Novello Skin

Inspection report

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Date of inspection visit: 05 April 2023
Date of publication: 15/06/2023

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 Novello Skin on 5 April 2023 as part of our inspection programme. This was the first inspection carried out for this provider.

Novello Skin provides consultations and dermatological treatments for a variety of conditions such as benign skin lesions. They provide diagnostic tests and information so patients can make informed choices about potential treatments.

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. Novello Skin provides a range of non-surgical cosmetic interventions, for example non-surgical facelifts and chemical peels which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

There is a registered manager in place. 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 practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- There was limited audit activity looking at patient outcomes to ensure they aligned with patient expectations.
- Policies adopted by the provider did not always reflect the internal structure of the service.

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

- Strengthen arrangements to manage medical emergencies.
- Monitor patient outcomes to ensure they are appropriate and align with expectations.
- Update policies to reflect the internal structures and processes of the service.

Overall summary

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

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Novello Skin

Novello Skin Limited

47 Rodney Road

Cheltenham

GL50 1HX

The provider is registered with CQC to provide the following regulated activities: Diagnostic and screening procedures, Treatment of disease, disorder and injury, and Surgical procedures.

Novello Skin provides consultations and dermatological treatments for a variety of conditions. They provide diagnostic tests and information so patients can make informed choices about potential treatments. The provider was also qualified in Dermoscopy (which is the examination and evaluation of pigmented skin lesions making it easier to diagnose skin cancer). Treatments include: thread lift, removal of benign lesions, Botulinum toxin-A (botox) injections for hyperhidrosis (excessive sweating). Some of the services provided by Novello Skin are not regulated by the Care Quality Commission (CQC). This report references only those services that are regulated by CQC. Procedures which fall under the regulated activity are conducted by the provider acting as a sole practitioner. There is also a self-employed practitioner working from the service but they do not conduct any of the regulated activity.

Opening times:

Monday Evenings

Tuesday 9am to 5pm

Wednesday 9am to 5pm

Thursday 9am to 5pm

Friday 9am to 5pm

Saturday Varied

Sunday Closed

Evening appointments are also available.

How we inspected this service

We requested information prior to inspection from the provider and conducted a site visit on 5 April 2023. We reviewed care records and documents relating to the management 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.

Good

Are services safe?

Safety systems and processes

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

- The provider had appropriate safety policies, which were regularly reviewed. They outlined clearly who to go to for further guidance.
- The provider worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had undertaken a Disclosure and Barring Service (DBS) check for themself which was up to date. They employed one other member of staff who had also received a DBS check. (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 provider demonstrated they had 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 (IPC). The provider had conducted an IPC risk assessment in January 2023. No items requiring action had been identified. A handwashing audit had also been conducted by an external company in January 2023 which had not identified any areas for improvement.
- A Legionella risk assessment had been conducted in 2019 by an external company. No items requiring action had been identified. However, the provider continued to send periodic water samples for testing and conducted temperature checks on water outlets. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings which can cause illness.)
- 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.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. For example, if a patient had limited mobility, the provider would make arrangements to see them at an alternative location.

Risks to patients

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

- 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.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The provider had chosen not to have a defibrillator on site. They had a 'medical emergencies and unwell patient' policy which demonstrated what steps should be taken in the event of a medical emergency. The policy stated that should a patient become unresponsive, the provider should contact the emergency services in the first instance and consider accessing a defibrillator located in a community setting. However, the policy did not identify where the closest defibrillator could be found.

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 managed in a way that kept patients safe. The provider used an online system for patient records and was in the process of transferring old paper records onto this system.

Good

Are services safe?

- The care records we saw showed that information needed to deliver safe care and treatment was available. However, procedure follow up consultations did not always contain detailed information. For example, we identified 1 patient where a follow up consultation had been conducted but there were no notes to determine what was discussed.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The provider had a system in place to retain medical records in line with Department of Health and Social Care (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 provider had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.
- The provider carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. They had conducted an audit on their antibiotic prescribing to ensure this was done appropriately and identify any trends.
- 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). Neither did they 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.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- A health and safety risk assessment was conducted in December 2022 and recommendations had been completed. For example, the provider had installed additional signs warning patients of access risks.
- The provider had conducted a fire risk assessment in February 2023 and conducted weekly checks on fire equipment to ensure they remained in working order.
- 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 provider understood their duty to raise concerns and report incidents and near misses.
- There were systems for reviewing and investigating when things went wrong. However, the provider did not always identify when there was potential for process improvements. For example, the provider had raised a significant event when a patient lost consciousness prior to a procedure and then proceeded to become unwell. The provider had contacted the emergency services but due to a long wait for an ambulance to attend and that there was no other person at the service, they made the decision to take the patient to the hospital themselves and cancelled the rest of the day's appointments. The provider had raised this as a significant event but had not identified any areas of improvement. We discussed this with the provider who advised that they would not have dealt with the event any differently.

Good

Are services safe?

- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence based practice. We saw evidence that the provider 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- The provider conducted a full assessment of patients requesting treatments such as a threadlift (a nonsurgical procedure that lifts aging skin and stimulates collagen production to give your face or neck a more youthful appearance). If it was identified during the assessment that the requested treatment was not suitable then the provider would decline to carry it out.
- The provider attended meetings and conferences related to the services they provided.
- They received updates from relevant bodies such as National Institute for Health and Care Excellence (NICE) to ensure they were up to date with the latest guidance.

Monitoring care and treatment

The provider was involved in limited quality improvement activity.

- A first-cycle audit was conducted in March 2023 of patient records to determine if information was recorded appropriately including medical history. 20 patient records were reviewed and improvements identified. These included transferring information from the paper-based records to the online system and ensuring patients were reminded to complete or update their medical history prior to attending appointments. A second-cycle was scheduled for June 2023 to demonstrate if improvements had been made.
- Another first-cycle audit was conducted in February 2023, which looked at the prescribing of antibiotics to identify trends and ensure that each patient had a documented indication. The provider reviewed patients prescribed these medicines over a period of 3 months and identified areas for improvement which included, following their standard operating procedures and review of next steps. They identified a need for a second-cycle to be conducted but this had not yet been scheduled.
- The provider had not done any audits or reviews of patient outcomes following procedures.

Effective staffing

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

- All staff were appropriately qualified.
- The provider was registered with the relevant professional body, the Nursing and Midwifery Council, and were up to date with their revalidation.
- The provider was able to demonstrate up to date records of skills, qualifications and training.
- The provider had regular remote contact with other cosmetic nurses to discuss concerns and examples of positive outcomes. They would also attend meetings approximately every 6 months for peer to peer support.

Coordinating patient care and information sharing

The provider worked with other professionals and organisations, to deliver effective care and treatment.

Good

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, a patient attended the service for a procedure and the provider noted a skin lesion which was of potential concern. It was later confirmed as malignant and the patient was referred back to their NHS GP for onward referral.
- 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. Patients were 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. If patients declined to give consent the provider would give them a letter with the detail of their procedure for them to disclose at their discretion.
- The provider had not monitored the process for seeking or recording consent appropriately. However, patient records we reviewed demonstrated that this had been recorded.

Supporting patients to live healthier lives

The provider was consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, the provider gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

Consent to care and treatment

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making.

Good

Are services caring?

Kindness, respect and compassion

The provider treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- 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.

Involvement in decisions about care and treatment

The provider 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.
- Staff communicated with people in a way that they could understand.

Privacy and Dignity

The provider 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.

Good

Are services responsive to people's needs?

Responding to and meeting people's needs

The provider 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.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The provider had access to an alternative premises if required.

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.
- The provider had outsourced management of initial enquiries to an external company who would take down a patient's details and send across to the provider for further information and contact.

Listening and learning from concerns and complaints

The provider 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. The provider treated patients who made complaints compassionately. Patients were able to raise complaints directly with the provider or with an external company.
- 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.
- The service had complaint policy and procedures in place. The provider had received 1 informal complaint in the 12 months prior to inspection about a procedure which was not regulated by the Care Quality Commission.

Good

Are services well-led?

Leadership capacity and capability;

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

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

Vision and strategy

The provider 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.

Culture

The provider demonstrated a culture of high-quality sustainable care.

- 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.
- The provider received an annual appraisal and continued to meet the requirements of their professional revalidation.

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 governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The provider had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. The policies used were often sourced through an external company and adapted for the service. However, policies did not always reflect the internal structure of the service. For example, referring to staff roles which were not applicable such as a 'board of directors'.

Managing risks, issues and performance

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

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had oversight of safety alerts, incidents, and complaints.
- The provider had conducted quality improvement activity. However, they were unable to demonstrate that patient outcomes were appropriate or aligned with expectations as this had not been monitored.

Good

Are services well-led?

Appropriate and accurate information

The provider acted on appropriate and accurate information.

- The service submitted data or notifications to external organisations as required.
- There were effective 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 provider encouraged and heard views and concerns from the public and patients. Information provided to patients following a procedure invited them to give feedback on their care.
- The provider 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.
- The service made use of internal and external reviews of incidents and complaints. The provider told us they shared their significant events and any concerns with their peer support group to identify areas for improvement.