

# Blend Skin & Beauty 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 inspection at Blend Skin & Beauty Clinic as part of our inspection programme. The service has not been previously inspected.

Blend Skin & Beauty Clinic is registered with CQC to provide diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury. At the time of the inspection treatments being provided that required CQC registration included surgical thread lifts and botox to treat medical conditions such as hyperhidrosis (excessive sweating).

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. Blend Skin & Beauty Clinic provide a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The service has three clinicians conducting regulated activities, one is also the registered provider. The individual provider 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 provided care in a way that kept patients safe and protected them from avoidable harm.
- People received effective care and treatment that met their needs.
- Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.
- Services were tailored to meet the needs of individual patients and were accessible.
- The service demonstrated a culture which focused on the needs of patients and commitment to driving improvement.

We saw the following outstanding practice:

- The provider had a proactive approach to understanding the needs and preferences of patients. They made reasonable adjustments to the service in order to meet the needs of all people who attended the clinic, not just those who had specific treatments that fall into scope of CQC regulated activities. This included additional staff training, communicating with teams internal and external to the service and engaging with the patient population.

# Overall summary

- Staff working at the clinic experienced high levels of personal and professional support and engagement with leaders at the clinic. They felt the positive culture contributed to high standards of patient care and satisfaction.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

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

## Background to Blend Skin & Beauty Clinic

Blend Skin & Beauty Clinic is registered with the Care Quality Commission (CQC) to provide the regulated activities diagnostic and screening procedures, surgical procedures and treatment of disease, disorder or injury from the following address: 36b High Street, Tarvin, Chester CH3 8EE. The registered provider is Blend Skin & Beauty Clinic Ltd.

The service is provided by three clinicians, one is also the registered provider. Blend Skin & Beauty Clinic offers patients a range of services. Those provided that required CQC registration include surgical thread lifts and botox to treat medical conditions such as hyperhidrosis (excessive sweating). Treatments are provided for adults aged 18 and over. The service is open Monday to Saturday with appointments available on a pre-bookable only basis. Patients can book directly online or by telephone.

The service website can be accessed at: <https://www.blendskinandbeauty.co.uk/>

### How we inspected this service

Before the inspection visit we reviewed a range of information we hold about the service and information sent by the provider.

During the inspection we spoke with the provider and clinicians, reviewed key documents supporting the delivery of the service, reviewed a sample of treatment records and made observations about the areas the service was delivered from.

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 provided care in a way that kept patients safe and protected them from avoidable harm.

## **Safety systems and processes**

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

- The service had systems to safeguard children and adults from abuse. Although the service only treated adults, there was a policy and system for any children that attended the clinic with a patient.
- 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 whose circumstances may make them vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. This included a comprehensive assessment and actions to address the risks of Legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- 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.

## **Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for all staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- 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, there was an appropriate risk assessment to inform this decision.

## **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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The provider had an effective system to share information with a patient's GP if appropriate and sought the patient's consent in line with their policy which included provision to decline any treatment the provider felt posed a risk.

# Are services safe?

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

- The systems and arrangements for managing medicines and equipment minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Antibiotic prescribing was audited by follow up of all patients at day 6 and 14 and at 6 weeks later. The most recent audit in March 2022 showed 100% of patients did not require antibiotics to be prescribed following treatment.
- 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.
- 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 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- We saw that the provider had documented clinical and non-clinical incidents in the previous year. These did not directly relate to CQC regulated activities. However, we saw that these incidents had been thoroughly reviewed and reflected on by the provider and any learning embedded across systems and processes.
- 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 to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

## We rated effective as Good because:

People received effective care and treatment that met their needs.

### Effective needs assessment, care and treatment

#### **The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards.
- Staff conducted peer reviews of treatment provided and had access to support from external clinicians for supervision.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- All staff working at the clinic had completed skin cancer awareness training.
- Staff working at the clinic had completed training to support awareness of body dysmorphic disorder and patients presenting with the condition. Body dysmorphic disorder (BDD) is a mental health condition where a person spends a lot of time worrying about flaws in their appearance that are often unnoticeable to others.
- We saw that treatment options were considered within a clear ethical framework.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

### 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. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider had conducted a pain audit that showed 85% compliance with actions to ensure pain management was documented on records.
- The provider had conducted a record keeping audit that showed 90% compliance with actions to ensure all patient addresses were recorded.
- Audits of consent, safety checks and environment were also completed with 100% compliance achieved.
- A review of medical history documentation identified improvements to the template. This was adapted to ensure full detail of medication and recording of allergies. Following the review action was taken to change the patient questionnaire form on the system.

### 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 (nursing) were registered with the Nursing and Midwifery Council and were up to date with revalidation.

# Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## **Coordinating patient care and information sharing**

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

- Patients received person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Where this information was not available, processes were in place for patients to be signposted to more suitable sources of treatment 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 provider had risk assessed the treatments they offered.
- Systems were in place for the care and treatment for patients in vulnerable circumstances to be coordinated with other services.
- 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.

## **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.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified and highlighted to patients before treatment was provided.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- We saw examples where, following assessment, patients' had been recommended alternative treatments or procedures that were more appropriate for their needs.

## **Consent to care and treatment**

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

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



# Are services caring?

## **We rated caring as Good because:**

Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.

### **Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received. A patient survey conducted October 2021 to January 2022 showed 100% of the 52 patients who took part felt their expectations had been met and would recommend the service. The service had 141 five star reviews on their electronic feedback system, in addition to positive reviews received through social media sites.
- Feedback from patients was positive about the way staff treat people. Comments from patients included how staff were supportive and calming.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. An equality and diversity policy was in place and training was completed by all staff.
- The service gave patients timely support and information. The service was contactable directly out of hours if patients had concerns or queries following or prior to receiving treatment.

### **Involvement in decisions about care and treatment**

#### **Staff helped patients to be involved in decisions about care and treatment.**

- Patients provided feedback that they felt listened to and supported by staff and had sufficient time during and between consultations to make an informed decision about the choice of treatment available to them. Clinicians discussed risks, realistic outcomes and costs to manage patient expectations.
- We saw evidence that patients were comprehensively assessed during consultations. Information was documented thoroughly with photographic records in addition. Treatment plans were personalised for patients.
- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- The provider had involved external agencies including local social workers, police and charities to develop service procedures to support patients in whose circumstances made them vulnerable.
- Staff communicated with people in a way that they could understand. Staff had completed training improve communication skills and identify additional support required by patients.

### **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- Staff always provided patient's with a private room to discuss their needs.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.

## **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, it was identified that the staff team would benefit from completion of dementia training following review of the demographic of the local area and patients living with dementia attending the clinic for treatment.
- Reasonable adjustments had been made so that people in whose circumstances made them vulnerable could access and use services on an equal basis to others. Staff had completed dementia training, adaptations made such as use of blue crockery and signage was displayed to indicate to patients that the clinic was 'dementia friendly'.
- The provider had booked to attend mental health first aider training the month following the inspection to support patients and staff.
- The facilities and premises were appropriate for the services delivered. All rooms were on the ground floor and people could enter and leave the service by separate entrances.
- The provider had met with community groups to discuss the needs of the local population and reviewed and adapted services accordingly to information received.

## **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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients could book appointments by telephone, online or by attending the clinic.
- 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.**

- Information about how to make a complaint or raise concerns was available.
- 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 service had not received any formal complaints specifically relating to regulated activities, however, we saw examples of how lessons were learned from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- Staff treated patients who made complaints compassionately.

# Are services well-led?

## **We rated well-led as Good because:**

The service demonstrated a culture which focused on the needs of patients and commitment to driving improvement.

### **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 were visible and approachable. They 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.

### **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 service developed its vision, values and strategy jointly with staff. Staff told us they felt invested in the service and demonstrated commitment to providing high quality and safe care.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

### **Culture**

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

- Staff felt highly respected, supported and valued. They were proud to work for the service.
- 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 had received appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. This was promoted in a variety of ways including through service policies, communications such as meetings and staff were offered complimentary treatments at the clinic.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were highly positive relationships between staff and teams.

### **Governance arrangements**

# Are services well-led?

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **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. The service performance could be demonstrated through audits. Leaders had oversight of safety alerts, incidents, and complaints.
- 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.
- 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. Patients were encouraged to provide feedback following treatment. The service had patient representatives who were involved in development of the service and who provided suggestions for improvements.