

Deep Blue Skin Technology

Inspection report

Top Floor
Pure Treatment Rooms
1 Cheltenham Mount
Harrogate
North Yorkshire
HG1 1DW
Tel: 07939340118
www.deepblueskin.com






Date of inspection visit: 3 December 2019
Date of publication: 20/12/2019

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?	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 Deep Blue Skin Technology as part of our inspection programme.

Deep Blue Skin Technology is located near the town centre of Harrogate, North Yorkshire. The provider is a limited company which operates as a single-handed, nurse-led service which specialises in a combination of medical aesthetic treatments, and menopause services. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Deep Blue Skin Technology provides a range of non-surgical cosmetic interventions, for example, the injection of botulinum toxin or fillers for skin rejuvenation, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The nurse prescriber/officer of the company 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received three completed CQC comment cards during our visit, all of these were highly positive. They described the service as being professional and caring. The premises were described as being comfortable and clean. We also

saw and reviewed over thirty service user surveys completed prior to the inspection. These were also very positive, and many said the service was effective and that the provider was friendly and welcoming.

Our key findings were:

- The service was offered on a private, fee-paying basis only and was accessible to people who chose to use it.
- Procedures and prescribing had been safely managed and there were effective levels of service user support and aftercare.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of service users and the provider.
- There were systems, processes and practices in place to safeguard service users from abuse. However, safeguarding training for the provider was not at the required level.
- Information for service users was comprehensive and accessible. The provider being clear with regard to the services on offer and the levels of payment.
- Service user outcomes were evaluated via regular reviews, and the service had undertaken some limited audits to support quality improvement processes.
- The provider had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The service shared relevant information with others or referred on to other services when required and/or with appropriate consent.
- The service encouraged and valued feedback from service users.

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

- Improve quality improvement activity to ensure audits are repeated to make sure any identified improvements had been embedded, and ensure that clinical outcomes are examined in a more structured way.
- Update consent procedures to ensure that there is clarity that service users are fully aware of all identified risks.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector, accompanied by a nurse specialist adviser.

Background to Deep Blue Skin Technology

We carried out this inspection of Deep Blue Skin Technology on 3 December 2019.

As part of the preparation for the inspection, we reviewed information sent to us by the provider, and specific guidance in relation to services provided. In addition, we reviewed the information we currently held on our records regarding this provider.

During the inspection we utilised a number of methods to support our judgement of the services provided, for example we interviewed the service provider, and reviewed documents and feedback relating to the service.

Deep Blue Skin Technology operates from Top Floor, Pure Treatment Rooms, 1 Cheltenham Mount, Harrogate, North Yorkshire, HG1 1DW. The service shares the building with a number of other treatment services and businesses. There is no direct parking on the site, however there is parking available nearby. The service is located on the second floor of the building and as such may not be suitable for those with a physical disability or mobility issue.

Deep Blue Skin Technology operates as limited company with services delivered by a single nurse prescriber, who is also an officer of the company. The service specialises in a combination of medical aesthetic treatments, dermatology services and menopause services. Services are available to adults, and with necessary consent to those under 18 years of age, but not younger than 16

years of age. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of the treatment of disease, disorder or injury, including the prescribing of medicines for the support of treatments. At Deep Blue Skin Technology some of the aesthetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we carried out the inspection in relation to medically related treatment only.

The service is led by a nurse prescriber who is the registered manager and is the sole member of staff.

The service operates on a flexible basis with the provider accommodating the needs of service users whenever possible, this can include weekend opening.

Service users can also contact the service out of operating hours via an emergency contact number.

To get to the heart of service users' 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?

We rated safe as Good.

Safety systems and processes

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

- The provider conducted safety risk assessments and had appropriate safety policies, which were regularly reviewed and updated. These outlined clearly, hazards, risks and control measures. The service had systems to safeguard children and vulnerable adults from abuse. We heard how in the past the service had raised a safeguarding concern after they had identified concerns.
- The service worked with other agencies to support service users and protect them from neglect and abuse. Staff took steps to protect service users from harassment, discrimination and breaches of their dignity and respect.
- The provider had carried out appropriate checks and these were undertaken on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken. (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).
- The nurse prescriber who delivered the service had received safeguarding and safety training. They knew how to identify and report concerns. It was noted that the nurse prescriber had only received child and adult safeguarding training to level one which was below the level prescribed. Since the inspection we have been sent evidence that the nurse prescriber had undertaken training in child and adult safeguarding to the appropriate level.
- As there was only one member of staff, the service was unable to offer a chaperone service. However, potential service users were informed of this and were able to either bring in a friend or relative, or were signposted to other services which operated in the locality.
- There was an effective system to manage infection prevention and control (IPC). We saw that an IPC audit had been undertaken in December 2018. The building had also been subject to a legionella assessment which had not identified any current risks.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. For example, portable

electrical appliance testing had been undertaken in February 2019. There were systems for safely managing healthcare waste. Sharps bins were in good condition, were not overfilled, and had been signed and dated.

Risks to service users

There were systems to assess, monitor and manage risks to service user safety.

- There were arrangements for planning services which ensured there was capacity to meet service user demands.
- The nurse prescriber who delivered the service understood their responsibility to manage emergencies. They had received training to ensure this which included basic life support. However, the provider had only limited awareness of how to identify and manage service users who may attend with severe infections, for example sepsis. Since the inspection we have been sent evidence to show that they had updated their knowledge, and had developed supporting documentation to cover this area of concern.
- There were suitable medicines and equipment to deal with medical emergencies appropriate to the level of services delivered. These were stored appropriately and checked regularly.
- There were appropriate indemnity arrangements in place.
- We identified one instance when an additional risk factor for a non-prescription medicine should have been raised and discussed with a young service user. When we raised this with the provider they told us that they would review this area of activity. We were subsequently informed that the provider had acted to remedy this.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept service users safe. The care records showed that information needed to deliver safe care and treatment was available in an accessible way.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment.

Are services safe?

- 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 ceased trading.
- The service made appropriate and timely referrals when required in line with protocols and up to date evidence-based guidance. The service had developed clear referral pathways for service users with more complex needs. With the consent of users, the service corresponded with, and shared relevant information with, the service users GP.
- We saw that training had been undertaken to support non-medical prescribing.
- The provider was able to call on information and support from other health and aesthetic professionals. For example, the nurse prescriber participated in monthly online update and support sessions with a menopause specialist. In addition, the nurse prescriber was an accredited member of the Acne and Rosacea Association UK.

Safe and appropriate use of medicines

The service had systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks.
- The service had not carried out a medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. However, the service did review all service users on an individual routine basis, and at this time assessed treatment against guidelines. We discussed prescribing audits with the provider who told us that they would examine this further with a view to starting this in the future.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that require the highest level of control due to their risk of misuse and dependence). They did not prescribe any other controlled drugs.
- The service prescribed, administered or supplied medicines to service users and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking

medicines, and we saw that accurate records of medicines were kept. Where there was a different approach taken from national guidance there was a rationale for this that protected patient safety.

The service prescribed Hormone Replacement Therapy which included Bioidentical Hormone Replacement Therapy. Some of these medicines were unlicensed including the Bioidentical Hormone Replacement Therapy (treating patients with unlicensed medicines poses a higher risk than treating patients with licensed medicines, because unlicensed 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) or the British Menopause Society (BMS).) We discussed with the nurse prescriber how they raised the use of unlicensed medicines with potential service users. They told us that at the first consultation they outlined the potential treatment fully, this included the use of licensed and unlicensed medicines. They then followed this up by sending detailed information to the service user which included copies of NICE guidelines and views of the BMS. We saw documentary evidence which supported this. The service user was also required to give written consent.

- The service had processes in place for verifying the identity of service users including young people.

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. The provider understood their duty to report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, sought to identify any

Are services safe?

emerging themes and took action to improve safety. We saw an example when an incident had been recorded and analysed. Decisions made as part of the investigation were effective and appropriate.

- The provider was aware of and complied with the requirements of the Duty of Candour.
- When there were unexpected or unintended safety incidents the provider told us that they would give affected people reasonable support, truthful information and a verbal and written apology.

- The service acted on and learned from external safety events, as well as patient and medicine safety alerts. We saw that the service had registered with the issuing authority to receive these alerts.
- The provider was a member of a local aesthetic services peer group. This group we were told often discussed anonymised incidents to disseminate learning across organisations.

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 the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Service users' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The provider was able to access advice from external sources such as a menopause specialist and as a member of an aesthetics peer group.
- The nurse prescriber had enough information to make or confirm treatment decisions.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat service users. For example, we saw that these users received regular reviews which was used to monitor outcomes and treatment.

Monitoring care and treatment

The service was involved in some quality improvement activity.

- The service used information about care and treatment to make improvements. For example, the service had recently undertaken an audit of documentation. This had led to the introduction of a new service user registration form. It was noted that this audit was single-cycle only. We were told by the provider that a re-audit would be carried out in the future to ensure the improvements identified had been embedded. The service had not undertaken any specific clinical outcome audits. However, the provider followed up service users to gauge satisfaction, and had in place a system of regular reviews for repeat service users. The provider told us that they would begin to formally audit these reviews in the future.

Effective staffing

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

- The single nurse prescriber who provided and operated the service was appropriately qualified.
- The relevant professional was registered with Nursing and Midwifery Council and was up to date with revalidation.
- The provider understood their learning needs and used protected time to access training. Up to date records of skills, qualifications and training were maintained.
- As a member of a local aesthetics peer group the nurse prescriber was able to access the views of other local health professionals and built this into their learning.

Coordinating service user care and information sharing

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

- Service users received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate such as the regular GP of service users.
- Before providing treatment, the provider ensured they had adequate knowledge of the service users health, any relevant test results and their medicines history. We were told of examples of potential service users being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- Service users 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.

Supporting service users to live healthier lives

The provider was consistent and proactive in empowering service users, and supporting them to manage their own health and maximise their independence.

- Where appropriate, the service gave people advice so they could self-care.
- Where service users' needs could not be met by the service, they were redirected to the most appropriate service/s for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance .

Are services effective?

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- The provider supported service users to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. We saw the nurse prescriber had a good understanding of mental capacity, and that they had received training in this area. However, we identified one instance when an additional risk factor for a non-prescription medicine should have been raised and discussed with a young service user prior to consent. When we raised this with the provider they told us that they would review this area of activity. We were subsequently informed that the provider had acted to remedy this.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good.

Kindness, respect and compassion

Staff treated service users with kindness, respect and compassion.

- Feedback from service users was positive about the way the nurse provider treated people.
- The provider understood service users' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all service users.
- The service gave service users timely support and information.

Involvement in decisions about care and treatment

Staff helped service users to be involved in decisions about care and treatment.

- Service users told us through comment cards and via a review of the service's satisfaction survey returns, that they felt listened to and supported, and had sufficient time during consultations to make an informed decision about the choice of treatments available to them.

- The provider communicated with people in a way that they could understand, for example, a wide range of materials were available which outlined treatments and services. In addition, the provider had developed a guide for service users which covered areas which included safeguarding, supporting services users who may have a disability and accessing treatment records.

Privacy and Dignity

The service respected service users' privacy and dignity.

- The service recognised the importance of people's dignity and respect.
- The service operated from a single treatment room. As such if required, and with the consent of the service user, the treatment room door could be locked to prevent other persons entering the room during intimate or private treatment sessions.

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 users' needs. It took account of needs and preferences.

- The service was offered on a private, fee-paying basis, and was accessible to people who chose to use it and who were deemed suitable to receive the procedure.
- The service offered post-procedural support line which service users could access 24 hours a day.
- The provider understood the needs of their users and altered services in response to those needs. For example, the service offered flexible appointment times.
- 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. Whilst it was not usual practice, the provider was able to offer the home delivery of some services to those who were unable to visit the premises. This work was supported by the service's lone worker policy.

Timely access to the service

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

- Service users had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way. For example, the provider was clear when their service was unsuitable to meet the needs of the potential service user and worked with them to identify another more suitable service.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. The provider treated service users who made complaints compassionately.
- The service informed service users of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from an analysis of trends. It acted as a result to improve the quality of care. Following a complaint the service proposed the utilisation of a peer to assess the quality of care provided. This complaint was subject to a thorough investigation and analysis.

Are services well-led?

We rated well-led as Good.

Leadership capacity and capability;

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services.
- The provider had effective processes to develop capacity and skills.
- The nurse prescriber acted as a mentor for aesthetic nurses undertaking the aesthetic diploma and degree courses at a University.

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 strategic approach to achieve priorities.
- The service developed its vision and values which it communicated to patients via its website and service leaflet.

Culture

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

- The provider was proud of the service they were delivering.
- The service focused on the needs of service users.
- 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.
- We saw evidence to show that the provider worked to meet the requirements of professional revalidation.
- There was a strong emphasis on the safety and well-being of service users.

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 provider 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 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 service user safety.
- The service had processes to manage current and future performance. Performance review could be demonstrated through a recent audit of consultation documentation, and referral decisions. The provider demonstrated detailed oversight of safety alerts, incidents, and complaints.
- Formal clinical audit in the service was limited. However, from our examination of one that had recently been undertaken, and via the regular service user reviews we saw some evidence of action to change services to improve quality. For example, a recent documentation audit had led to the introduction of a new registration form.
- The provider had plans in place 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 service users via a formal satisfaction survey.
- 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 was aware of the need to submit 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.

Engagement with service users and external partners

Are services well-led?

The service involved service users and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from service users via a feedback survey. The nurse prescriber also met locally with other aesthetic service providers and they used this opportunity to discuss common issues and share best practice.
- The service was transparent, collaborative and open with stakeholders about outcome expectations and performance.

Continuous improvement and innovation

There were 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 used to make improvements, and when appropriate shared with peers.
- There were some systems to support improvement and innovation work. For example, the service had undertaken some limited audit work and carried out regular service user reviews to identify areas which required improvement.
- The provider was able to access specialist advice when required from an external body.