

## Skin Sense GP Clinic Limited

# Skin Sense GP Clinic

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 6th March 2019 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 service 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 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. Skin Sense GP Clinic provides a range of non-surgical cosmetic interventions, for example Botox and Dermal Fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The lead clinician 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.

Nine people provided feedback about the service via Care Quality Commission comment cards. Feedback was positive about the service provided and staff, although some of this feedback may have been related to services not regulated by CQC.

# Summary of findings

## Our key findings were:

- There were systems in place to safeguard people and their information.
- Information relating to patients was accurate and enabled staff to make appropriate treatment choices
- There were systems in place to identify, assess and manage risk.
- Patient feedback from the services satisfaction surveys and from our comment cards were positive.
- Recruitment processes included immunisation checks for Hepatitis B for clinical staff.
- There were appropriate emergency medicines and equipment kept onsite in case of anaphylactic shock.
- There were systems in place to respond to incidents and complaints. Although only one significant events

and no complaints had occurred in the preceding 12 months, there was a clear structure in place to ensure that learning from incidents and complaints would be shared.

- Staff had access to appropriate training.
- Staff were aware of their roles and responsibilities.
- Governance arrangements ensured policies and procedures relevant to the management of the service were in place and kept under review.
- There was a clear commitment to regulation and using this as a framework to ensure a high and safe standard of care for patients.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief  
Inspector of General Practice

# Skin Sense GP Clinic

## Detailed findings

### Background to this inspection

This service is provided by Skin Sense GP Clinic which is a private medical clinic located in Chelmsford, Essex in a purpose built commercial property. All treatment rooms are located on one level.

The service provides GP services to all patients. At the time of our inspection the service had less than 80 patients per year requesting regulated activities.

The regulated aspects of this service are provided by a GMC registered clinician. Support is provided by one other clinician and one receptionist.

The aspects of the service regulated by CQC includes: GP services including family planning as well as mole and skin tag removal.

The service provides the regulated activities of: Treatment of disease, disorder or injury; surgical procedures; diagnostic and screening procedures and Family Planning.

The inspection was carried out on 6th March 2019 and our inspection team was led by a CQC lead inspector. The team included GP specialist adviser and a member of the CQC medicines optimisation team.

During our visit we:

- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.
- Viewed a sample of key policies and protocols which related to regulated activities.
- Spoke with staff involved in the regulated activities.
- Checked the environment and infection control measures.
- Reviewed CQC comment cards which included feedback from patients about their 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?

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

# 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 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. Staff received safety information from the service as part of their induction. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff including contracted staff. They outlined clearly who to go to for further guidance.
- The service had systems in place to assure that an adult accompanying a child had parental authority. They did this by checking identification.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Contact details for the Mid Essex safeguarding team were clearly highlighted for all staff to access if needed. Staff took steps 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. One member of staff was due to complete their chaperone training and we saw evidence that a DBS check had been sought.
- There was an effective system to manage infection prevention and control. On the day of the inspection an infection control audit had been started but not completed. Since the inspection we have been provided with evidence that this audit is now finalised.

- We found evidence that legionella testing was carried out monthly.
- 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 contracting staff tailored to their role.
- 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 sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. This cover was provided by MDU (The Medical Defence Union).

### Information to deliver safe care and treatment

Staff had 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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with DHSC guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### Safe and appropriate use of medicines

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

# Are services safe?

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.
- A detailed medical history was taken before any medicines were prescribed and this included any allergies. Staff followed local prescribing guidelines for antibiotics and an audit demonstrated they were being adhered to.
- Staff prescribed, 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.
- All private prescriptions were computer generated when required. These complied with all legal requirements and were dispensed by retail pharmacies. The provider did not dispense from stock held on the premises.
- 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. On the day of the inspection the service had had one significant event in the last 12 months. Lessons were learnt and actions taken as a result of this significant event which ensured they had adult and paediatric nebuliser masks available at all times.
- 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. We saw evidence of a policy available to all staff relating to the duty of candour.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements where necessary.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

When there were unexpected or unintended safety incidents:

- The service had a structure in place to give affected people reasonable support, truthful information and a verbal and written apology
- The service had systems in place to act on and learn lessons from external safety events as well as patient and medicine safety alerts.
- The service had an effective mechanism in place to disseminate medicine safety alerts to all members of the team including contracting staff. Safety alerts were received by the lead clinician in the first instance and action was taken as appropriate.

# 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 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.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- Patients would be sign posted back to their GP if a mole or lesion was of concern so it could be assessed and investigated.
- Patients were supplied with aftercare information sheets following a procedure.
- Patients were given information leaflets after accessing family planning services and follow up appointments were made where appropriate. Patients were also given a card stating the date the procedure was carried out and when a review was due.

### Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service had systems in place to monitor and assess the quality of the service including the care and treatment to make improvements for patients. For example, patients were sent a link after their appointment to review and give feedback on the service they received to improve performance.

### 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 were registered with the General Medical Council (GMC) and were up to date with revalidation
- The provider understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

### Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate such as rheumatology, neurology, cardiology and ear, nose and throat
- 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service except for when attending for family planning services. On the day of the inspection the service changed this process to ensure all patients attending for family planning were asked for consent to share their details with their GP.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

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

- Where appropriate, staff gave people advice so they could self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision by referring to the mental health guidelines and using clinical judgement.
- The service monitored the process for seeking consent appropriately.

# 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.

- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- We made CQC comment cards available for patients to complete prior to the inspection. We received nine comment cards all of which were positive.
- The service completed its own patient satisfaction surveys (these also included patients receiving non-regulated services). Patients indicated that they felt the service was honest and professional and that staff were very knowledgeable.

### **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 and were available via the telephone interpretation service 'The Big Word'. There were notices in the reception area informing patients that this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Patients told us through comment cards, 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.

### **Privacy and Dignity**

The service respected patients' privacy and dignity.

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



# 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 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.
- The facilities and premises were appropriate for the services delivered.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

- We found that the premises were accessible and suitable for disabled patients and those with mobility issues.
- We found that the appointment system was easy to use. Patients had the option to book appointments over the phone or by walking into the clinic. There was an option via their website to request a call back.
- Staff gave us examples of how they adjusted their service to meet the patients' needs and communication methods. For example, forms were completed on an electronic device and the text could be expanded to be more easily read.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously.

- Information about how to make a complaint or raise a concern was available.
- There was a system in place for complaints however there had been no complaints in the preceding 12 months related to regulated activities.
- There was a clear procedure for complaints and a policy available.

# 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 services in accordance with the relevant regulations.

### 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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### 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.
- 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. It sought feedback from patients and staff to achieve this.

### Culture

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

- The service had a very small team and there was an evident commitment to the wellbeing of patients
- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service held practice meetings every three months and had informal meetings at regular intervals.
- Staff at all levels were clear on their roles and understood what they were accountable for.
- Annual appraisals were carried out for staff on an annual basis.

### 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 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. Performance information was combined with the views of patients.

# Are services well-led?

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

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Service meetings were held every three months and minutes of these meetings were provided to us on the day of the inspection.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The service used laptops and different levels of authorisation was given to clinical staff. These laptops were encrypted and password protected.

## **Engagement with patients, the public and staff**

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

- Patients were encouraged to provide feedback on the service they had received via regular patient surveys. Feedback was reviewed to check if any changes were required. Staff were able to describe to us the systems in place to give feedback.
- Reviews were also left by the services active social media site
- One member of staff had recently been recruited and spoke positively about the service and its leaders.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- Clinical staff were actively involved with ongoing awareness via clinical courses and discussions with fellow colleagues.
- The service had systems to support improvement and innovation work, including objectives and rewards for staff.