

# Sarah Chapman Skinesis Clinic

## Inspection report

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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 Sarah Chapman Skinesis Clinic. This was part of our inspection programme as they had not been previously inspected.

Sarah Chapman Skinesis Clinic, located at 259 Pavilion Road, is an independent healthcare provider of dermatological 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. Sarah Chapman Skinesis Clinic provides a range of non-surgical cosmetic interventions, for example Botox and mesotherapy, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The sole dermatologist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- The service had clear systems and processes to keep people safe. This included systems in respect of recruitment, infection prevention and control, medicine management and significant events.
- The sole consultant dermatologist had systems in place to ensure the service was up to date with current evidence-based practice.
- Staff members had the skills, knowledge and experience to carry out their roles.
- Staff involved and treated patients with compassion, kindness and respect.
- The service organised and delivered services to meet patients' needs and there was a thorough process for dealing with complaints.
- The leadership, governance and culture at the service was used to drive and improve personalised patient-focused care.
- Governance arrangements were managed well with roles and responsibilities shared appropriately throughout the team.

# Overall summary

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

- Implement a more robust process for registering children into the clinic.
- Implement clinical audits that show quality improvement in care and treatment.

**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 a specialist adviser.

## Background to Sarah Chapman Skinesis Clinic

Sarah Chapman Skinesis Clinic is an independent provider to fee-paying patients for dermatological conditions. The service is located in 259 Pavilion Road, London and consists of two floors. On the ground floor, the service has a shop floor where it sells retail products and staff members who conduct non-clinical appointments. On the top floor, the service has a reception with a large waiting area, clinical and non-clinical rooms, office rooms and a toilet.

Sarah Chapman Skinesis Clinic has a medical manager and a non-medical manager. The medical manager carries out the day-to-day running of the medical service with the help of an assistant manager.

The service offers pre-bookable face-to-face appointments to adults and children over the age of five. The service is open seven days a week but clinical appointments with the dermatologist are only available between Monday-Thursday 9am-6pm. The dermatologist sees approximately 60 patients per week although 80% of her appointments are for non-medical services.

### How we inspected this service

We gathered and reviewed pre-inspection information before inspecting the service; this included their policies, guidelines and formal patient feedback. We spoke with the service manager and members of the administrative team remotely prior to the inspection. On the day of the inspection, we spoke with the registered manager, reviewed patient records and carried out infection prevention and control checks, emergency medication checks and premises and equipment checks.

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?

## We rated safe as Good because:

- The service had clear systems and processes to keep people safe. This included systems in respect of infection prevention and control, medicine management, recruitment and significant events.
- Risks to patients and staff were assessed, monitored and managed to mitigate risk.

However, the service should:

- Implement a more robust process for registering children into the clinic.

## Safety systems and processes

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

- The service conducted safety risk assessments. It had suitable safety policies which were reviewed annually, communicated to staff members and were easily accessible. They clearly outlined who to approach for further guidance and the service had an appropriate induction programme and refresher training sessions.
- Staff members we spoke to demonstrated a good understanding of what constituted a safeguarding concern and what actions to take if a safeguarding incident were to occur. Their understanding was in line with their safeguarding policies which was embedded into their training. The service had safeguarding policies for both adult and children which included several safeguarding contact details.
- The service had systems in place to assure an adult accompanying a child had parental authority. However, the service did not carry out identity checks of official documents when registering children as new patients. The service had told us they would change their process immediately to ensure robust identity checks were completed when registering children as patients.
- 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). Clinical and non-clinical staff had appropriate references checked prior to employment and completed the required training relevant to the role.
- The service had a chaperone policy and staff who acted as chaperones were trained for the role and had received a DBS check. All patients received information about chaperoning in their appointment confirmation email.
- The service had cleaning products for use within the building and we saw Control of Substances Hazardous to Health (COSHH) information sheets for these.
- There was an effective system to manage infection prevention and control. The service completed an Infection Prevention and Control (IPC) risk assessment in September 2022. The service carried out yearly IPC audits and acted on an issue identified.
- The service carried out an up-to-date legionella risk assessment with recommended actions being completed.
- The provider ensured facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- Appropriate and up-to-date fire risk assessments and health and safety risk assessments had been completed.
- The provider ensured facilities and equipment were safe, and equipment was maintained according to instructions. Systems were in place to ensure safe management and disposal of clinical waste, with an external organisation contracted to collect waste on a regular basis.
- The service was up to date with their Portable Appliance Testing and calibration of equipment.

## Risks to patients

# Are services safe?

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

- We saw rotas for non-clinical staff were reviewed by the management team to ensure there were arrangements for planning and monitoring the number and mix of staff required.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis (a life-threatening reaction to an infection). There was an appropriate and unified system in place to deal with patients who required medical attention and staff were able to immediately alert clinical staff where necessary.
- All staff members had completed their Basic Life Support (BLS) training.
- There were appropriate indemnity arrangements in place for the sole consultant dermatologist.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. This included working defibrillators and oxygen.
- The service had created emergency 'grab bags' for different types of medical emergencies to make staff management for emergencies efficient.

## **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 information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- We saw evidence the dermatologist worked closely with patient's GP and other organisations (if consent provided) to ensure they had the necessary information, especially for those suffering from long-term conditions. The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## **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, emergency medicines and equipment minimised risks. The service used an electronic prescription system which was monitored appropriately.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They do prescribe schedule 4 or 5 controlled drugs.
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## **Track record on safety and incidents**

### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues such as fire and health and safety risk assessments.

# Are services safe?

- Safety alerts, such as those received from Medicines and Healthcare products Regulatory Agency (MHRA), were reviewed by the consultant dermatologist and actioned appropriately. We saw evidence they had been discussed in clinical meetings.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- The service had a policy on significant events which outlined how to record and investigate serious incidents, which was updated annually. There was a clear system for recording and acting on significant events.
- No significant events were recorded in the past 12 months. However, each staff member we spoke to understood their duty to raise concerns and were supported to report incidents and near misses.
- 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.

# Are services effective?

## We rated effective as Good because:

- The service was up to date with current evidence-based practice and staff had the skills, knowledge and experience to carry out their roles and provide effective care and treatment.
- Effective needs assessment, care and treatment
- The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

However, the service should:

- Implement clinical audits that show quality improvement in care and treatment.

## 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 service assessed needs and delivered care in line with relevant and current evidence-based guidance such as the National Institute for Health Care and Excellence (NICE) best practice guidelines.
- Consultations were at least 30 minutes long, so patient's immediate and ongoing needs were fully assessed. The ethos of the service was to have a '360 approach' when speaking with patients so they believed in fully assessing a patient where appropriate.
- We examined five patient records in which treatments were carried out in the last 12 months and found the care and treatment provided was satisfactory for each patient, with care records documented appropriately.
- The consultant had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Many patients returned to use the service, so arrangements were in place to deal with repeat patients.

## Monitoring care and treatment

**The service was partially involved in quality improvement activity.**

- The service made improvements through the use of completed audits. For example, they carried out audits for medicine management and infection prevention and control.
- However, clinical audits to signify improvement in quality improvement had not been carried out within the service. The provider informed us they planned to carry out clinical audits for prescribing medication to monitor and improve the care and treatment provided by patients.

## 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. We also looked at training records and were satisfied staff had received suitable training.
- The consultant dermatologist was registered with the General Medical Council (GMC) and was up to date with their revalidation.



# Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet with them. Up to date records of skills, qualifications and training were maintained.
- There was a system in place for formal staff appraisals. Non-clinical staff had appraisals carried out internally whilst the consultant dermatologist had appraisals completed both internally and externally.

## 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.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. The service monitored the process for seeking consent appropriately. Where a patient had declined to share their GP information, there was documented evidence to state this.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately.

## 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.**

- The service believed in a '360 approach' where they look at the patient as a whole, including their lifestyle. Where appropriate, staff gave patients advice so they could self-care.
- Risk factors were identified and highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patient's needs could not be met by the service, staff redirected them to an appropriate service.

## 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.

# Are services caring?

## We rated caring as Good because:

Patients were treated with respect and staff involved patients in decisions about their care and treatment.

### Kindness, respect and compassion

#### Staff treated patients with kindness, respect and compassion.

- The service recorded patient feedback on the quality of care patients received. Patients were asked to provide a rating (between one and five with five being the highest) and comments after they had received their treatment and were able to comment anonymously if they wished to do so. Since October 2021, the service had received 127 ratings scoring five with positive comments regarding clinical treatments as well as the service provided.
- There was positive feedback from patients on the way staff treat patients.
- Staff understood patient's 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. For example, we had seen documentary evidence of guidelines and fees for treatments which clearly explained procedures and costs.

### 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, which would be free of service to patients.
- Patients told the service through their feedback they felt involved in decisions about their care and treatment. One patient commented she *'felt the doctor was really listening to my concerns and addressing them, and I trusted her instantly in not recommending things I don't need.'*
- For patients with learning disabilities or complex social needs, arrangements were in place for family, carers or social workers to be involved.

### Privacy and Dignity

#### The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff understood the importance of keeping information confidential in line with General Data Protection (GDPR) rules and had completed training on GDPR and Information Governance.
- Staff knew if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room.

# 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 and there was a thorough process for dealing with complaints.

### **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, the service is in the process of recruiting another consultant to meet patient demand.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others.
- The premises were suitable for wheelchair-using patients as it was accessible by lift and had a toilet for those with mobility issues.

## **Timely access to the service**

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

- Existing patients had timely access to initial assessment, test results, diagnosis and treatment. However, the service was not seeing any new patients until February 2023 as the dermatologist was fully booked until then. However, the service held added patients to a waiting list and would contact these patients if they received any cancellations. They were in the process of recruiting another dermatologist to increase the number of appointments and reduce the waiting list for new patients.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely manner as the service had a list of other clinics which they would recommend to patients if they could not treat their concern or if they did not have the capacity to do so.

## **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 on the company website as well as in the reception area. Staff treated patients who made complaints compassionately.
- The service did not receive any formal complaints in the past 12 months nonetheless had a complaints policy and procedure in place which was reviewed annually. The service had a three-stage complaint procedure; at the third stage, complainants had the right to request an independent external adjudication in relation to their complaint.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

# Are services well-led?

## We rated well-led as Good because:

- The leadership, governance and culture at the service was used to drive and improve personalised patient-focused care.
- Governance arrangements were managed well with roles and responsibilities shared appropriately throughout the team.
- There was compassionate and inclusive leadership at all levels with staff reporting leaders were visible and approachable. There was high levels of staff satisfaction as staff were proud to work for the organisation.

## 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 one dermatologist consultant and no appointment slots until February 2023. The service were in the process of interviewing to recruit another consultant to meet patient demand and planned to convert one of their rooms into a clinical room once the recruitment had taken place.
- Staff members we spoke to reported leaders were visible and approachable. Staff commented positively on the leadership within the service and felt their concerns were acted on. Leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- 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.

- The service had a vision to deliver an exemplary level of highly personalised patient focused care and service. The service had a realistic strategy and supporting business plans to aim to reach their visions and values.
- Staff members we spoke to were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## Culture

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

- The service focused on the needs of patients with individualised care plans.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. The dermatologist consultant had her appraisal carried out externally. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

# Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff. The clinic is closed twice a year for a full team-bonding and exercise day. The service also had access to a 24/7 confidential helpline. Furthermore, staff members also receive product allocations on Sarah Chapman products.
- The service actively promoted equality and diversity and received equality and diversity training.
- There were positive relationships between staff and teams. Staff members we spoke to reported they were proud to work for the service and were involved in regular social events with the 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. The service had a medical and non-medical manager and roles and responsibilities were shared.
- Staff were clear on their roles and accountabilities and there were clear leads, for example, leads for safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves they were operating as intended. The medical manager holds regular meetings with staff members and conducted 'policy of the week' sessions to explain CQC regulation.
- Governance meetings were held regularly whereby quality, sustainability and improvement were discussed.
- 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. For instance, staff members demonstrated knowledge on what to do in the event of an emergency and appropriate environmental risk assessments were carried out.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- However, no clinical audits were conducted and therefore there were no clear evidence of action to change services to improve quality of clinical care.
- The service had business continuity plans and trained staff for major incidents. For example, there were plans in place in case of extreme weather, loss of telephone lines/data network and power cuts.

## 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.

## Engagement with patients, the public, staff and external partners

# Are services well-led?

**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 recorded its own patient feedback on the quality of care. Patients were asked to provide a rating (between one and five with five being the highest) and comments after they had received their treatment. Patient feedback was discussed in team meetings.

## **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. For instance, the medical manager implemented a 'policy of the week', in which CQC regulation and company policies were discussed.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.