability insurance policies.
- The organisation's national contact centre was open from 9am until 8pm Monday to Saturday to offer help and support to patients. Outside of these hours patients were advised to seek emergency assistance.
- We reviewed arrangements within the service to respond to medical emergencies. There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- There was a defibrillator, adrenaline and oxygen available on the premises which were subject to regular checks these checks were documented.

Information to deliver safe care and treatment

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

- Clinical records were stored on a secure, password-protected, electronic system. Hand-written active clinical records were stored securely in locked cabinets within a secure room.
- Patients attended the clinic for assessment and treatment of a variety of dermatological conditions such as mole, wart, verrucae and skin tag removals, facial thread veins and treatment of acne. Clinical staff providing dermatological services had received specialist dermatology training and followed best practice guidance such as those provided by the British Association of Dermatologists.
- The service had systems for sharing information with staff and other agencies when necessary, for example the patient's NHS GP, 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.

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 kept prescription stationery secure and monitored its use.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and to support the management of health and safety within the premises.
- The provider had developed monitoring processes which provided a clear, accurate and current picture to local and national leaders which promoted a culture of safety and improvement.

Good

Are services safe?

- The provider had produced an audit schedule to ensure ongoing monitoring and auditing of the service at specific intervals and to provide assurance to leaders that systems were operating as intended. Some of those process were implemented by regional and national support roles who worked closely with local managers to identify risks and implement improvements. For example, there were quarterly reviews in place to ensure the service was compliant with Health and Social Care Regulations. Reviews were completed by Clinic Managers with the support of the central audit team. When there was a new manager in post these reviews took place more frequently to provide the new manager with support and guidance.

Lessons learned and improvements made

The service had systems to ensure they learned when things went wrong.

- There were appropriate systems for reviewing and investigating when things went wrong. The service learned, shared lessons across the organisation and took action to improve safety in the service.
- There were systems for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses via the provider's electronic reporting system. Leaders supported them when they did so. There had been no significant events recorded within the past 12 months.
- 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. All staff were signed up to receive safety alerts. When an alert was relevant to the service the alert was disseminated via the central audit team, there was clear audit trail for this process which included action taken and by whom.

Good

Are services effective?

We rated effective as Good because:

- The provider assessed needs and delivered care in line with current legislation and evidence-based guidance. The service was actively involved in quality monitoring activity. The provider obtained consent to care and treatment in line with legislation and guidance.

Effective needs assessment, care and treatment

- The provider had systems to keep clinicians up to date with current evidence-based practice.
- Clinicians employed by the service had high levels of skills, knowledge and experience to deliver the care and treatment offered by the service.
- Clinicians kept up-to-date with current evidence-based practice. Clinicians assessed needs and delivered care and treatment in line with relevant current legislation, standards and guidance. These included the National Institute for Health and Care Excellence (NICE) and British Association of Dermatologists best practice guidelines.
- The service ensured they provided information to support patients' understanding of their treatment, including pre and post-treatment advice and support. Staff within the service provided a telephone call prior to and following treatment to set expectations and follow-up any post-treatment advice. Patients were also able to access post treatment support via follow up appointments and on the telephone.
- We saw no evidence of discrimination when making care and treatment decisions.
- We reviewed clinical records relating to five patients who had received treatment within the service. We found safe and appropriate care and treatment had been given and properly documented.

Monitoring care and treatment

The service was able to demonstrate quality improvement activity.

- The service used information about care and treatment to assess the need to make improvements.
- Medical Standards and Clinical Governance Committee provided a central structure under which patient treatment outcomes were monitored.
- Staff employed on a sessional basis were subject to review of their performance within the service and monitoring of their clinical decision making and patient treatment outcomes.
- Regional audit staff worked with local managers to undertake quarterly auditing of all aspects of service delivery, including premises safety, policy and procedural management, infection prevention and control and medicines management.
- Auditing processes included staff interviews to confirm their level of knowledge and understanding. Service locations received a score and rating which reflected the level of risk identified by the audit. The practice carried out regular post-operative infection audits, these audits assessed whether patients had contracted an infection after their surgery, what the root causes were and how it could be prevented in future.
- The practice had also followed up on our recommendation to carry out clinical audits. We saw confirming evidence of an audit which reviewed and scored clinics in four key areas: Minor operations procedure, medicines management, prescribing and emergency medicines and equipment checks. This audit showed a 85% compliance against their set criteria. We were told a second cycle audit would be undertaken in a few months' time which should show improvement.

Effective staffing

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

Good

Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them.
- There were planned induction processes in place and a plan of required training for staff to complete as part of the induction process. A schedule of mandatory training was in place for all staff once the induction phase had been completed.
- Clinical staff employed on a sessional basis provided evidence of their professional external appraisal summary to the provider and participated in weekly meetings.

Coordinating patient care and information sharing

Staff worked with other organisations when necessary, to deliver effective care and treatment.

- Patients who used the service received coordinated and person-centred care. Staff referred to other services where appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, previous medical and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed, with their registered GP when they registered with the service.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- There was a documented consent policy. Clinical records reviewed confirmed the consent process had been followed and discussions between the practitioner and patient had taken place.
- 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, for example about wound care.
- Patients were sent an email post treatment from the service to obtain feedback on the service provided, feedback was used to make improvements to the service.
- Where patients presented with concerns or complications post treatment, staff had access to nurses from across the organisation as well as a group medical standards team for advice, triage and support.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

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.
- All staff completed mental capacity act and deprivation of liberty training as part of the schedule of mandatory training.

Good

Are services caring?

We rated caring as Good because:

- Staff helped patients to be involved in decisions about their care and treatment.
- Staff understood the needs of patients and respected their privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff were supported to complete equality and diversity training to help them understand patients' personal, cultural, social and religious needs. They displayed a welcoming, understanding and non-judgmental attitude to patients.
- The service gave patients timely support and information in relation to their care and treatment.
- The service actively invited feedback on the quality of care patients received.
- The provider took patient feedback seriously and had employed a verified feedback service to collect, collate and publish reviews from patients and to help use the feedback to continually improve the services provided.

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. During the first contact with a patient, the provider's national contact centre gathered information to ensure all the patients' needs could be met.
- Information about procedures and pricing was available to patients on the service's website and within the clinic.
- Patients were provided with individual quotations for their treatment following their first consultation.
- The clinic had a hearing loop installed.

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 service organised and delivered services to meet patients' needs. Feedback was routinely sought from patients to monitor their experience and to improve the service. Patients were able to access care and treatment from the service within an appropriate timescale for their 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.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider had an account with an independent provider, to offer British Sign Language support services to patients.
- We reviewed publicly available information regarding patient experiences at the service. The service encouraged patients to use Trustpilot to review and rate their experience. The provider's website included a direct link to all Trustpilot reviews. At the time of our review Trustpilot showed the service was rated 3.7 [CJ1] out of 5. The practice also used a bespoke feedback system called 'Reputation' where patients could provide feedback. For March 2023, the practice received an average rating of 5 out of 5.

Timely access to the service

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

- 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.
- Patients were able to register their interest in booking an appointment via the provider's website and this was followed up by the national contact centre.
- Appointments could be booked in person or by telephone. Evening and weekend appointments were available.
- Referrals and transfers to other services were undertaken in a timely way.

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 consistently responded to complaints in line with their service specific complaints policy. Information about how to make a complaint or raise concerns was available for patients to read in the reception area and on the provider's website. There were four complaints within the last 12 months. We reviewed all complaints and found they were managed in line with providers complaints policy and included information on where the patient could escalate the complaint if they were not satisfied with the providers response.

[CJ1]Was there anything of concern contributing to an overall satisfaction score equivalent to 74%?

Good

Are services well-led?

We rated well-led as Good because:

The provider had established clear responsibilities, roles and systems of accountability to support good governance.

- Comprehensive processes were in place for monitoring and managing risks, issues and performance concerns within the service. Fail safes were in place for all aspects of the service. For example, although there were individual assessments for IPC, fire safety and staff training these areas and many more were reviewed in full during the quarterly audits.
- We observed a 'no blame' culture, the governance systems in place were designed and actively used to support staff and encourage compliance in all areas.

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 and were open and transparent regarding factors that had impacted upon the operation of the clinic.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Leaders at all levels within the service were visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership. For example, on the day of our site visit, the clinic team was supported by the director of governance and risk management and the regional audit manager.
- There was a local, regional and national staffing structure in place across the organisation and staff were aware of their individual roles and responsibilities. The provider had identified individual members of staff to assume lead roles in key areas.
- Leaders demonstrated the capacity to implement systems and processes to support the delivery of high-quality care.
- They understood the challenges and had developed strategies focused upon key areas including clinical governance, risk management and the use of technology.

Vision and strategy

The service had 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 their priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider had set out clear brand values which were to be accessible, approachable, expert and responsible. The organisation's values focused upon brand reputation, customer experience and customer loyalty. The organisation's mission statement was "Inspiring greater confidence through better skin."
- The service monitored progress against delivery of the strategy. It periodically carried out 'mock' CQC audits to assess and monitor the quality of care provided.

Culture

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

Good

Are services well-led?

- There was an up to date policy for the management of significant events and staff knew how to report significant events.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour.
- Staff felt respected, supported and valued. The service focused on the needs of patients.
- There was a culture of promoting positive relationships and prompt and effective communications between staff.
- There was an emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity and staff were supported to complete equality and diversity training.

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 and understood.
- Regional and national structures was implemented by the provider, for example, clinical governance and central medical committees ensured appropriate levels of oversight and support to local teams, to ensure consistent and effective governance arrangements.
- Staff understood their individual roles and responsibilities. The provider used performance information, which was reported and monitored and used to support management and staff.
- Leaders had established appropriate policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- Leaders had regular update meetings with the medical director, to highlight any changes and to discuss patients' specific needs. Leaders understood the need to submit data or notifications to external organisations when required.
- There was a documented system for cascading information within the organisation. For example, monthly bulletins and annual policy lists were shared with all staff and signed off once reviewed by staff members.
- There were arrangements in line with data security standards for the availability and confidentiality of patient identifiable data, records and data management systems. Correspondence sent from the service was emailed through an encryption service to ensure confidentiality.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- Confidential electronic information was stored securely on computers. All active patient information kept as hard copies was stored in locked cabinets within a locked room. Staff demonstrated a good understanding of information governance processes.
- The provider ensured document management processes were followed, which included version control, author and review dates.

Managing risks, issues and performance

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

- There were effective governance processes to ensure leaders were able to identify, understand, monitor and address current and future risks including risks to patient safety.

Good

Are services well-led?

- Leaders had oversight of safety alerts, incidents and complaints. There was a system for recording and acting upon significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- 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 service had processes to manage current and future performance. Performance of clinical staff was subject to review via audit of their consultations and patient treatment outcomes.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The service used feedback from patients combined with performance information to drive improvement.
- The provider carried out all required staff checks at the time of recruitment and all required ongoing monitoring, such as disclosure and barring service checks.
- Individual care records were documented consistently within clinical notes.

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.

- Patients were asked to provide feedback following their treatment at the service.
- The service was transparent, collaborative and open with stakeholders about performance.
- Staff felt confident in providing feedback to managers.
- The provider had identified a freedom to speak up guardian to provide additional support to staff.

Continuous improvement and innovation

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

- There was a focus on continuous improvement. This was evidenced through the use of patient feedback and the comprehensive audits completed regularly.
- The service made use of internal and external reviews of incidents and complaints.
- Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation, including a focus on the use of digital technology to drive improvement and share information across the organisation.