

## Outline Skincare Limited

# Outline Skincare Ltd

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 21 March 2018 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the clinic was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of laser treatments for hair removal, thread veins and pigmented lesions. Laser treatment is also used for the removal of warts, verruca and tattoo removal (which is out of scope for registration with CQC). Aesthetic cosmetic treatments are also provided at Outline Skincare Limited which are exempt by law from CQC regulation. We were only able to inspect services provided in relation to laser treatments and not the aesthetic cosmetic services.

One of the directors of Outline Skincare Limited 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.

The registered manager is a registered Nurse Prescriber and underwent revalidation in September 2017 by the Nursing and Midwifery Council, following an appraisal by the British Association of Cosmetic Nurses.

# Summary of findings

Care Quality Commission (CQC) comment cards were completed by 15 patients. All patients commented that they felt welcomed, respected and that staff were friendly and caring. This feedback was provided by all patients attending the clinic, not only those attending for laser treatment. Three patients commented they had been attending the clinic for over three years and were happy with the outcome of their treatment.

## **Our key findings were:**

- There were systems and processes to minimise risks to patient safety. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning was shared with the team and outcomes had been actioned.
- There was a system for recording, actioning and tracking patient safety alerts. Alerts had been reviewed and action taken where appropriate. All alerts were reviewed by clinical staff.
- All appropriate recruitment checks had been carried out on staff prior to being employed by the clinic.
- The clinic was well equipped to treat patients and meet their needs. This included appropriate arrangements for equipment and medicines that may be required to respond to a medical emergency.
- Staff had received appropriate training and told us what they would do in the event of an emergency.
- There was appropriate management of medicines.
- Infection prevention and control was effectively managed.
- Patient records were stored securely. Patients received appropriate pre-treatment and aftercare advice.
- Information about services and how to complain was available to patients. The clinic made improvements to the quality of care as a result of learning from complaints and concerns.
- Policies and procedures were available and these had been kept under review and updated regularly. For example, risk management, safeguarding adults and children and checking patient identification.
- There was a clinic development plan that documented both long and short-term priorities for the service. There was visible clinical and managerial leadership with audit arrangements in place to monitor quality.
- Staff told us they felt well supported and positive about working at the clinic. They enjoyed their jobs and were proud to work in the clinic.
- Feedback from patients about their care was consistently positive.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- Procedures for assessing, monitoring and managing risks to patient and staff safety were in place. This included clear systems to keep patients safe and safeguarded from abuse.
- Staff had the information they needed to deliver safe care and treatment to patients.
- There were suitable arrangements for managing medicines to ensure patients were kept safe.
- The clinic learned from and made improvements when things went wrong.
- Staff had received training and showed awareness around safeguarding issues and how to respond should a chaperone be required.
- The clinic checked patient identification to confirm age and identity.
- Infection prevention and control were managed effectively.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- Patients' needs were fully assessed and care was provided that met with current evidence based guidance and standards.
- There was a system for completing audits where improvements could be made.
- Nurses had the skills, knowledge and experience to deliver effective care and treatment.
- Consent to care was obtained and treatment provided that was in line with legislation and guidance.
- Patients received appropriate pre-treatment and after care advice.
- Feedback from patients was collected and reviewed to monitor how they responded to treatment.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- Staff treated patients with kindness, respect and compassion. The clinic respected and promoted patients' privacy and dignity.
- All patient feedback we received was positive about the service. Patients felt welcomed, respected and involved in decisions about their care.
- Staff were sensitive to patients' needs and offered support when needed.
- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients can access and understand the information they are given).

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### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

- The clinic organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- Patients were able to access care and treatment from the clinic within an acceptable timescale for their needs.
- The clinic took complaints and concerns seriously and responded to them appropriately to improve the quality of care. The clinic saw complaints and patient feedback as an opportunity to improve services.

# Summary of findings

- Staff were aware of the complaints policy and would inform the clinic manager about a complaint when appropriate.

## **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- The registered manager and the clinic manager had the capacity and the appropriate skills to deliver high-quality, sustainable care.
- Leaders had appropriate clinical knowledge and skills to identify and address all risks to delivering safe care.
- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- A culture of high-quality sustainable care was promoted.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were clear and effective processes for managing risks, issues and performance.
- All necessary policies or procedures for keeping patients and staff safe were in place.
- Health risk assessments had been carried out.
- Policies and protocols had been kept under regular review and updated.
- Staff were supported by management and felt respected and valued.

# Outline Skincare Ltd

## Detailed findings

### Background to this inspection

The registered provider of the clinic is Outline Skincare Limited. Outline Skincare Limited is situated on the first and second floor within a residential property at St Peters Manor, St Peters Church Lane in Droitwich, Worcestershire WR9 7AN.

Outline Skincare Limited provides laser treatments which includes hair reduction, tattoo, benign pigmented lesion and verruca removal, and vascular treatment (thread veins). Treatments are available to adults of 18 years and over only.

Treatments are provided in designated rooms that have been approved for laser use by a Laser Protection Advisor (LPA) and are carried out according to Medical Protocols drawn up by an Expert Medical Practitioner (EMP).

The clinic has a longstanding group of staff, including a nurse and three aesthetic therapists. A new clinic manager has recently been appointed. The new clinic manager is an experienced nurse with extensive experience in the treatment of skin conditions.

The clinic is open from 10am to 8pm on Mondays to Thursdays, Fridays from 9am to 6pm and Saturdays from 9am to 5pm.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner. At Outline Skincare Limited the aesthetic

cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore we were only able to inspect the treatments by laser and not the aesthetic cosmetic services.

This inspection was carried out on 21 March 2018 and was led by a CQC inspector accompanied by a GP specialist advisor.

Before our inspection we reviewed information we held about the clinic. We also reviewed information that we had received from the provider ahead of the inspection and information available on the providers' website.

The methods we used included observations, review of documents and patient feedback on the services provided. During our inspection we:

- Spoke with a range of staff including the registered manager and the clinic manager (both of whom are registered practitioners) and two aestheticians.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of patient records.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed comment cards where patients shared their views and experiences of the service.

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?

# Are services safe?

## Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

### Safety systems and processes

The clinic had clear systems to keep patients safe and safeguarded from abuse.

- The clinic conducted safety risk assessments. Safety policies and procedures were regularly reviewed and communicated to members of the team. Safety information was provided as part of their induction and through regular refresher training.
- There were systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance if there were concerns about a patient's welfare.
- All team members received up-to-date safeguarding and safety training appropriate to their role. We saw training records to confirm this. The registered manager informed us they would work with other agencies to support patients and protect them from neglect and abuse. Staff told us they would report concerns to the registered manager or the clinic manager.
- The clinic carried out security checks, including checks of professional registration on recruitment. Disclosure and Barring Service (DBS) checks were undertaken where relevant. (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).
- There was system to manage infection prevention and control which included the cleanliness and hygiene throughout the clinic.
- There were systems for safely managing healthcare waste and guidance on procedures to follow in the event of a needle stick injury.
- The clinic generally used single use disposable equipment. Cleaning/sterilisation in line with manufacturer's instructions was carried out on re-useable equipment.
- Checks were carried out to ensure that facilities and equipment were safe and that equipment was

maintained according to manufacturers' instructions. There were two lasers in use and documents confirmed that these were serviced every six months in accordance with the manufacturers guidelines.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- The clinic had appropriate medical indemnity for all staff.
- Appropriate emergency medicines and equipment were kept and maintained and all staff were trained in their use. We checked all medicines and equipment and found these were in date. There was also a laminated flowchart directing staff on emergency procedures. Records confirmed that all staff had received annual basic life skills training.
- The clinic only treated adults over 18 years and carried out checks to confirm a patient's age or identity.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The clinic collected relevant past medical history and information regarding allergies.
- The clinic asked patients for GP details and whether they had consulted their GP about the issue they presented with. Contact with a patient's GP was not routinely made each time they had treatment unless there was some complication or adverse event. The registered manager would however contact GPs if there was a medical issue or concerns that should be checked out further.

### Safe and appropriate use of medicines

There were suitable arrangements for managing medicines to ensure patients were kept safe.

# Are services safe?

- The systems for managing emergency medicines and equipment minimised risks. All medicines we checked were in date and securely stored.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The nurse prescriber held no stock of medicines and each medicine was prescribed and ordered on a named patient basis.

## Track record on safety

The clinic had procedures for assessing, monitoring and managing risks to patient and staff safety.

- There were comprehensive risk assessments in relation to safety issues. This included risk assessments for health and safety and infection control.
- There were processes that kept safety under review to ensure that risks identified led to safety improvements. Regular annual fire drills were carried out to ensure that all staff were aware of their responsibilities in the event that a fire occurred at the clinic.

## Lessons learned and improvements made

The clinic learned from and made improvements when things went wrong.

- There was a significant events protocol for reporting incidents. Staff understood their duty to raise concerns

and report incidents and near misses. The registered manager was the lead person responsible for responding to all events. We looked at the significant events recorded for the last 12 months and saw that these had been acted upon promptly. We reviewed two recent examples. In one incident the registered manager had sustained a bang to her head when rising from her seat, against a corner area in the room where some pipes had been boxed in. They immediately recognized that this boxed area represented a risk to patients and arranged for the pipes to be re-routed to address the problem. This work had been done. The second event occurred when a patient has fallen from a treatment couch. The patient sustained no injury. The incident was discussed with staff and all staff had been trained to assist patients in getting onto treatment couches in a safe manner to reduce the risk of further occurrences.

- Learning from these events had been shared and any changes in processes or procedures made as a result had been monitored and reviewed to ensure that these had been fully embedded.
- There was a system for receiving and acting on safety alerts.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

### Effective needs assessment, care and treatment

The clinic reviewed needs and provided care that met with current evidence based guidance and standards.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The clinic had supportive contact arrangements in place. The registered manager gave patients their mobile telephone number if contact was needed out of hours by telephone, text or email. In the event the registered manager was absent the contact was picked up by the other nurse (clinic manager).

### Monitoring care and treatment

The clinic had a system for completing audits where they considered improvements to clinic could be made. Audits demonstrated that where improvements had been identified they had been implemented and monitored.

- We saw details of an audit of the aesthetic therapists' consultations. Six monthly reviews of 10 consultations were completed months. These were sampled randomly for quality assurance purposes. There was evidence of accurate, safe recording of information, including evidence of 100% recorded written consent and 100% recording of the particular laser used for procedures.
- The clinic collected feedback from patients in various ways and reviewed this information at regular intervals.
- Patients receiving laser treatments were automatically reviewed every two to three weeks so the effectiveness of treatment and any side effects could be monitored. Clinical photographs before treatment and at review were taken for assistance with comparisons and monitoring.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- All newly appointed staff underwent an induction programme covering essential topics. These included in and out of hours working, corporate roles and responsibilities, and working safely.
- The clinic ensured role-specific training and updating for nurses was completed. The clinic prioritised key areas with a structured plan to meet those needs. The training programme for 2017/2018 included clinical and non-clinical areas such as infection control and data protection.
- There was a system of appraisals, meetings and reviews of clinic development needs. Staff had received appraisals. Support for revalidation training was provided for clinical staff to meet learning needs and to cover the scope of their work.
- Up to date records of skills, qualifications and training were maintained. Additional training included safeguarding, basic life support and information governance.

### Coordinating patient care and information sharing

Nurses worked with other health care professionals to deliver effective care and treatment when applicable.

- The clinic had a system for sharing information with other agencies to enable them to deliver safe care and treatment where necessary. For example, the clinic would directly contact the patient's GP if they had a serious concern about the patient's health.

### Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The clinic offered support and encouraged and supported patients to be involved in monitoring and managing their health.
- Staff provided patients with aftercare information, made them aware of any possible side effects and provided them with out of hours contact details.

### Consent to care and treatment

- Consent to care and treatment was obtained in line with legislation and guidance.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.



# Are services effective?

(for example, treatment is effective)

- All consultations required the written consent of the patient and this was recorded. We were shown a range of different consent forms for the different procedures carried out.
- The clinic monitored the process for seeking consent appropriately and carried out regular audits of

consultations to ensure all procedures had been followed. For example, reviews were completed six monthly for 10 consultations, sampled randomly. There was evidence of accurate, safe recording of information, including evidence of 100% recorded written consent.

# Are services caring?

## Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The clinic gave patients timely support and information.
- All of the 15 completed Care Quality Commission (CQC) comment cards were positive about the service experienced. Patients commented that they felt they were well treated and cared for, that they were treated with kindness and compassion and that all staff were friendly professional and courteous.

### **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients can access and understand the information they are given):

- The clinic communicated with patients in a way that they could understand. For example, information in alternative formats was available as required.
- Staff helped patients be involved in decisions about their care.
- All patients had a pre-treatment consultation and were shown the type of equipment that would be used.
- All risks and side effects were discussed.
- Interpreters would be used if needed although we were told this had not been requested to date.

### **Privacy and dignity**

The clinic respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Feedback from patients confirmed that they were treated with dignity and respect.
- The clinic complied with the Data Protection Act 1998. A chaperone policy was available and all staff we spoke with showed an awareness around the need for a chaperone. All appropriate staff had received chaperone training.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

### Responding to and meeting people's needs

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

- The clinic offered annual payment plans to enable them to spread the cost throughout the year.
- The facilities and premises were appropriate for the services delivered.
- The clinic was located on the first and second floor of the building. There was no lift in the building which meant they were unable to accommodate people with significant disability. The provider told us that they would refer the patient to local clinics where treatment could be undertaken.
- Patient information leaflets were available in a range of languages which included Urdu, Polish and Hindi. Staff routinely checked with patients if they had any language or communication difficulties and would require an interpreter.

### Timely access to the service

Patients were able to access care and treatment from the clinic within an acceptable timescale for their needs.

- Patients could contact the clinic by telephone, email, message or through social media. All patients were sent a text to confirm treatment with a three day reminder before the appointment.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- The appointment system was easy to use. The clinic was open from 10am to 8pm on Mondays to Thursdays, Fridays from 9am to 6pm and Saturdays from 9am to 5pm.
- Patients were given out of hour contact details for medical practitioners (the registered manager or the clinic manager).
- Patients told us on the comment cards that they could get an appointment when they wanted. Patients commented that consultations were not rushed and that treatment options were fully explained to them.

### Listening and learning from concerns and complaints

The clinic 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 and it was easy to follow.
- The complaint policy and procedures were in line with recognised guidance. One complaint had been received in the last year. We reviewed this complaint and found this had been satisfactorily handled and in a timely way. We saw the patient who made the complaint had been treated compassionately.
- Patients confirmed on the comment cards that they were aware of the complaints system, although none of these patients had made any complaints about the service they had received.
- Complaints were discussed at the monthly staff meetings and any learning from these was shared.
- Staff we spoke with were aware there was a complaints process and told us they would speak with the registered manager or the clinic manager if they received any complaints.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

We found that this service was providing well-led care in accordance with the relevant regulations.

### Leadership, capacity and capability

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

- They had the experience, capacity and skills to deliver the clinic strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and the future of services.
- They understood the challenges and were working to address these.
- The managers were visible and approachable. They worked closely to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

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

- There was a clear vision and set of values. The clinic had a strategy and supporting business plans to deliver high quality services to achieve the best possible results and offer the best possible service for their patients.
- Services were planned to meet the needs of the clinic population.
- From our observations and from what staff told us, achieving excellent customer service was a key priority.

### Culture

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

- The team felt they all worked together well and spoke about their focus on the needs of patients at all time. There were positive relationships between all members of the team.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Annual appraisals were completed. Support was provided to meet the requirements of professional revalidation where necessary.
- The clinic actively promoted equality and diversity, and ensured that equality and diversity training was completed.
- Openness, honesty and transparency were demonstrated when responding to complaints. This was

evident in the sample of complaints we looked at. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- The safety and well-being of all members of the team was actively promoted and maintained. For example, staff did not work alone, there was always a minimum of two staff working in the evening.
- Staff stated they felt respected, supported and valued. They were proud to work in the clinic and felt they worked well as a team.

### 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.
- All members of the team were clear on their roles and accountabilities including those regarding safeguarding and infection prevention and control.
- Policies, procedures and activities had been implemented to ensure safety. These were available as hard copies and all members of the team confirmed they knew how to access these.

### Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The clinic had processes to manage current and future performance. Nurses had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change clinical procedure to improve quality.
- Staff had received appropriate training and could describe what they would do in the event of a medical emergency or fire.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- There was a business continuity plan to follow in the event of a major incident such as flood or fire. This included a list of emergency contact numbers for external companies and staff. Copies were available off site and held by the registered manager.

## **Appropriate and accurate information**

The clinic acted on appropriate and accurate information.

- Quality information was used to ensure performance. The registered manager told us that any weaknesses would be addressed as they were identified.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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 patients, the public, staff and external partners**

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

- The views of team members were encouraged and acted upon to improve services. We saw team meeting minutes to show that feedback had been encouraged. Staff told us they were able to share thoughts and ideas to make improvements to the service at any time.
- Annual patient surveys were conducted, with results collated, summarised and reviewed at staff meetings. Patient feedback had been positive and no issues had been raised at the time of the inspection. We were told that action plans would be produced to influence the service's priorities and future plans as appropriate in response to feedback which prompted changes to procedures.
- Post treatment feedback from patients was also gathered so that continual feedback was gained to enable ongoing improvements if these were identified.

## **Continuous improvement and innovation**

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

- The medical practitioner told us how they kept up to date with relevant guidelines and attended regular training to maintain their skills.