

Royal Tunbridge Wells Skin Clinic Ltd

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

Royal Tunbridge Wells Skin Clinic Ltd was last inspected in January 2020, but it was not rated. This inspection was undertaken to provide a rating for this service.

We carried out an announced comprehensive inspection at Royal Tunbridge Wells Skin Clinic Ltd on 15 March 2022. Overall, the service is rated as Good.

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 a focused inspection at Royal Tunbridge Wells Skin Clinic Ltd on 15 and 17 July 2020, in response to concerns about the safe care and treatment of patients and governance arrangements. We found breaches against Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and issued Warning Notices to the provider.

We carried out a further focused inspection on 11 September 2020, to confirm whether the service had met the legal requirements in relation to those breaches of regulations. We found that the provider had made improvements to meet Regulation 17. However, they had not made sufficient improvement in providing safe services. A further Warning Notice was issued against Regulation 12(1) Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection on 11 September 2020, the provider submitted assurance information and evidence to us electronically to demonstrate improvements they had made. We carried out a remote review of this information to confirm whether the service had taken sufficient action to comply with the regulations. We found that the provider had made improvements since our last inspection and was compliant with the Warning Notice issued.

Royal Tunbridge Wells Skin Clinic Ltd is an independent provider of doctor-led dermatology services and the use of botulinum toxin (Botox) injections to treat a range of medical conditions.

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 the Care Quality Commission (CQC) which relate to particular types of regulated activities and services and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Royal Tunbridge Wells Skin Clinic Ltd provides a wide range of non-surgical cosmetic interventions. For example, cosmetic Botox injections, facial fillers and cosmetic laser treatments, which are not within CQC's scope of registration. Therefore, we did not inspect or report on those services.

The practice is registered with CQC to provide the following regulated activity: Treatment of disease, disorder or injury.

Overall summary

The company chairman and director is the registered manager. A registered manager is a person who is registered with CQC 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:

- Care records contained full information on what medicines and treatment had been provided.
- Policies and procedures were comprehensive, up to date and relevant to the service.
- All staff had the appropriate level of training for safeguarding adults and children, relevant to their role.
- Staff training was effective. However, not all staff had received training in recognising the signs of sepsis.
- The service had reliable systems for appropriate and safe handling of medicines. However, some risk assessments for emergency medicines not held at the service required implementing.
- Consent was recorded for appropriately for each procedure.
- Patient feedback was positive about clinical care and treatment experience.
- The service was supportive of patients' needs and patients were able to access the service.
- There was clear leadership and leaders had the capacity and skills to deliver high-quality, sustainable care.
- The provider had effective processes for planning of the future leadership of the service. For example, appointing a new service manager, who had applied to become the CQC registered manager.
- Governance arrangements were implemented effectively.

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

- Continue to monitor and implement their schedule to ensure all staff receive training in recognising the signs of sepsis.
- Ensure risk assessments for emergency medicines not required by the service are completed, in line with their action plan.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector and a second CQC team inspector.

Background to Royal Tunbridge Wells Skin Clinic Ltd

Royal Tunbridge Wells Skin Clinic Ltd is an independent provider of doctor-led dermatology services and the use of botulinum toxin (Botox) to treat a range of medical conditions. Services are provided from dedicated premises within the centre of Royal Tunbridge Wells.

The Registered Provider is Royal Tunbridge Wells Skin Clinic Ltd. Services are provided from:

Cobden House, 25 London Road, Tunbridge Wells, Kent, TN1 1DA.

Opening times are Monday to Saturday, 9am to 6pm. The practice provides emergency telephone support out of hours and has a referral arrangement with a local independent GP service should additional support be required.

Services are provided by a General Medical Council (GMC) registered doctor specialising in dermatology and aesthetics, an aesthetic doctor (who is a company director and the nominated individual), as well as nursing, administration and reception staff.

The provider works closely with other local services to refer patients whom it deems are outside of their scope of practice. Patients can access services on a fee-paying basis only.

How we carried out the inspection

Throughout the pandemic 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:

- Conducting staff interviews.
- Requesting evidence from the provider.
- A short site visit to the practice.

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.

Are services safe?

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse whilst using the service.
- Where necessary, the service would work with other agencies to support patients and protect them from neglect and abuse. Staff knew which steps to take, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis, where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The service had cleaning products for use within the building and we saw Control of Substances Hazardous to Health (COSHH) information sheets for these.
- The provider had completed a risk assessment for legionella within the premises and was carrying out routine, weekly and monthly checks. (Legionella is a bacterium found in water supplies which can cause severe respiratory illness).
- 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 considered the profile of people using the service and those who may be accompanying them. For example, those with access or mobility needs.

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 but had not received training in recognising the signs of sepsis (a life threatening reaction to an infection). The day after our site visit, the provider sent us documentation to show that training in sepsis had been scheduled for all staff and policies and procedures had been updated to reflect current guidance.
- There were suitable medicines and equipment to deal with medical emergencies, which were stored appropriately and checked regularly. Some emergency medicines, recommended in national guidance, were not required to be held at the service. However, appropriate risk assessments had not been completed to show how this decision had been made not to hold these medicines at the service. The provider sent us further documentation on the day after our site visit, to show that these had been completed and were awaiting approval by the clinician.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- The service had appropriate professional indemnity and public liability insurance arrangements.

Information to deliver safe care and treatment

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

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw, showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system to retain medical records in line with Department of Health and Social Care (DHSC) guidance, if 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, emergency medicines and equipment minimised risks. The service kept online prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They did not prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed medicines to patients and gave advice on medicines, in line with legal requirements and current national guidance. There were clear processes for checking medicines and staff kept accurate records of these.

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 from and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, providing front of house staff with training in basic life support, following an incident of a patient fainting in the waiting room.
- 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 for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism to disseminate alerts to all members of the team.

Are services effective?

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant, current evidence-based guidance and standards. For example, the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate, this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The service was completely paperless and used IT systems to support patient bookings, medical/care records, patient feedback and sharing of pre and post treatment care. Where patients were digitally excluded, this was documented; phone calls and paper copies of any required documentation were provided to them.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements using completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, an audit of the prescribing of botulinum toxin (Botox) had been conducted (although the use of this medicine is not regulated by CQC). Following the audit, systems and processes were updated to ensure that all medicines were prescribed in line with policy and best practice guidance. Minutes of staff meetings showed where learning had been shared with relevant staff.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) / Nursing and Midwifery Council and were up to date with revalidation. Where self-employed clinicians worked at the service, there was a system to ensure relevant appraisal and revalidation documentation was checked.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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. For example, pathology services at external services.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment, where this information was not available to ensure safe care and treatment.

Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- There were systems and processes to ensure that care and treatment for patients in vulnerable circumstances, would be coordinated with other services (if the need arose).
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- 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.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of both customer and clinical care patients received.
- Feedback from patients was positive about the way staff treated 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 online information leaflets, 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.
- Staff communicated with people in a way that they could understand. For example, communication aids if required.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

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.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people could access and use services on an equal basis to others. For example, patients who had visual impairments were supported to use the service and given additional time during appointments to ensure they were comfortable and given all necessary information.

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.

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 a clear complaint policy and procedures. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, improving records and details obtained relating to patient's previous medical history, prior to any intimate examination or treatment being offered.

Are services well-led?

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. For example, appointing a new service manager, who had applied to become the CQC registered manager.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff 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 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- 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.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had a business continuity plan 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.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems for patients to give feedback. For example, online platforms and patient surveys (either online, via text message or in paper format; depending on patient's choice or needs). We saw evidence that staff were given opportunities to share their feedback and this was used to improve the service. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

Are services well-led?

- There was a focus on continuous learning and improvement.
- 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. For example, nurse and practice management training.

The service management team had changed within the last 10 months and had established good governance systems and processes. Now this had been established, they were making progress in implementing systems to support improvement and innovation work.