

No. 23 Skin

Inspection report

23 Ansdell Street
London
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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 at No.23 Skin on 24 November 2022 as part of our inspection programme. This was the first inspection of this service.

No.23 Skin is a dermatology skin clinic, offering aesthetic, minor surgery and diagnostic and screening services.

This service is registered with CQC under The Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. No.23 Skin provides a range of non-surgical cosmetic interventions, for example, clinical facials, peels, LED light, skincare, extractions and providing advice, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Our key findings were:

- Care records were written and managed in a way that kept patients safe. Clinical records were completed thoroughly and reflected that a high standard of care was provided to patients.
- Patients' immediate and ongoing needs were fully assessed.
- The service used information about care and treatment to make improvements and was actively involved in quality improvement activity.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service actively sought and acted on feedback from patients to improve services. We saw evidence of positive feedback from patients.
- The service understood the needs of patients and improved services in response to those needs.
- The service was accessible, and patients were able to access care and treatment within an appropriate timescale for their needs.
- There was a clear vision and set of values which supported person-centred care. Staff we spoke with understood the vision, values and strategy and their role in achieving them.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were clear and effective processes for managing risk, issues and performance.

Whilst we found no breaches in regulations, the provider **should**:

Overall summary

- Take steps to improve the oversight of staff recruitment files and be assured that they contain all relevant information in line with the provider's policy.
- Continue to review staff training so that all staff receive timely mandatory training including safeguarding and infection prevention.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and included a CQC GP specialist adviser.

Background to No. 23 Skin

No.23 Skin is an independent health service which operates out of 23 Andsell Street, London, W8 5BN in a three storey building, with consulting rooms on the top floor, reception and aesthetic practitioner's treatment room on the ground floor and kitchen and storage area in the basement. The service offers end to end care for skin needs and provides medical, cosmetic and wellbeing services. Medical services provided include dermatology consultations, skin checks, mole checks, acne treatments, skin tag removal and microneedling. The service also offered other wellbeing services.

The service consists of a medical director/ co-founder, a consultant dermatologist (on a consultancy basis), an aesthetic practitioner/ administrative support (on a freelance basis) and the founder of the service. The reception area is on the ground floor of the building and is accessible to patients with mobility issues. The service arranges for patients with mobility issues to be seen in the ground floor treatment room. The service is open on Tuesday from 10am to 8pm, on Wednesday from 10am to 6pm, on Thursday from 10am to 3pm, on Friday from 9am to 3pm and on Saturday from 10am to 1pm. The practice phone is staffed 24 hours a day for any urgent enquiries and minor surgery patients are provided with the doctor's direct contact number. The service treats adults and children over the age of 13. The service is registered with the CQC to provide the following regulated activities: diagnostic and screening procedures; surgical procedures; and treatment of disease, disorder or injury.

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.

- Staff had completed the appropriate levels of safeguarding training for adults and children. The service told us that the consultant dermatologist had completed level two safeguarding children training and confirmed that this clinician did not treat patients under the age of 18. The service told us that the consultant dermatologist would complete level three safeguarding children training imminently.
- The service had a safeguarding lead (and deputy lead if they were absent) and had appropriate safety policies, which were kept in the reception area. There were noticeboards in the reception area which had a copy of the safeguarding flow chart to be followed by staff in the event of a safeguarding incident or where safeguarding concerns were raised. The flow chart displayed the relevant local authority safeguarding contact details. The service completed safeguarding audits.
- Staff members we spoke with were familiar with the safeguarding policy and were confident in the method of escalation if a safeguarding issue arose.
- The service had undertaken Disclosure and Barring Service (DBS) checks for staff. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The service told us that all offers of employment were conditional on references and DBS checking being completed. We did not see the hard copy of the DBS for the aesthetic practitioner, which was completed at their previous employment and had been seen by the service. The service told us following our site visit that they had requested a new DBS check for this member of staff.
- The service had a poster in the waiting area regarding chaperone services. Staff members had completed chaperone training. There was a new patient information folder in the waiting area which informed patients that chaperones were required for patients under the age of 18 for consultations and treatment.
- Staff immunisations were in line with UK Health Security Agency (UKHSA) guidance.
- During our site visit, we saw some gaps in the recruitment files for staff members. These included references for the medical director and aesthetic practitioner, proof of identification for the founder, signed confidentiality policies, CV for the medical director and appraisal for the medical director. Following our site visit, the service provided us with this documentation.
- The premises were well organised and there was an effective system to manage infection prevention and control at the premises. The service used linen in the downstairs treatment room and told us that this linen was changed between each patient and that couch roll was used on the treatment bed for extra protection. The service told us that the linen was washed by a member of staff. The service had a laundry policy. Following our site visit, the service told us that it had arranged for laundry to be cleaned by an external company. The service completed regular treatment rooms audits and infection control audits.
- We saw that one member of staff had outstanding infection prevention and control training. Following our site visit, the service confirmed that this member of staff had completed this training.
- Fire and health and safety risk assessments were completed by an external company on 1 September 2022. We saw action plans that had been completed by the service following these risk assessments. The service completed regular fire and health and safety audits. The service had completed a legionella risk assessment on 1 September 2022 and completed regular legionella checks.
- The service 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

Are services safe?

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

- We found that one member of staff had not completed up to date infection prevention and control, Mental Capacity Act and information governance training. Following our site visit, the service confirmed that this member of staff had now completed this training. The service told us that daily, weekly and monthly checklists were completed, which included oversight of staff training.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had either completed, or were imminently due to complete, basic life support training. The service had information displayed on the noticeboard in the reception area regarding actions to take in the event of a patient emergency.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, appropriate risk assessments had been completed to inform this decision.
- Where there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

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. Care records we reviewed were detailed and reflected that a high standard of care was provided to patients. The service told us that it ensured that there was a clinical need before treatment was provided.
- The service did not keep paper records for patients. The service used a web-based clinical system which was password protected and generated a new code each time it was accessed. The system had imbedded clinical photography. The service completed information governance audits.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There was a process in place to effectively manage test results.
- Clinicians made appropriate and timely referrals where required 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.

- The systems and arrangements for managing medicines, including emergency medicines and equipment, minimised risks.
- The service had a prescribing policy. The service did not have a controlled drug licence and did not prescribe controlled drugs or high risk drugs that required monitoring. The service told us that it prescribed drugs for the treatment of acne and ensured that relevant blood testing was reviewed and regular pregnancy tests where appropriate. The service had a system for tracking the return of blood testing results on its clinical records system.
- The service carried out regular audits to ensure that treatment was in line with best practice guidelines.

Are services safe?

- There were processes in place for verifying the identity of patients. The service had a patient identification procedure, where the service could verify the identity of patients attending the service. Patients were required to complete a medical questionnaire before attending the service. The new patient information pack in the waiting area stated that patients under the age of 18 were required to bring photographic identification for both the parent and the child being treated.

Track record on safety and incidents

The service had a good safety record.

- Clinical and electrical equipment had been checked to ensure it was working safely.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. The policy documents were saved on the shared drive and were displayed on a noticeboard for staff to refer to in the reception area.
- Staff we spoke with told us that they understood their duty to raise concerns and report incidents and near misses. The service gave us an example of a recent incident involving a patient requesting histology results following a procedure. The service had reviewed whether there was any learning to be actioned following this incident and had reiterated that staff should manage patient expectations about the length of time taken for histology results and had adjusted the information provided to patients. The service updated policies and reviewed training where appropriate.
- The service discussed all significant events and incidents at its quarterly clinical governance meetings. We saw evidence of minutes produced following the meeting held in September 2022, which detailed a discussion about incidents and learning identified. The service also discussed incidents informally as they were detected or raised and in monthly team meetings.
- The service was aware of and complied with the requirements of the duty of candour.
- The service had a process in place for receiving and acting on patient safety alerts.

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)

- 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.
- Staff assessed and managed patients' pain where appropriate.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff signposted patients to relevant services and advised them what to do if their condition worsened.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. The service had completed audits into infection rates and diagnosis rates in the last 12 months. We saw evidence that clinical audits were discussed at the quarterly clinical governance meetings. The service told us that it planned to complete future audits into wound care and to monitor post-operative infections. We saw evidence of a monthly clinical audit completed which considered the outcome of treatments, complications, clinical actions and learning actions. We saw evidence of a monthly medicines management audit that was completed. The service responsively completed audits in response to any incidents or issues that were raised and assessed whether improvements could be made.
- The service completed quarterly quality audits, which fed into the clinical governance meetings.
- The service told us that the medical director and consultant dermatologist reviewed each other's clinical records to ensure that there was a consistency of approach.
- We saw evidence that the service discussed case studies, clinical queries, risk management and review and clinical management at its quarterly clinical governance meetings.

Effective staffing

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

- Staff were appropriately qualified. The relevant professionals were registered with the General Medical Council.
- We identified some gaps in relation to one member of staff having up to date information governance, infection prevention and control and mental capacity training, however, the service confirmed after the site visit that this had now been completed.
- The service told us that it held weekly team meetings and one to one meetings every three months with staff members, where learning and development needs were discussed. The service completed annual appraisals with staff.
- The service told us that it was considering staffing levels and planning for when the service grew.

Coordinating patient care and information sharing

Are services effective?

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

- Before providing treatment, the service ensured they had adequate knowledge of the patient's health, and any relevant test results and their medical history.
- Patients were asked for consent to share details of their consultation with their registered GP on each occasion they used the service. The service told us that information was shared with patients' NHS GPs if consent was provided.
- Clinicians made referrals to other specialists where appropriate.

Supporting patients to live healthier lives

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services where appropriate.
- The service provided, where appropriate, ad hoc advice and signposting to patients about living healthier lives, including advice on smoking cessation, diet and lifestyle changes.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- 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 to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. The service had a consent policy and we saw evidence that there was the appropriate documentation of consent in clinical records.
- Staff supported patients to make decisions about their care and treatment.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- The service actively sought feedback from patients after consultation or treatment and told us that it reviewed this feedback and took negative comments very seriously. After consultations, the service sent a text message to patients with a link to a survey to complete and completed quarterly surveys with patients. The practice analysed the returned feedback and discussed at its weekly meetings and quarterly clinical governance meetings. We saw evidence of a spreadsheet containing customer satisfaction survey results where the comments were predominantly positive. The customer satisfaction survey results were also displayed on the noticeboard in the reception area. We saw evidence in minutes from the quarterly clinical governance meeting that patient feedback was discussed.
- The service told us that one of its main priorities was to put patients at ease, fulfil their treatment and ensure that they were happy with the treatment provided.
- 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.

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. Information about interpreter services was available in the new patient information folder in the patient waiting area. The service told us that it asked patients at the point of booking if they required any adjustments, such as an interpreter.
- The service told us that patients sometimes brought family or friends with them for support, which it accommodated where appropriate.

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 support and would discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service ensured that older patients or patients with mobility issues were seen in the downstairs treatment room and was able to lower the treatment bed if required. The service did not have toilet facilities for patients with mobility issues as the bathroom was on the first floor. The service did not have a hearing loop. The service told us that if a patient had a hearing impairment, it would communicate by writing things down and that it would provide written information and patient information leaflets.

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.
- Patients were able to book appointments by telephone, email and online. The service sent a registration form to patients to be completed. The service sent an email and text message reminder to patients before their appointments and if a procedure was required, the service would contact patients by telephone a few days before their appointment to discuss preparation. The service provided information sheets to patients with aftercare advice, which included information about what patients should do if they suffered an adverse reaction. The service told us that adverse reactions were rare, and if a patient contacted to report this, they would be invited into the practice for assessment or referred to the urgent care centre if appropriate. The telephone line was monitored 24 hours a day, seven days a week, for any urgent enquiries and minor surgery patients were given their clinician's direct contact telephone number. The service responded to emails in a timely manner.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service did not provide home treatments. The service completed approximately two online consultations per month.
- Referrals and transfers to other services were undertaken in a timely way.

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.

- The service had a complaints policy which was in the new patient information folder in the patient waiting area. There was also a poster on the complaints process in this area. Staff we spoke with were aware of the complaints process and how to escalate concerns raised.
- The service told us that it first tried to resolve complaints locally. It acknowledged written complaints within 24 hours and provided a formal response normally within one week. The service had a process for escalating complaints for

Are services responsive to people's needs?

external review where a patient was not satisfied with the response provided. The service had received one complaint in the last 12 months. The service informed us about a complaint where there was a complaint about pricing and told us that it had made pricing more visible and clearer on its website and discussed this with patients at the time of booking and provided this information in the email confirmation sent to patients.

- We saw evidence that complaints and incidents were discussed at the quarterly clinical governance meeting, including the sharing of learning from complaints. The practice discussed complaints in a calm, non-blame environment.
- The service held quarterly patient evenings and discussed topics at each evening to assist with patient education, for example, mole checks and skin care. The service invited patients to attend these sessions, which were held off site and engaged with patients and answered queries.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The service had put in place plans for future growth. The service provided us with information about its key areas of focus in 2023. The service had secured the services of a HR consultant and had implemented an external training plan. The service had a quality strategy to assist with the achievement of its objectives.
- Leaders 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 which supported person-centred care. The service aimed to provide high quality, safe, professional services to patients, focusing on aesthetic, minor surgery and diagnostic and screening services.
- The service had a realistic strategy to achieve its priorities.
- Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them. They told us that the service was warm, friendly and kind and provided a personalised and excellent service.
- 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. They were proud to work for the service.
- The service focused on the needs of patients.
- The service actively promoted equality and diversity.
- There were processes for providing all staff with the development they needed. This included appraisal and conversations about development needs. Staff were given protected time for professional development.
- There was a strong emphasis on the safety and well-being of staff.

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.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

- Staff were clear on their roles and accountabilities.

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 service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through clinical audits completed. Leaders had oversight of safety alerts.
- 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.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings.
- The service used performance information which was reported and monitored and management and staff were held to account.
- 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.

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 culture. The service sought feedback from patients following treatment and analysed responses received.
- Staff told us about the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Learning was shared and used to make improvements.