Sk:n Reading

Inspection report

52 London Street
Reading
RG1 4SQ
Tel: 01216416000
www.sknclinics.co.uk

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

Ratings

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

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of Sk:n Reading between 9 and 10 February 2022. The inspection was carried out to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This was the first inspection of the service since it registered with the Care Quality Commission (CQC) in 2016.

The provider specialises in medical aesthetic treatments and anti-ageing medicine while also offering rejuvenation and dermatology treatments for clients. This service provides independent doctor-led dermatology services, offering a mix of regulated skin treatments and minor surgical procedures, as well as other non-regulated aesthetic treatments.

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 Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sk:n Reading provides a range of non-surgical cosmetic interventions, for example, laser hair removal, laser tattoo removal, skin peels, dermal fillers, and acne treatments which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Sk:n Reading is registered with the CQC to provide the following regulated activities:

Treatment of disease, disorder or injury, Diagnostic and screening procedures and, Surgical procedures.

The clinic manager 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:

- The service had effective systems to monitor, detect and prevent the risk of infection.
- All staff had undertaken all mandatory training appropriate to their role.
- There were comprehensive health and safety and premises risk assessments in place.
- Staff were clear about their roles and responsibilities and explained clearly what they would do if a patient's condition was not suitable for treatment by the service.
- Clinical records were clearly written and kept securely to maintain privacy of confidential patient information.

Overall summary

- Best practice guidance was followed when providing treatment to patients.
- Staff working on a sessional basis had appropriate clinical oversight to ensure they were suitable for the role and delivered care in line with best practice guidelines.
- The service asked patients for consent to communicate with their regular GP about their treatment. However, we did not see examples of letters being sent in the clinical records we examined.
- There was a chaperone policy, all staff had received chaperone training and the providers' policy was to complete disclosure and barring service checks on all staff. When patients called the providers' national contact centre they were told that chaperones were available, however, in the clinical room we inspected there was no notice or poster to let patients know they could ask for a chaperone.
- Where people accessing the service had additional needs such as a learning disability, the clinic was responsive and adapted to meet them so that all patients could receive care.
- Policies and procedures were reviewed frequently to make sure they had up to date information and guidance to support staff. When changes were made there was an effective system for communicating these to staff.
- Senior leaders were clear about the risks and challenges facing the services and had a strategy and vision on how to address these.

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

- Review processes for reminding patients that chaperones are available.
- Review the system for notifying patients' GP practices about treatment and prescribing of medication.

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**.** The team included a CQC inspection manager and a specialist adviser.

Background to Sk:n Reading

The registered provider is Lasercare Clinics (Harrogate) Limited, 2 Bromwich Court, 1st Floor, Gorsey Lane, Coleshill, Birmingham, B46 1JU. The provider has more than 50 locations registered with the CQC in England. The registered provider controls the governance and standards within clinics by providing policies, procedures and advice and, by auditing clinics compliance in achieving the standards.

Sk:n Reading was first registered with CQC in 2016 and is registered to treat patients aged 18 and over. The service provides several regulated activities which include doctor-led dermatology services, such as prescribing for acne and other skin conditions and minor surgical procedures including the excision of moles and other skin lesions. Activities outside the CQC scope of regulation include laser hair removal, laser tattoo removal, skin peels, dermal fillers, and acne treatments.

Sk:n Reading's address is 52 London Street, Reading, Berkshire, RG1 4SQ. The clinic is located in the centre of Reading and can be accessed via public transport, on foot or by car. There is limited metered on street parking outside the location and several paid car parks nearby.

The clinic opening times are:

Tuesday, Wednesday and Thursday: 12pm to 8pm

Friday: 10am to 6pm

Saturday: 9am to 5pm

Sunday and Monday: Closed

The service is run from premises over three floors which are leased by the provider. The premises include a suite of consultation and treatment rooms, a reception area and a toilet on the ground floor. Clinical services are currently provided from a consultation room on the second floor, however patients with limited mobility could be seen on the ground floor. The main access to the premises and reception area is via a small step, however alternative access at street level is available to patients with limited mobility.

The staff team is comprised of a clinic manager and a doctor who provides sessional dermatology consultations and treatments on one day each week. There are also three practitioners providing non regulated aesthetic treatments. Staff are supported by the providers regional and national management and governance teams.

How we inspected this service

Throughout the COVID-19 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 conduced our inspections differently.

The 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:

- Speaking with staff in person on the telephone and using video conferencing.
- Requesting documentary evidence from the provider.
- A site visit.

We carried out an announced site visit to the service on 10 February 2022. Before the site visit we requested documentary evidence electronically from the provider and interviewed staff via video teleconferencing.

Due to the current pandemic, we were unable to obtain comments from patients via our normal process where we ask the provider to place comment cards in the service location. However, we were shown examples of patient feedback which the provider monitored on an ongoing basis. We did not speak to patients on the day of the site visit.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Good

Are services safe?

We rated safe as Good because:

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. The policies clearly outlined 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. The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with were able to tell us who the safeguarding leads within the service were and how they would raise a concern about a patient.
- The provider carried out recruitment checks at the time of recruitment and on an ongoing basis where appropriate. We checked personnel files to make sure mandatory training was completed and all staff were up to date with mandatory training.
- The provider ensured staff had a current registration with their professional body where required and checked for conditions or limitations related their registration.
- All staff had Disclosure and Barring Service (DBS) checks to a level appropriate for their role. (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). It is not a CQC requirement that all staff have DBS checks but was a decision by the provider.
- 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 (IPC). Cleaning and monitoring schedules were in place and cleaning was done by the service. The premises were visibly clean and well maintained. The most recent infection prevention and control audit had been completed on 5 December 2021 and had no concerns to address.
- The provider also carried out frequent audits of infection prevention processes and in response to the lockdowns in 2021 the provider had created a COVID-19 safety audit which each clinic completed to make sure they were safe to reopen. The audits showed staff had completed daily temperature checks and questionnaires about their health to help prevent the spread of infection.
- We reviewed processes for the monitoring of staff immunisations and Hepatitis B was recorded for all staff. However, at a recent inspection of another clinic under the same provider, it had been identified that the provider did not hold immunisation records for staff relating to tetanus, polio, diphtheria and mumps measles and rubella (MMR) in line with current Public Health England guidance. At this inspection we were told the provider had reviewed their policy and had decided to meet this standard. It was actively working towards recording the necessary information across the service and had achieved it for one member of staff.
- The service had effective systems to manage health and safety risks within the premises. We requested a copy of the most recent legionella risk assessment and there were two recommendations for the provider to consider. We asked whether the recommendations had been accepted and were told the provider actively monitored the situation with testing and to mitigate the risk of legionella occurring staff undertook weekly flushing of infrequently used taps in consulting rooms. (Legionella is a particular bacterium which can contaminate water systems in buildings).
- The service had commissioned a third-party to conduct a fire risk assessment (FRA) on the premises on 4 February 2022 but had not been provided the report at the time of inspection. This was provided after the inspection and we were shown evidence that all actions had been completed. Fire alarm checks and a fire drill had been completed in September 2021.

Good

Are services safe?

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Portable appliance testing had been completed in June 2021.
- There were systems for safely managing clinical waste, including sharps bins. We saw bins used to dispose of sharp items were signed, dated and labelled and were not over-filled. Outside the premises bins were securely locked to prevent any risk of harm to the public.
- There were clear and visible risk assessments available to staff to support them when using hazardous substances. This was in line with legislation involving the control of substances hazardous to health (COSHH).

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 to meet patients' needs.
- There were effective induction processes for staff tailored to their role which included mandatory training. The clinic was supported by the provider's central Human Resources and training teams to complete this.
- There was an effective process for managing samples sent for histology. We were told the samples were sent to a laboratory and were recorded on an internal database which was monitored by the clinic and the medical standards team. The laboratory were informed a sample had been sent to make sure they knew to expect it. If the results of any samples were of concern, the patient would be contacted, the risks would be explained and, the patient would be referred to their GP for a further referral to an appropriate secondary care service.
- Outside of clinic opening hours patients could access immediate medical advice from the service by calling the providers' national contact centre. This had a triage system which automatically recognised an existing patient's telephone number. Callers were responded to by a manager or senior advisor who referred the call to a nurse for further medical advice where required.
- 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, during the inspection we were shown a prompt sheet to help staff quickly identify the signs and symptoms of sepsis.
- We reviewed the arrangement within the service to respond to medical emergencies. There were suitable medicines and equipment which were stored appropriately and checked regularly. These included adrenaline to treat anaphylaxis and Glyceryl trinitrate (GTN) spray to treat chest pain which may be a possible symptom of a cardiac issue.
- The clinic also had a rectogesic GTN which can be used to treat impending necrosis following the use of soft tissue fillers. Necrosis is the death of body tissue and occurs when too little blood flows to the tissue and can be caused by injury, radiation or chemicals.
- The premises had a defibrillator and oxygen on site and, the defibrillator pads, battery and oxygen were all in date. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- All staff had completed basic life support training.
- There were appropriate indemnity arrangements in place for clinical staff.
- We were told that in an emergency which required evacuation of the premises, the clinic had a grab box which included first aid medicines to treat injured patients.

Information to deliver safe care and treatment

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

Good

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The records were clearly written, showed evidence of treatment planning and, that patients were told about the risks and possible complications of any treatments.
- During the inspection we reviewed clinical records relating to eight patients who had received treatment within the service. Clinical records were handwritten and stored securely when not in use.
- Staff had received specialist dermatology training and followed best practice guidance, such as the British Association of Dermatology (BAD) and the National Institute of Clinical Excellence (NICE).
- All lesions removed were sent for histological examination and patients were told of any suspicious, cancerous results in a timely manner.
- 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. For example, we were told where a lesion appeared suspicious and the patient may require skin cancer treatment, they would immediately be referred back to their registered GP with a discharge letter or referred directly to a secondary care pathway.
- 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.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks to patients. The service kept prescription stationery securely and monitored its use.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence) neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for ordering, replenishing and monitoring medicines and staff kept accurate records of medicines.
- Medicines requiring refrigeration were stored in a refrigerator which was monitored to ensure it maintained the correct temperature range for safe storage. We checked the monitoring records during our inspection and all temperatures recorded were within the range for safe storage.
- The service monitored prescribing to make sure it was in line with best practice guidelines for safe prescribing

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and to support the management of health and safety within the premises.
- The provider had developed comprehensive monitoring processes which gave a clear, accurate and current picture to clinic manager and, the providers' national governance team. Some of these processes were done with regional and national support teams. For example, we were given an example of how clinics could report a health and safety issue using an iPad or mobile phone. The issue would be assessed by a support team and given risk level using a red, amber, green (RAG) rating system and an appropriate solution would be found promptly.

Good

Are services safe?

- We were also informed when the clinic reopened after the lockdown in January 2021, a COVID-19 specific safety audit was completed to make sure the premises and environment were safe for both patients and staff.
- These audit systems helped the provider to understand risks and gave a clear, accurate and current picture that led to prompt intervention and safety improvements where required.

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 had been no serious incidents recorded in the 12 months prior to our inspection.
- There were appropriate 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 provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- When there were unexpected or unintended safety incidents, the service gave affected people reasonable support, truthful information and a verbal and written apology
- The service had systems in place for knowing about notifiable safety incidents to statutory bodies. We were told about the services processes and systems to manage incidents and were provided with an example from another service in the wider organisation. However, no notifiable safety incidents had occurred in the clinic in the last 12 months.
- The service monitored and acted on medicine safety alerts by subscribing all clinic managers to the central alerting system which distributes all medicine safety alerts. The provider demonstrated their effective monitoring of safety alerts by giving us a specific example of a safety alert which required action by the service because it involved a medicine used by the service to treat acne.
- We were shown examples of bulletins created by the national medical standards team which were cascaded to clinics and contained additional guidance for staff in response to safety alerts. All staff had acknowledged receipt of the bulletin.

Good

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) and British Association of Dermatologists (BAD) best practice guidelines.
- Clinicians employed by the service had high levels of skills, knowledge and experience to deliver the care and treatment offered by the service.
- We reviewed clinical records relating to eight patients who had received treatment within the service. Patients' immediate and ongoing needs were fully assessed in all the records we examined. Where appropriate this included their clinical needs and their mental and physical wellbeing. For example, we were told about an assessment tool used to determine the impact a lesion is having on a patient's life by scoring the impact from one to 10.
- Clear, accurate and contemporaneous clinical records were kept, with treatment planning and information fully documented.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The service ensured patients fully understood their treatment and were given pre- and post-treatment advice and support. Before and after treatment staff from the clinic would telephone the patient to answer any questions, help with any anxiety about treatment or recovery and, patients could access post-treatment support either via the telephone or follow up appointments.

Monitoring care and treatment

The service was able to demonstrate quality improvement activity.

- The service used information about care and treatment to make improvements. Regional audit staff worked with local clinic managers to audit all areas of the service including premises safety, infection prevention and control and medicines management. The clinic was awarded a score for each area of the audit and any areas requiring improvements were identified for prompt improvements to be made.
- Regional audit staff monitored infection rates in clinics by auditing patient files. We were told if any trends were noticed an improvement plan would be created and the clinic manager would work with the local clinical team to ensure the necessary improvements were made.
- We were given an example of how the clinic doctor had identified some infections from the excision of lesions under patients' breasts. To reduce the chance of infection a dressing is now used to protect the area.
- Staff employed on a sessional basis were subject to review of their performance within the service and monitoring of their clinical decision making and patient outcomes.
- Medical advisory and clinical governance committees provided a central structure under which patient treatment outcomes were monitored.

Effective staffing

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

Good

Are services effective?

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- 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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- All staff had frequent meetings about performance and development with their manager and annual appraisals. We sampled recruitment files for staff but due to being newly employed those staff had not had appraisals, however, the dates were arranged for these to take place.

Coordinating patient care and information sharing

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

- Patients who used the service received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, we were told how if a patient called for advice out of hours and the issue needed urgent care, the patient will be directed to attend the NHS Accident & Emergency department. A nurse from the service would liaise with the NHS staff to understand the problem and what had been done and the patient would be referred back to the clinic for after care and support.
- 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 were given examples of how patients would be 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 when they registered with the service.
- We reviewed clinical records of eight patients, and all had given consent to share information with their registered GP, but we did not see evidence of any communication to update the GP about treatment or prescribing by the service. The provider explained they had a policy that all patients receive a discharge letter to give to their GP and if a clinician believed it was appropriate to update a GP, to make sure information was shared, they would write to them. If any suspicious or cancerous lesions were identified via histology, the patient would immediately be referred into an urgent cancer care pathway either by the service's doctor or by their own GP.
- Patient information was shared appropriately within the service 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

- Patients were provided with information about procedures, including the benefits, risks and likely success of treatments provided.
- All patients received pre-and post-treatment advice and support which included a telephone call before their initial consultation and after their treatment.
- We were told the service provided advice and guidance on smoking cessation and sun care treatment to patients.
- In the event of any deterioration of a skin condition post procedure patients could access advice from nurses in the service who were supported by the medical standards team and the clinical governance committees which had specialists to advise.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example we were told that if a lesion required further investigation the patient would be referred back to their GP or into a secondary care pathway.

Consent to care and treatment

Good

Are services effective?

The service had processes to ensure consent to care and treatment was obtained in line with legislation and guidance.

- Staff we spoke with understood the requirements of legislation and guidance when considering consent and decision making and all staff were up to date with training in giving consent to treatment.
- There was a consent policy in place and we were told that even if a patient had decided to have treatment based on the information given by the contact centre before the initial consultation, they would be offered the opportunity take time to think about any new information after the consultation and before consenting to treatment.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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 in relation to their care and treatment.
- We were told about the support provided to an autistic patient to make sure they could access treatment. The patient's appointments were made longer so more time could be spent explaining the treatment process and to let the patient familiarise themselves with the clinic and staff.

Involvement in decisions about care and treatment

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

- The service ensured that all patients were provided with all the information they required to make decisions about their treatment prior to treatment commencing. We were told that operators in the contact centre were trained to understand the treatments and were supported by medical professionals.
- During the first contact with a patient the contact centre would gather a lot of information to ensure all the patients' needs could be met. For example if a patient had mobility or communication needs, these could be responded to once the service knew.
- We were told the service used a printing company to produce their patient information leaflets. The information could be prepared in the patients' first language to meet any communication needs.
- The clinic had a hearing loop installed and textphone support via the national contact centre in order to make the service accessible to people who are deaf or hard of hearing
- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, informing patients this service was available.
- Information leaflets were available in easy read formats to help patients be involved in decisions about their care.
- We saw that the service provided a patient information folder located within the reception and waiting area which included the provider's statement of purpose, information about data security and how patient information was used, terms of business, safeguarding and chaperone policies, price lists and a COVID-19 risk assessment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Consultations and treatments took place behind closed doors and conversations could not be overhead.
- We were told there was a 'knock before entering' policy to respect patients' dignity.
- Patients were collected from the waiting area by staff and first names were used as introductions. Patients were then escorted to consultation rooms.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services caring?

- Chaperones were available should a patient choose to have one. All staff who provided chaperoning services had undergone required employment checks, including an enhanced DBS check and had received training to carry out the role. However, in the consultation room we inspected there was no poster or information telling patients that a chaperone was available; although this was provided in the patient information folder in the waiting area.
- Of the eight clinical records we reviewed, none had recorded whether a chaperone was offered or used during the consultation.
- Staff complied with information governance arrangements which included a clear desk policy and, patient records were stored in a locked room and were prepared for the doctor ahead of a session to limit the amount of people seeing confidential information.

Good

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. Doctor-led dermatology services were provided on one day each week and according to patient need.
- We were told that during the pandemic the clinic adjusted their opening hours to create extra clinical hours to help patients whose care had been interrupted by clinic closures during the lockdowns.
- The service proactively sought feedback on the quality of clinical care patients received and their experience. We were told patients would be asked about their experience in the clinic after treatment and if any concerns were raised these could be addressed immediately.
- The service had a 'you said, we did' board in the clinic. We asked for examples and were told the service had analysed feedback during the pandemic and patients had told them it was taking a long time to contact clinics via the phone. In response the service increased the number of trained operators in the contact centre and medical professionals were available to the operators to answer questions from patients.
- The service also reviewed staffing in clinics to make sure there were sufficient staff to answer the phones if patients wanted to speak to the clinic directly. This was an example of responding to feedback which could be shared with patients via the 'you said, we did' board.
- The facilities and premises were appropriate for the services delivered. The consulting room was located on the first floor and was only accessible via stairs, however, there were further consultation rooms at ground floor level which could be used on a temporary basis to accommodate the mobility needs of a patient.
- The main access to the premises involved a step from street level, however, there was alternative access at street level to the rear of the premises for patients with limited mobility.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The clinic had a hearing loop installed and provided textphone support for clients using the national contact centre. In addition translation services were available and patients who were unable to use digital communication methods were welcome to walk in and book an appointment.

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. We were told that if waiting times were more than one or two weeks there would be consideration made to adding an extra session at the clinic or providing a patient with options for other clinics nearby who could offer an appointment sooner.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way. For example, patients requiring onward referral to secondary care services for skin cancer treatment.

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.

Good

Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available to patients and during our site visit we saw the complaints procedure was available in the reception/waiting area.
- Staff treated patients who made complaints compassionately by offering a private area to listen to their concerns and where possible by trying to resolve the issue at the time. Where further investigation was needed, the process was explained to patients.
- The service had received four complaints within the previous 12 months and was able to demonstrate how appropriate and timely actions were taken in response to a complaint.
- We were told complaints were analysed for trends at both a local and national level and saw evidence that the service learned lessons from individual concerns and complaints and acted as a result to improve the quality of care.
- 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. This included how to escalate their complaint to an external organisation, the Independent Sector Complaints Adjudication Service (ISCAS), for further advice and guidance.
- We reviewed minutes of staff meetings and saw complaints were discussed and learning shared between the team.
- The service had recently introduced a new system to allow patients to give feedback which gave an instant notification to a central team which monitored patient experience and quality of care. The system anonymised the feedback, however, information such as staff member involved, and a unique patient reference number was included so that trend analysis for improvements could be completed.
- If feedback included any negative comments, the clinic manager would be made aware so where possible they could contact the patient and try to resolve the issue promptly.
- During the inspection we reviewed publicly available information regarding patient experiences at the service. At the time of our inspection there were 26 reviews on Google, which rated the clinic as 3.4 out of 5 stars. However, of the seven reviews in the last 12 months, five were positive (five stars) and two were negative (one star). The positive comments related to friendly staff, clean premises, the speed with which patients could get an appointment and helpful receptionists. The negative comments related to the price of the initial consultation.
- Trustpilot was also used to for reviews and showed the service was rated 4.4 out of 5 stars. Within the last 12 months 13 reviews had been left and all had been responded to by the provider. There were 11 positive reviews (five stars) and two negative reviews (one 3 star and one 1 star). Positive comments involved the friendliness and professionalism of the team, and, how patients were made to feel comfortable and at ease with treatment. Negative comments were about patient experience of booking an appointment and a disagreement about services provided as treatment.
- We were told the service had audited patient feedback to seek improvements in patient satisfaction. It was identified that dermatology appointments were advertised as lasting 30 minutes, however, often the clinician was able to resolve the patients' needs in less than this time and did not need the full consultation. The service reflected on this and realised they needed to explain the cost of the consultation was because of the clinicians expertise and skill not the length of time. This is now explained by the national contact centre when a prospective patient telephones and complaints have reduced.

Good

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 had developed comprehensive risk management and clinical governance strategies. We were told how the service was developing systems so that every clinic could complete safety audits which identifed any compliance issues in the clinic using their phone or iPad.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we spoke with told us how they felt comfortable to share ideas and give feedback to senior leaders and they felt confident action would be taken when they did.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. We were given an example of a development programme for staff identified as potential future leaders. We were also given examples of individual members of staff who had been successfully promoted from clinic managers to senior roles in 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 these values.
- The service also had a clinical strategy which was to embed a culture of excellence, utilise clinical and technical innovations, drive improvement of risk management and to monitor improvements and evaluate the effectiveness of clinical governance. 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. Staff spoke about what they had achieved during the pandemic and how they were proud to work for the service. We were told about how the service had invested time to support staff who were nervous to return to work after the lockdowns and had developed COVID-19 risk assessments to make sure clinic environments were as safe as possible for both patients and staff.
- Leaders and managers addressed behaviour and performance inconsistent with the vision and values by discussing the issue with the member of staff and, offering support and additional training before taking further action.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There had been no serious incidents in the last 12 months relating to regulated activities carried out by the service.
- The providerwas aware of and had systems to ensure compliance with the requirements of the duty of candour. This was embedded in corporate policies but was also evident from the way staff spoke about the importance of patient centred care and what they would do if things went wrong.
- Staff told us they could raise concerns and were encouraged to do so and they had confidence that these would be addressed.

Good

Are services well-led?

- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff eligible for regular annual appraisals received one in the last year.
- There was a strong emphasis on the safety and well-being of all staff. We saw examples of infection prevention and control audits with high levels of compliance. We also heard about how some staff were not comfortable to return to frontline work during the pandemic and where possible they were supported with professional support about vaccinations, phased returns to work and how some staff were able to take alternative roles in the service.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. We saw evidence of regular team meetings within the clinic and we saw examples of bulletins which cascaded wider organisational messages to all clinics to ensure all staff knew about changes to organisation policies and relevant safety updates.

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 and understood. Policies and procedures were provided by the provider's national governance and audit teams.
- The service had a clear structure which included local clinics receiving oversight and support from regional management, national support teams and the provider's senior management team. This structure worked together to provide support to clinics and ensure effective governance arrangements were in place.
- 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.
- There had been no notifiable safety incidents to report. However, the service explained how notifications to CQC were made by giving an example from another part of the wider organisation/service.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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. Policies ensured that confidential and sensitive patient information was stored securely on computers and all patient information stored as hard copies was stored in a locked room.
- All staff had completed and were up to date with information governance training.

Managing risks, issues and performance

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

- There were effective governance processes to ensure the service identified, understood, monitored and addressed 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 patient treatment outcomes.
- Leaders had oversight of safety alerts, incidents, and complaints. Staff understood their duty to raise concerns and report incidents and near misses and spoke confidently of how they would do this. Senior leaders told us their role in

the process and how they would support staff. For example we were told the leadership recognised an incident in a clinic can be a highly pressurised situation and they wanted to support staff and simplify the escalation process. We were given evidence of a recently developed escalation protocol which was developed by senior leaders to make sure relevant staff were aware an incident had happened and appropriate actions had been taken.

- 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 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.
- The provider carried out all required checks of staff at the time of recruitment and all required ongoing monitoring such as mandatory training, professional registration and medical indemnity confirmation.
- The service used performance information which was reported and monitored to drive improvement and, management and staff were held to account to ensure improvements were made.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. We saw evidence of minutes where updates to policies, performance and safety incidents were discussed and learning was cascaded to all staff.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and organisational culture.
- Staff could describe to us the systems in place to give feedback which included informal conversations and via 1:1 meetings with their manager. If staff had a concern and did not feel comfortable raising it with their manager, the service had a freedom to speak up guardian who staff could raise concerns with in confidence.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider offered staff the use of an online well-being and rewards platform.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. For example, the provider had reviewed the process to make senior management aware when a major incident happened in a clinic. A flowchart was made for clinics which clearly explained what a major incident was, who to notify and what to do if that person did not answer.
- 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 including the increased use of digital technology to complete audits and share information with regional and national teams.