

# Skin Logic Clinic

## Inspection report

97 Wallasey Village  
Wallasey  
CH45 3LE  
Tel:

Date of inspection visit: 16 December 2021  
Date of publication: 03/02/2022

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 Skin Logic Clinic as part of our inspection programme. The service has not been previously inspected.

Skin Logic Clinic is registered with CQC to provide surgical procedures. At the time of the inspection the only treatment being provided that required CQC registration was surgical thread lifts.

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. Skin Logic Clinic provides 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 one clinician conducting regulated activity, who 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.

At the time of the inspection there were no patients attending or receiving regulated services and we were unable to ask them about the service. However, we reviewed some comments from patients that the service had received online.

## **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.

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

- Review and develop the system for undertaking annual audits including records of consultations and infection prevention and control.
- Review and develop the system for obtaining patient feedback on clinical care received.

# Overall summary

**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 Skin Logic Clinic

Skin Logic Clinic is registered with the Care Quality Commission (CQC) to provide the regulated activities of surgical procedures from 97 Wallasey Village, Wallasey, CH45 3LE. We visited this location as part of the inspection. The registered provider is Sheena Morgan Ltd.

The service is provided by a nurse practitioner who is also the registered provider. Skin Logic Clinic offers patients a range of services and only surgical thread lifts are activities regulated by CQC. Treatments are provided for adults aged 18 and over. The service is open flexibly on a pre-bookable appointment only basis. Patients can book directly online or by phone.

The service website can be accessed at: <https://skin-logic.com>

### 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/clinician, 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 vulnerable 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. Information to support safeguarding was comprehensive and accessible. The provider attended safeguarding training appropriate to their role and knew how to identify and report concerns.
- The clinician had undertaken a Disclosure and Barring Service (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).
- There was an effective system to manage infection prevention and control. The provider conducted daily checks of the clinic room and there was an infection control policy in place. We found all areas on site to be clean and hygienic. The provider had not conducted annual infection control audits. However they planned to do so following the inspection.
- There was a legionella risk assessment in place. (Legionella is a term for a particular 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 considered 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.**

- The provider 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 the body's extreme response to an infection. A public defibrillator could be accessed nearby.
- 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.

## **Information to deliver safe care and treatment**

### **Staff had not have 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 in an accessible way.
- 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**

# Are services safe?

## **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 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.
- The provider 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.
- There were effective protocols for verifying the identity of patients.

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

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

- There were 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 had systems to learn and make improvements when things went wrong.**

- There was a system for recording and acting on significant events. There were adequate systems for reviewing and investigating when things went wrong. There had not been any reported in the 12 months prior to the inspection. The provider understood their duty to raise concerns and report incidents and near misses.
- The provider was aware of the requirements of the Duty of Candour and 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.

# 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).**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had had enough information to guide patient's with treatment options.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The service provided information about treatment and aftercare by text and email.

### Monitoring care and treatment

**The service was not actively involved in quality improvement activity.**

- The service used information received through patient feedback about care and treatment to make improvements. However, the service had not completed formal audits and therefore could not use this information to make improvements.

### Effective staffing

**Staff had not have the skills, knowledge and experience to carry out their roles.**

- The clinician was appropriately qualified.
- Relevant professionals (nursing) were registered with the Nursing and Midwifery Council and were up to date with revalidation
- The provider understood their learning needs took protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. The provider actively took opportunities to develop.

### Coordinating patient care and information sharing

**Staff 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, the clinician 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.
- The provider had risk assessed the treatments they offered.

### Supporting patients to live healthier lives

# Are services effective?

**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 and where appropriate highlighted to their normal care provider for additional support.
- Following consultation, if a different procedure was more appropriate this would be recommended instead. Where patients needs could not be met by the service, staff redirected them to the appropriate service 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:**

## **Privacy and Dignity**

**The service 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.
- 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.**

- Due to the COVID-19 pandemic we did not issue patient comment cards for completion by people who used the service. There were no patients at the clinic on the day of the inspection. We reviewed feedback the service had received online. Patients commented that they were welcomed, reassured and received attentive care and treatment.
- The service sought feedback on the quality of clinical care patients received. This was gathered by verbal discussion with patients following their treatment and through social media. At the time of the inspection the provider was in the process of setting up a formal survey to obtain feedback on the quality of clinical care received and patient satisfaction with the service.
- Feedback from patients that we reviewed 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**

**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. Information leaflets were available in a range of formats, to help patients be involved in decisions about their care.
- The provider communicated with people in a way that they could understand.

## **Privacy and Dignity**

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# Are services responsive to people's needs?

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

Services were tailored to meet the needs of individual patients and were accessible.

### **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, a client attending the clinic did not like loud environments. Appointments were booked for this client at the end of the clinic session when it was quieter.
- The facilities and premises were appropriate for the services delivered.

### **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.
- Patients were able to book appointments by telephone or online.
- 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 at the clinic and on the service website.
- The service had complaint policy and procedures in place. This outlined that 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 not received any formal complaints but acted on patient feedback to improve the quality of care.

# 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.**

- 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.

### **Vision and strategy**

#### **The service had 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 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.
- The provider acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service actively promoted equality and diversity. The provider had received equality and diversity training.

### **Governance arrangements**

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The provider was clear on their role and accountabilities
- The provider 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.
- 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.**

# Are services well-led?

- 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. However, an overview of clinical staffs performance had not been completed as there had been no audit of consultations, prescribing and referral decisions. The provider told us they planned to look at this in the future.
- The provider had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place in case of major incidents.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and sustainability were considered by the provider during reviews of the service.

## **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.
- 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 provider reviewed all feedback received and planned to conduct a formal survey following the inspection.
- Although there had been no internal incidents or complaints, the service made use of external reviews on social media and online review sites. Learning was shared and used to make improvements.
- The provider took time out to review individual objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, the provider had set up an online booking system to improve accessibility for clients.