

Perfect Skin Solutions Limited

Perfect Skin Solutions

Inspection report

121 Winter Road
Southsea
Hampshire
PO4 8DS
Tel: 02392 754777
Website: www.perfectskinsolutions.com

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Ratings

Overall rating for this service

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

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 Perfect Skin Solutions on 10 June 2019 as part of our inspection programme.

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. Perfect

Summary of findings

Skin Solutions provides a range of non-surgical cosmetic interventions some of which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The clinic provides a number of skin care and beauty treatments. The inspection was in relation to specific treatments and these included 'FaceTite' and the removal of minor skin lesions. These treatments were Regulated Activities.

The Business Manager 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.

Five people provided feedback about the service.

Our key findings were:

- There was an effective system to manage infection prevention and control.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff.
- Although not all recruitment checks were in place, the provider had mitigated this risk.
- Individual care records were written and managed in a way that kept patients safe.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.

- Staff recognised the importance of people's dignity and respect.
- Patients had timely access to initial assessment and treatment.
- Staff felt respected, supported and valued. They were proud to work for the service.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.

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

- To consider implementing disabled access to the toilet facilities.
- To improve the consistency in implementing its recruitment policies and procedures.
- To consider the requirements of the Modern Slavery Act 2015 and its relevance to the service in respect of checking new patient identity.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Perfect Skin Solutions

Detailed findings

Background to this inspection

Perfect Skin solutions is located at 121 Winter Road, Southsea, Hampshire PO4 8DS.

Perfect Skin Solutions provides tailored aesthetic treatments for men and women, over 18 years of age. Aesthetic medicine is a term for improving cosmetic appearance. Only specific treatments are regulated by The Care Quality Commission (CQC) and these include the 'SkinTite' procedure and the removal of minor skin lesions. The clinic is led by an onsite Medical Director who is supported by a team of trained doctors and therapists. The team includes two sub-contracted doctors and four aesthetic therapists. Not all staff are involved in providing treatments regulated by CQC.

The locations website can be found at <https://perfectskinsolutions.co.uk/>

The clinics opening times are:

Mon: 9:30am– 5:30pm

Tues: 9:30am– 7pm

Wed: 9:30am – 6pm

Thu: 9:30am – 8pm

Fri: 9:30am – 5:30pm

Selected Saturdays: By appointment only

How we inspected this service

During our visit we:

- Spoke with staff including, the registered manager and the business manager.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the clinic.
- Looked at information the clinic used to deliver care and treatment plans.

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?

Our findings

We rated safe as Good because:

We found that this clinic was providing safe care in accordance with the relevant regulations.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard vulnerable adults from abuse.
- The service 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 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).
- We found that two members of staff did not have references in place, although they had had a DBS check. The provider told us that staff were never allowed to work alone during the first six months of employment (both had been recruited in the last six months), references were regularly chased, and that suitability of employment was assessed on an ongoing basis.
- 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.

- There was a Legionella risk assessment in place. This included the regular flushing of systems and temperature checks to ensure water remained within a safe temperature range. Legionella is the bacteria which cause Legionnaires disease and can breed in water.
- 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 had a maintenance contract in place with manufacturers of key equipment. This ensured it was kept in good working order but was also quickly repaired if there were any issues.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.
- The provider did not carry out an identity check on new patients. This would help to identify patients who were in a vulnerable situation, complying with the Modern Slavery Act. The provider told us that at the time of the inspection identity was checked via a patient's credit card. Since the inspection a system has been put in place to formally verify a patient's identity.

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 staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had received basic life support training. Medical staff had received advance life support training.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- The provider kept a stock of emergency medicines appropriate to the needs of patients.

Information to deliver safe care and treatment

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

Are services safe?

- 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 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.

Safe and appropriate use of medicines

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

- Doctors occasionally provided private prescriptions such as prophylactic antibiotics for the 'Face-tite' procedure or steroid cream for skin conditions.
- The only medicines stored on the premises were in relation to treatments, for example local anaesthetic, and emergency 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.

- Serious incidents were discussed to ascertain learning outcomes and any learning was disseminated to staff via team meetings.

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 acted to improve safety in the service. There were no incidents in relation to the regulated activities although we saw that incidents in relation to non-regulated activities were handled appropriately.
- 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. 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?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

We found that this clinic was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The provider used new technology to ensure patients had access to the most up to date treatments.

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. A minor surgery audit to review the rate of post-operative infections showed that that post-operative infection rate was 0%.

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) and were up to date with revalidation

- 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 coordinated and person-centred care. A patient's GP was only contacted where necessary and with patient consent.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health.
- Treatment was provided to adults over 18 years of age who were not vulnerable.

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, highlighted to patients, for example, in relation to smoking, drinking or exposure to the sun.

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. All staff had received mental capacity training.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated caring as Good because:

We found that this clinic was caring in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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.
- Patients told us they found staff to be friendly, helpful and professional.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, large print was available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Patients were able to discuss their needs in a private room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

We found that this clinic was providing responsive care in accordance with the relevant regulations.

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.
- The facilities and premises were appropriate for the services delivered.
- The service provided a patient toilet on the ground floor, however there were no handrails to support patients with restricted mobility. The provider told us they planned to install these. The downstairs corridor was wide enough to enable patients to use mobility aids.

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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Appointments were available for initial consultation mostly within a week, and often within a day.

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 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 learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

For example, a patient complaining of redness received additional treatment.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated well-led as Good because:

We found that this clinic was providing well led care in accordance with the relevant regulations.

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 all levels 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, 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.
- 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 respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- 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. Patients were always apologised to and offered suitable remedy. 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.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

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

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. Leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- There was little scope for clinical audit due to the type of service being provided. A minor surgery audit demonstrated that the post-operative infection rate was 0%.
- 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.
- 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.

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 patients and staff and acted on them to shape services and culture. A staff survey demonstrated that all patients scored their treatment as a nine or 10 out of 10. All patients who scored a nine were written to determine how improvements could be made.
- Staff could describe to us the systems in place to give feedback. There were regular staff and clinical meetings and staff described regular impromptu discussions. They told us the culture was open and they could discuss anything at any time. We saw evidence of formal meetings held.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal 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.

There were systems to support improvement and innovation work. The Medical Director regularly attended medical conferences, seeking new innovation and improvement by learning from others. The Medical Director also presented at conferences sharing skills and knowledge.