Sk:n - Liverpool

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Sk:n – Liverpool as part of our inspection programme. The service has been previously inspected by CQC on 15 November 2013 but at this time the service was not rated. 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.

Sk:n - Liverpool is registered with CQC to provide surgical procedures and treatment of disease, disorder or injury. At the time of the inspection treatments being provided that required CQC registration included independent doctor-led dermatology services, a mix of skin treatments and minor surgical procedures. Sk:n - Liverpool also provided a range of non-surgical cosmetic interventions, for example anti-ageing injections and dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The staff team is comprised of a nurse clinic manager, supported by aesthetic practitioners who all 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.

Our key findings were:

- The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.
- Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).
- Arrangements for identifying, recording and managing risks, issues and mitigating actions were in place. There were appropriate arrangements to manage medical emergencies and the clinic had suitable emergency medicines and equipment in place.
- Patients' needs were assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance.
- Staff had the skills, knowledge and experience to deliver effective care, support and treatment.
- Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.
- Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- There was a complaints procedure in place and information on how to complain was readily available.
- There were effective systems and processes to manage infection, prevention and control.
- There was evidence of clinical and non-clinical audits.
- The service had systems in place to collect and analyse feedback from patients.
- Patient feedback we viewed was positive about the overall service.

Overall summary

- The way the service was led and managed, promoted the delivery of a high-quality service
- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

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

- The provider should continue to monitor the patient consultation records to ensure the right level of detail is recorded for each patient assessment and appointment.

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 Sk:n - Liverpool

Sk:n – Liverpool provides independent doctor-led dermatology services, offering skin treatments such as prescribing for acne and other skin conditions, and minor surgical procedures, including the excision of moles and other skin lesions. Treatments are provided for adults aged 18 and over. The service also provides non-regulated aesthetic treatments, for example, cosmetic Botox injections, laser hair removal, skin peels and hydrafacial procedures 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 service operates from a detached property located in the centre of Liverpool at:

12 Bold Street

Liverpool

L1 4DS

The building has a shop front entrance and the clinic operates from the ground floor only. Toilets for staff and patients are accessible on the ground floor. Ramps are available to assist patients in wheelchairs to mobilise about the building.

The service is open:

Monday – Closed

Tuesday and Wednesday 12-8pm

Thursday 10-8pm

Friday, Saturday and Sunday 10-5pm

Appointments are available on a pre-bookable only basis.

The staff team is comprised of a clinic manager, who is a nurse and clinical practitioner. Doctors who specialise in dermatology and provide dermatology consultations and treatments. Aesthetic practitioners who only provide non-regulated aesthetic treatments and administration staff. The service is supported by the provider's regional and national management and governance teams.

How we inspected this service

Before the inspection visit, we reviewed a range of information we hold about the service and information sent by the provider.

During the inspection we spoke with the provider and a member of staff, reviewed key documents supporting the delivery of the service, reviewed a sample of treatment records and made observations about the areas the service was delivered from.

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 service provided care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

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

- Health and safety risk assessments had been carried out and appropriate actions taken. The service had appropriate safety policies, which were regularly reviewed and communicated to staff. An annual fire risk assessment was completed. The most recent fire risk assessment was carried out in September 2022 and actions from a previous risk assessment in August 2021 had not been followed up. Following the inspection, the provider sent a completed action plan, with dates identified to ensure all areas of risk were being managed.
- Staff received safety information from the provider as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. The service did not treat children and told us if there was any doubt about a patient's age, including if they looked younger than 25, they would ask to view identification to confirm age. Local, regional and national arrangements were in place to support staff with safeguarding matters.
- 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).
- There was an effective system to manage infection prevention and control which included environmental and water checks undertaken weekly. An infection control audit was completed in September 2022 with positive results.
- 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. The building had a patient lift and was accessible for patients in a wheelchair.

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.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for clinical staff working here.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Items recommended in national guidance were not kept and an appropriate risk assessment was shown to inform this decision.

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. Regular bulletins were sent to staff with updating information and guidance when policy was changed. Signatures were gained from staff when they had read the bulletin.
- 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 emergency medicines and equipment minimised risks. The manager confirmed that prescription stationery was used rarely, and systems were in place to keep the pads securely and monitor the usage.
- 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.

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 two reported significant events related to the regulated activities carried out since CQC registration. Evidence presented demonstrated that adequate systems were in place for reviewing and investigating when things went wrong. This included processes to share lessons learned, identify themes and act to improve safety.
- 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.
- 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.

Good

Are services effective?

We rated effective as Good because:

People received effective care and treatment that met their needs.

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 the service).

- We looked at 12 patient records and found that patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing and an assessment for this was undertaken by a clinician.
- We found varying degrees of detail and quality within the patient records. The regional team were aware of this and prior to our inspection they had carried out their own review of records and issued new guidance for staff.
- Clinicians had enough information to make or confirm a diagnosis. Records showed that explanations were given to patients about treatment options and what might be best for them based on the clinical assessment.
- Staff assessed and managed patients' pain where appropriate.
- When discharged all patients were directed to their GP or the local A&E department if care was needed when the clinic was closed. The provider had arrangements for the medical director to follow up any concerns when the clinic re-opened. Contact details for the national contact centre were given to patients upon discharge.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Clinical audits were carried out alongside regular quality monitoring activities. For example, senior managers monitored all patient outcomes, infection rates, patient incidents and complaints and the results of these were shared with clinic staff. The provider had a medical advisory committee and it was their role to oversee the quality audits and improvements across each of the providers locations.
- Regional audit staff worked with local managers to undertake six-monthly auditing of all aspects of service delivery, including for example 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. We reviewed the most recent audit for Sk:n - Liverpool, carried out in September 2022 and found positive results and service ratings.

Effective staffing

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

- 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 (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. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Good

Are services effective?

Coordinating patient care and information sharing

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. 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.
- 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. 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. 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 arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

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.

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.

Good

Are services caring?

We rated caring as Good because:

Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Patient views were often sought at the end of a treatment and if negative experiences were described a private room would be made available for the discussions.
- In addition, all patients were sent a text message following their treatment via the service IT system, this information was reviewed by the clinic team and senior managers.
- 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 available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- The service's website provided patients with information about the range of services and treatments available including costs.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- All consultations and treatments took place in private rooms.
- 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:

Patients received responsive and timely access to treatment. The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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 installed a lift and ramps to make the building accessible for disabled patients.
- The service had a hearing loop and if needed staff would use an interpretation service.
- All patients were encouraged to give feedback about their experience, and this was discussed with staff individually or at team meetings.

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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients could walk into the clinic, arrange an appointment online and contact the national central team to book appointments.
- Referrals and transfers to other services were undertaken in a timely way. Where concerns were noted for patients that required further follow up, urgent referrals were made to the patients GP.

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. Staff treated patients who made complaints compassionately.
- 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 complaint policy and procedures in place. There had been no complaints for the regulated activities delivered at the clinic, but the clinic manager confirmed that all individual concerns, complaints would be investigated and analysed, and the service would act as a result to improve the quality of care.

Good

Are services well-led?

We rated well-led as Good because:

The service demonstrated a culture which focused on the needs of patients and commitment to driving improvement. They had a CQC registered manager providing leadership and operational control daily.

Leadership capacity and capability

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

- The service had a permanent clinic manager who was available to support staff.
- The clinic manager and leaders across the organisation 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).
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff told us they felt respected, supported and valued.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. 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.

- Systems to support governance and management were set out. This included at clinic, regional and national level. Robust assurance systems and audits were carried out by the service and regional team, including the quality of the experience for people using the service.
- The provider had a national Medical Advisory Committee. Their role was to review all clinical governance issues such as clinical key performance indicators (KPIs), all patient safety incidents and complaints and results of clinical audits.
- Staff were clear on their roles and accountabilities
- The service had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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 arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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 risks associated with safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.
- The clinic manager met daily with staff and met with clinicians before each clinic to discuss any changes to process or policy or talk through the clinic list for that day.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance at all levels of the provider organisation. Performance information was produced regularly and reviewed by the senior management teams and the medical advisory committee. This included patient feedback results.

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. For example, patients were given a survey after each clinic appointment. The provider also promoted feedback via Google and Trust Pilot, all reviews were monitored by the senior management team and results fed back to staff.

Good

Are services well-led?

- Staff could describe to us the systems in place to give feedback. Regular staff meetings took place and minutes showed that staff feedback was encouraged.

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. Regular staff meetings took place to discuss performance and quality.
- The service reviewed patient safety incidents and patient complaints to share learning to make improvements. Minutes of meetings showed these were discussed with the full team.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Regular compliance audits were taking place to monitor quality and patient safety.