

Sk:n - Northampton Cheyne Walk

Inspection report

1 Cheyne Walk
Northampton
NN1 5PT
Tel: 03300377489
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

We carried out an announced comprehensive inspection at Sk:n Northampton Cheyne Walk on 1 March 2022.

The clinic was last inspected by CQC in December 2013.

We based our judgement of the quality of care at this service on a combination of:

- What we found when we inspected.
- Information from our ongoing monitoring of data about services.
- Information from the provider, patients, the public and other organisations.

How we carried out the inspection:

During the inspection, we visited all areas of the service. We spoke with the manager and a member of staff who was a brand lead. We also reviewed comments from patients collected by the service. We reviewed five sets of patient records.

We have rated this service as Good overall.

We found that:

- The service had good systems to ensure patients received safe and effective care and treatment.
- There was an effective system to identify and safeguard people from abuse.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect. Patient feedback received by the service supported this.
- Patients could access care and treatment within their preferred timescales.
- Staff in lead roles were visible and approachable. Staff expressed positive views on their working relationships with managers.
- There was a strong focus on continuous learning and improvement and staff's professional development.

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 Inspector. The inspection team included a GP specialist advisor.

Background to Sk:n - Northampton Cheyne Walk

Sk:n Northampton Cheyne Walk is operated by Lasercare Clinics (Harrogate) Limited. The clinic is based in the centre of Northampton and is one of 50 locations nationally within the group. As part of this inspection we only visited Sk:n Northampton Cheyne Walk. Facilities include two clinic rooms, a reception area and a main office.

The clinic provides certain procedures which are within the scope of the provider's registration with CQC including surgical mole removal under local anaesthetic and non-surgical interventions that involve prescribing medicines.

The clinic offers other cosmetic procedures such as Botox, fillers and electrolysis which are outside the scope of the providers' registration with CQC.

The clinic has a medical director who is the consultant. There is also a clinic manager, brand lead, receptionist and housekeeper.

The clinic is registered to provide the following regulated activities:

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

Clinic opening hours are:

Tuesday to Thursday 12pm - 8pm

Friday 10am - 7pm

Saturday 9am – 6pm

Sunday and Monday closed

Are services safe?

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service had appropriate safety policies, which were regularly reviewed and communicated to staff. There was a safeguarding policy which was last reviewed in May 2021. Guidance outlined who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from abuse. Staff took steps to protect patients from abuse, discrimination and breaches of their dignity and respect. Staff chaperoned patients during procedures if requested.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate, including Disclosure and Barring Service (DBS) checks.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The service completed weekly infection prevention and control audits, including checks on preventing the spread of COVID-19. There had been an overarching infection prevention and control audit in December 2021 which had found there were satisfactory measures in place.
- Legionella risk assessments were in place and we saw they had been reviewed in July 2021.
- 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.
- An environmental risk assessment had been completed in December 2021 which found all areas to be satisfactory.

Risks to patients

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

- There were arrangements for planning the number and mix of staff needed.
- Staff understood their responsibilities regarding managing emergencies as well as recognising those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The provider was equipped to respond to medical emergencies.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. We reviewed five sets of patient records which showed 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.

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 minimised risks.
- The service did not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Consultants 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 medicine stocks.

Track record on safety and incidents

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.

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 significant events in the last 12 months.
- 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.
- We saw the service kept a log of clinical incidents and action taken. For example, there had been two incidents in the last 12 months. Both related to adverse reactions to treatments and were quickly resolved with no lasting issues and treatment plans had been adjusted for the patients.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. There were Duty of Candour leads across the organisation and Freedom to Speak up Guardians to support staff to speak up.
- The service had systems in place for receiving notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place for disseminating safety alerts to all members of the team including sessional and agency staff.

Are services effective?

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.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental wellbeing.
- Clinicians had enough information to make decisions about a course of treatment.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, we saw staff recorded clinical incidents such as reactions to treatments. Staff provided information to the medical director to share concerns, seek advice and promote improvement in the service.
- The service made improvements using audit cycles. There was an audit manager and audit lead for the provider, who oversaw the auditing process, action planning and completion of actions. We saw that following audit outcomes actions had been completed.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or the Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop their skills.

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. For example, staff signposted patients to a local service for mental health assessments when mental health needs were indicated.
- Before providing treatment, doctors at the service ensured where relevant they had adequate knowledge of the patient's health and medical history.
- All patients were advised to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Are services effective?

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 informed decisions.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. This included asking for feedback following appointments and also collecting online feedback. Where patients provided feedback, staff sent a response to acknowledge positive comments or to acknowledge concerns.
- Feedback from patients was positive about the way staff treat people and the service provided.
- The service displayed information on changes made following patient feedback as part of their “you said, we did” process.
- Staff understood patients’ personal, cultural, social and religious needs.
- 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.

- The service were able to arrange interpretation services if required and patients also had the option of arranging their own. Patients 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 chaperoned patients during procedures if requested to provide support.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, providing a range of available appointment times, including a Saturday clinic.
- The facilities and premises were appropriate for the services delivered.
- There was a ground floor treatment room if needed.

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, treatment and post procedure care.
- Waiting times were short and managed appropriately.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of support available to them should they not be satisfied with the outcome of their complaint or how the complaint was handled.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. Staff provided examples of actions taken to improve the quality of care. We reviewed the complaint log. We saw there had been a complaint that a patient was expecting a female doctor rather than a male doctor. Following this the service ensured staff informed patients prior to the procedure that they will be treated by a male doctor.

Are services well-led?

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at a local level were visible and approachable.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The brand had four pillars as it's vision which were to be accessible, approachable, medical expert and responsible.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff felt respected, supported and valued.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff had time to complete mandatory training.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.

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 policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Most policies were held by the largescale provider and used by the services they manage. Policies were reviewed and updated centrally.

Are services well-led?

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance.
- Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, 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.
- Staff knew the systems in place to give feedback.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.