

Blemish Clinic

Inspection report

40 Market Street
Edenfield, Ramsbottom
Bury
BL0 0JN
Tel: 01706822689
www.blemishclinic.co.uk

Date of inspection visit: 24/05/2022
Date of publication: 20/06/2022

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Blemish Clinic as part of our inspection programme and to provide this service with a rating.

Blemish Clinic was registered in respect of the provision of treatment of disease, disorder or injury, diagnostic and screening procedures and surgical procedures. We inspected treatments relating to these regulated activities for example, excising moles and performing a biopsy for histology reporting, excision of moles under local anaesthetic and thread lifts. In addition, they will offer consultation and treatments for skin conditions, migraines, hyperhidrosis, skin lesions and moles, pigmented and vascular lesions, facial and leg veins, stretch marks and scarring, vaginal rejuvenation and erectile dysfunction. The clinic will continue to provide non registered cosmetic consultations and treatments.

The operations director 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.

Prior to the inspection we were provided with information about patients' feedback on the service provided by Blemish Clinic. The feedback was overwhelmingly positive. Patients described the staff as professional, knowledgeable and friendly. They said the staff listened to their concerns and explained the procedures and treatment options clearly. Patients commented they were very happy with their treatments.

Our key findings were:

- Patients received effective care and treatment that met their needs.
- Risk assessments had been completed to assure the provider of the safety of the premises.
- The clinician received appropriate training to carry out their roles.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording incidents.
- The clinicians maintained the necessary skills and competence to support patients' needs.
- The clinicians were up to date with current guidelines.
- The clinicians were aware of, and complied with, the requirements of the duty of candour.
- The clinic made referrals to other services as necessary.

Overall summary

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 who had access to advice from a specialist advisor.

Background to Blemish Clinic

Blemish Clinic was registered in respect of the provision of treatment of disease, disorder or injury, diagnostic and screening procedures and surgical procedures. We inspected treatments relating to these regulated activities for example, excising moles and performing a biopsy for histology reporting, excision of moles under local anaesthetic and thread lifts. In addition, they will offer consultation and treatments for skin conditions, migraines, hyperhidrosis, skin lesions and moles, pigmented and vascular lesions, facial and leg veins, stretch marks and scarring, vaginal rejuvenation and erectile dysfunction. The clinic will continue to provide non registered cosmetic consultations and treatments.

Blemish Clinic is based at:

40 Market Street

Edenfield

Ramsbottom

Bury

Lancashire

BL0 0JN

Tel no: 01706 822 689

Website: www.blemishclinic.co.uk

Opening times:

Monday: closed

Tuesday: 10.30 am to 7.00 pm

Wednesday: 10.30 am to 7.00 pm

Thursday: a service is available on occasion

Friday: 10.30 am to 7.00 pm

Saturday: a service is available on occasion

Sunday: closed

How we inspected this service

Before visiting Blemish Clinic, we reviewed a range of information we hold about the service and information which was provided by the service before the inspection.

During the inspection:

- we spoke with the provider and the operations manager
- reviewed key documents which support the governance and delivery of the service
- made observations about the premises
- looked at information the service used to deliver care and treatment.

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?

We rated safe as Good because:

Safety systems and processes

The service 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.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff acted 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.
- Legionella was tested in December 2021 and will be retested after 2 years.
- 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.

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.
- There was an effective induction system for a new staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for all clinical staff.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

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

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- Clinicians have the information needed to deliver safe care and treatment which may include care and risk assessments, care plans and case notes.

Safe and appropriate use of medicines

Are services safe?

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

- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks.
- The service does not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Staff 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.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- 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. For example, a patient presented with an inflammatory reaction following their treatment. Appropriate treatment was given to deal with this situation. Current research shows evidence of Covid related responses following certain treatments. All patients are now informed of any potential side effects and this issue is now incorporated into the patient risk assessment and consent form. This aspect of care will continue to be monitored. The service no longer treats patients within a three-month period of Covid infection or vaccination.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected patients 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 in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

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 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. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Consultations were carried out prior to any treatments being given to ensure clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- Staff had access to peers and specialists in the field to review work and discussion of complex cases.
- There was evidence of action to resolve concerns and improve quality.
- Health and safety were monitored in all areas of the service.
- Regular management meetings took place to discuss clinical treatments.
- Minor operations were audited and patients' treatments and the outcomes were monitored.

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 revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together and worked well to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate. Clinicians would consult with a patient's GP if necessary.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of a patient's health, any relevant test results and their medicines history. Patients were signposted to more suitable sources of treatment where this was deemed appropriate.

Are services effective?

- The provider had risk assessed the treatments they offered and administered medicines that were suitable for these treatments.
- Care and treatment for patients in vulnerable circumstances was planned with the patient. Clinicians took a holistic view of patients' needs and met with them to discuss in detail the treatments and treatment options. For example, patients with mental health problems and patients who may have unrealistic expectations of the treatment outcomes.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

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

- Staff gave patients advice so they could self-care.
- Risk factors were identified and highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Patients were given the contact details of the service for any concerns out of hours and they could email the service directly with any concerns.

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.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Following treatments, patients were sent an online form to complete which sought feedback on customer satisfaction.
- Feedback from patients was overwhelmingly positive about the service and the way they were treated.
- Staff looked to understand patients' personal 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. Family members were appropriately involved in consultations as necessary.
- Patients commented via the online questionnaire 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.
- For patients with complex needs, family members or carers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of patients' 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?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, a routine assessment identified that a patient had some mental health issues. The clinician arranged for a longer appointment to discuss treatment options and outcomes.
- 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.

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 assessments and treatments.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken as necessary.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Good because:

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. Other organisations / consultants were used for support and advice including human resources, a laser advisor, IT support and a clinical multi-disciplinary advisor. This contributed to ensuring the ongoing development, contingency and continuation of the service.
- 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 were respected, supported and valued.
- 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 needed. This included appraisal and formal supervision. All staff received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

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 promoted coordinated person-centred care.
- 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 notifications to external organisations as necessary and sought advice and information about how to manage specific incidents as required. This ensured the provider was acting in line with good practice and continued to provide patients with a safe and effective service.
- 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 clarity around 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. Leaders had oversight of safety alerts, incidents, and complaints.
- Quality monitoring of all parts of the service had a positive impact on the quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The provider had plans 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. The feedback was overwhelmingly positive. Patients described the staff as professional, knowledgeable and friendly. They said the staff listened to their concerns and explained the procedures and treatment options clearly. Patients commented they were very happy with their treatments.

Are services well-led?

- Staff at different levels completed a CQC questionnaire before the inspection. They confirmed they received good support from senior staff and regular training was available. Staff were kept up to date with significant events for the purpose of learning and improving the service. Staff told us that regular meetings were held to ensure good communication. They described the organisation's culture as positive and open.
- The service was transparent, collaborative and open with staff about 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 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.