The Medical Skin Clinic

Inspection report

30 High Street
Newmarket
CB8 8LB
Tel: 01638491074

Date of inspection visit: 19 July 2023
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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?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

We had not previously rated this service. We rated the service Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

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 The Medical Skin Clinic, Newmarket, Suffolk on 19 July 2023. The service was registered with the Care Quality Commission (CQC) in July 2022. We carried out this first-rated inspection as part of our regulatory functions. The inspection was undertaken to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

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 that 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 clinic is registered with CQC to provide the following regulated activities:

Treatment of disease, disorder, or injury

Surgical Procedures

The clinic owner 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.

Our key findings were:

- There were systems to assess, monitor and manage risks to patient safety.
- 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.
- Clinicians had enough information to support treatment options so that patients could make an informed decision on which treatment. Leaflets were given to patients to offer information on social pressure that may indicate an incorrect reason to gain aesthetic treatments.
- We saw no evidence of discrimination when making care and treatment decisions.

Overall summary

- Governance arrangements promoted good quality care. Quarterly clinical governance meetings reviewed care, treatment, and outcomes.
- The clinic was responsive to the needs of patients. Staff prioritised the patients' convenience and ensured appointments ran on time.
- The clinic did not offer walk-in appointments to ensure a thorough assessment of the patient was completed.
- Staff assessed and managed pain where appropriate.
- Follow-up phone calls were completed on all first-time treatment patients. Out-of-hours support was also provided 24 hours a day, 365 days a year for patients to seek advice should they have any concerns.

We saw the following outstanding practice:

- The clinic prioritised patient wellbeing and included in each patient pack, a signposting leaflet for support and advice services.
- COPS Screening (Cosmetic Procedure Screening) was completed on all patients to rule out body dysmorphia. Body dysmorphia is a mental health condition where a person spends a lot of time worrying about flaws in their appearance. Therefore, every patient was evaluated to ensure any procedure was for cosmetic reasons and not due to compulsive behaviours. If the clinic identified body dysmorphia, they would not complete the procedure and referred those patients to specialist support services and the patient's GP.
- Patients were also offered relevant support or signposted to appropriate support and given 24 hours (or longer) to consider treatments.

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

- Include treatment considered and discounted within medical consultation notes.
- Only supply unlicensed medicines against valid special clinical needs of an individual patient where there is no suitable licensed medicine available and record discussions within the patient clinical notes.
- Date all sharps bins with dates of opening and closure.
- Ensure a risk assessment for Legionella is carried out and appropriate water testing for is carried out.
- Secure clinical waste in an outside area.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a CQC second inspector and a GP specialist advisor.

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

Background to The Medical Skin Clinic

The Medical Skin Clinic

30 High Street

Newmarket

CB8 8LB

Aesthetic services and related treatments are provided to patients over the age of 18 years under the supervision of qualified practitioners.

The clinic offers thread lifts under anaesthesia and Botulinum Toxin for medical reasons, for example, migraines, teeth grinding, and excessive sweating, and a prescribed eyelash serum that enhanced, lengthened, and nourished eyelashes. These are within CQC's scope of registration, and we inspected and reported on these services.

The Medical Skin Clinic provides a range of non-surgical cosmetic interventions, for example, dermal fillers, wrinkle injections, and collagen treatments which are not within the CQC scope of registration. Therefore, we did not inspect or report on these services.

https://www.medicalskinclinic.co.uk

The clinic was open from Monday 9 am to 5 pm, Tuesday from 2 pm to 7 pm, and Wednesday and Thursday from 9 am – 1 pm. Friday, from 9.30 am to 12 noon, plus 2 pm to 7 pm. Saturday's appointments were available biweekly, alternating from 9 am to 5 pm and from 9 am to 1 pm.

How we inspected this service

We based our judgment of the quality of care at this service on a combination of:

- What we found when we inspected, and information submitted by the provider.

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.

Requires Improvement

Are services safe?

We rated safe as Requires improvement.

Safety systems and processes

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

- The provider conducted safety risk assessments. Daily and weekly risk assessments were documented to include areas of health and safety to be regularly monitored, such as privacy, fridge temperatures and the service added a trip risk assessment to consider potential hazards.
- It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. 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. All staff received up-to-date adult and child safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The clinic had the registered manager as the safeguarding lead and the clinic liaised with the local authority to obtain local policies and safeguarding display information for the practice.

- The service worked with other agencies to support patients and protect them from neglect and abuse. The 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) enhanced checks were undertaken on all staff by an external company. (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). Staff who acted as chaperones were trained for the role and received a DBS check.
- There was a system in place to manage infection prevention and control. The provider completed infection, prevention, and control audits including hand hygiene audits. An infection control audit had been completed in January 2023 and all actions were completed. We also found the provider ensured hand hygiene guidance was the most up-to-date guidance.
- The service was visibly clean. Staff cleaned the premises daily and documented it on a cleaning schedule.
- During the inspection, 1 sharps' bin had not been labelled with an opening date, that is, at the time of assembly. This meant there was a risk of not being able to trace sharps containers in case of an adverse incident.The procider dated this after we informed them.
- A blood taking and needlestick risk assessment, policy, and protocol were updated regularly to keep in line with current guidance.
- Infrequent water outlets were flushed weekly, and this was documented. This meant the provider reduced the risk of Legionella caused by stagnant water.
- The provider had arranged a date for a Legionella Risk Assessment to be completed, as one had not been completed. We were told post-inspection a new supplier had been found and this would be completed. We found gaps in the provider's system for regular monthly water testing for Legionella. We reviewed the provider's records for the monthly testing of water for Legionella and found that between January 2023 and July 2023, checks had only been carried out in January, May, June, and July 2023.
- However, there had been a sample water test certificate completed for hot water checks on 21 June 2023.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- There were not always clear 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.

Requires Improvement

Are services safe?

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.
- The clinic did not use agency staff and appropriate cover was arranged with bank GPs to cover holidays and sickness.
- 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.

Information to deliver safe care and treatment.

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

- 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.
- An encrypted computerised system was used to maintain safe record keeping.
- Clinicians would undertake thorough assessments and would refer to other services if they assessed a patient was unsuitable for treatment.

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 most recent one was completed in July 2023.
- 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.
- A review of patient records showed a thorough assessment. As per current national guidance, prescribers are expected to document discounted treatment options as well as the choices of treatments. Prescribing audits were completed on the Independent Nurse Prescriber.
- Some of the medicines this service prescribed were unlicensed as licensed medicines were not available. Treating patients with unlicensed medicines is a higher risk than treating patients with licensed medicines, because unlicensed

Requires Improvement

Are services safe?

medicines may not have been assessed for safety, quality, and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) and the appropriate professional would documented discussions with the patient within the consultation record. The provider told us they would commence documenting in patient consultation records.
- Fridge temperatures were recorded and a computerised system monitored and recorded the times the clinic was closed. Daily room temperatures were also completed.
- There was medical oxygen within the clinic and we saw appropriate storage and signage.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, except the Legionella risk assessment.
- A health and safety risk assessment had been completed in March 2023 and all actions were completed in June 2023.
- Fire risk assessments and electrical testing had been completed and the service had fire equipment testing booked on the day of inspection. A fire drill had been completed in July 2023.
- 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.
- 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.

Good

Are services effective?

We rated effective as Good.

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)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had 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.
- Staff assessed and managed patients' pain where appropriate.
- The service incorporated a signposting service within information packs given to patients when welcoming them to the service. These detailed support services range from mental health support, substance abuse, digital safety, and welfare support organisations.
- Out-of-hours support by clinicians was available 24 hours a day and clinicians visited patients for checkups when possible side effects were deemed to be a priority.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements, such as rates of infection audits. In the past 12 months year period, 402 patients received 809 invasive treatments and auditing follow-up reviews, and 0 patients had developed an infection.
- The service made improvements through the use of service user feedback. There had been 7 written patient feedback forms completed at the clinic between January 2023 to July 2023) that showed positive feedback to a thorough consultation process.
- Monitoring online reviews submitted had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The clinic had a clinical improvement plan for the next 12 months to expand the services delivered.

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 (NMC) and were up to date with their revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet their needs. 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

Good

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.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results, and their medical 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 were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. 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. For example, staff are trained in body dysmorphia and trained in domestic abuse.
- 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 patients advice so they could self-care. Each patient seen was given advice on sunscreen, skin protection, diet, exercise and smoking.
- 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 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.

Good

Are services caring?

We rated caring as Good.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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.

- Patients told us through comment cards, that 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.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy-read materials were available.
- Patient consultation rooms were located in a corridor from the main reception and had dignity maintained with privacy glass.

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.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took into account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. Appointments were pre-bookable only.
- 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, disabled access was available.
-

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 reported that the appointment system was easy to use. Both new patients and repeat patients would be consulted at each visit. Patients could book appointments in person, via telephone, social media, local adverts, and on the clinic website.
- Referrals and transfers to other services were undertaken in a timely way. For example, if an area of concern, such as dermatology input was required, the service would then refer on to a hospital.

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 on the website and in the clinic. The 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 a complaint policy and procedures in place. There had been no complaints, however. If one should arise, a policy for learned lessons from individual concerns, and complaints, would be reviewed and analysed for trends.

Good

Are services well-led?

We rated well-led as Good.

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.
- 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.
- The development of the ethical policy was structured and focussed upon ensuring patients' welfare and discussing in an informed manner. Patients would then be given 24 hours to decide on the options available.

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.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The practice had not received any complaints, however, we were assured on the process of 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 needed. 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, including nurses, 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. For example, the service.it identified and addressed the causes of workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Good

Are services well-led?

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. A governance structure chart was in place and we saw documented quarterly staff meeting minutes held to update staff.
- 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. The performance of clinical staff could be demonstrated through an audit of their consultations, prescribing, and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- 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 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.

Good

Are services well-led?

- 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. A variety of online review sources, plus, in person and feedback was seen on different platforms such as social media reviews and online websites; as well as, feedback forms.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative, and open with stakeholders about performance.
- Feedback on the service was given mainly through online reviews and comment cards were available within reception to complete. Twenty-six people provided positive 5-star feedback about the service and praised the staff for their professionalism and politeness.
- There had been 193 online reviews of patient feedback seen. Of these 191 reviews were positive and complimented the service delivery. There was 1 feedback with no rating and 1 negative comment regarding patient expectations not met. The clinic had responded to this negative feedback to resolve.

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.
- 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 work. We saw a continuous improvement plan with a 12-month service delivery of expansion and improving access, clinical improvements, operational expansion and patient outcome improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The provider had not carried out a risk assessment for Legionella and there were gaps in the provider's system of monthly water testing checks. • Clinical waste bins were not stored in line with best practice guidance.