Courthouse Clinics (Sk:n) Brentwood

Inspection report

New Road
Brentwood
CM14 4GD
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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. (No previous inspection)

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 Courthouse Clinics (Sk:n) Brentwood on 27 February 2023 under section 60 of the Health and Social Care Act 2008. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This was the first rated inspection of the service under our current methodology.

The provider specialises in dermatology and aesthetic treatments. The service offers a mix of regulated skin treatments and minor surgical procedures, as well as other non-regulated aesthetic 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.

Sk:n Brentwood provides a range of non-surgical aesthetic interventions, for example cosmetic Botox injections, dermal fillers and laser hair removal which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The clinic 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.

Our key findings were:

- The service had safety systems and processes in place to keep people safe.
- The provider had comprehensive governance processes to provide assurance to leaders that systems were safe and operating as intended.
- Leaders and staff had the skills and experience to fulfil their roles in a safe and effective way.
- Risk management was deeply embedded in the culture of the service, we saw evidence the provider made improvements when risks were identified.
- There were appropriate arrangements in place to manage medical emergencies.
- There were health and safety risk assessments and processes in place.
- Staff treated patients with compassion, respect and kindness and involved them in decisions about their care.

Overall summary

- The service proactively sought feedback from patients and used this information to improve.

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

- To continue to ensure all action points from previous meetings are documented as completed or followed up at future meetings.
- To continue to ensure all action plans following risk assessments are signed with a date of completion or date to be reviewed.
- To continue to review staff immunisation and ensure all records are up to date.
- To ensure the website is updated to accurately reflect the clinic opening times and the treatments that are offered at the clinic.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who was assisted by a GP specialist advisor**.**

Background to Courthouse Clinics (Sk:n) Brentwood

Courthouse Clinics (Sk:n) Brentwood provides independent doctor-led dermatology services, offering skin treatments such as prescribing for acne and other skin conditions, and minor surgical procedures, including the excision of moles and other skin lesions. The clinic also provides hyperhidrosis treatment and other non-regulated aesthetic treatments, for example, cosmetic dermal fillers, skin peels, anti-ageing injectables and laser treatments, which are not within CQC scope of registration.

The Registered Provider is Lasercare Clinics (Harrogate) Limited, who provide services from more than 50 locations across England.

The clinic has been registered with the CQC since December 2021. Services are provided from New Road, Brentwood, CM14 4GD.

The clinic opening times are:

- Monday: 12pm-8pm
- Tuesday: 10.30am-8pm
- Wednesday: 12pm-8pm
- Thursday: 11.30am-8pm
- Friday: 9am-6pm
- Saturday: 9am-6pm

The staff team is comprised of a clinic manager, a clinic manager designate, a medical director who is the lead Cosmetic Doctor and an aesthetic nurse practitioner. They are supported by practitioners who provide only non-regulated aesthetic treatments. Although the service previously employed Dermatologists to provide consultations and treatments at the clinic, at the time of the inspection there was no dermatologist that worked at the clinic and we were informed the company is recruiting for this position. Subsequently, no minor surgeries are being carried out at this location.

The clinic is spread over two floors. The ground floor consists of toilets, a spacious waiting area, a small staff room, a staff kitchen area, two doctors rooms and a minor operations room (this room was not in use as there were currently no minor operations being carried out by the service). The first floor has two treatment rooms.

The clinic has good transport links with regular buses and local tube stations. There is no on-site parking. The premises is modern, clean and in good condition.

How we inspected this service

We carried out this inspection on 27 February 2023. Before visiting the location, we looked at a range of information that we hold about the service. Before and during our visit, we interviewed staff, reviewed documents and clinical records, and made observations relating to the service and the location it was delivered from. We were shown examples of patient feedback which the provider monitored on an ongoing basis. We did not speak to patients on the day of the site visit.

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?

We rated safe as Good because:

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. Staff were aware of 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 children and vulnerable adults from abuse.
- Staff were supported to complete safeguarding training at a level appropriate for their role. In addition, there was a safeguarding lead trained to safeguarding level 4 in each region to support staff with any safeguarding concerns.
- The clinic did not offer treatments to patients under 18 years of age. We saw clear guidance was provided to patients that children should not attend unless chaperoned by another adult in addition to the patient.
- The service worked with other agencies to support patients and protect them from neglect and abuse. We saw contact information for the local safeguarding teams around the clinic.
- We reviewed staff files for staff that currently worked at the clinic and found 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 for all staff (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).
- All staff who acted as chaperones were trained for the role and had received a DBS check.
- We reviewed processes for the monitoring of staff immunisations. Records provided contained evidence of Hepatitis B status and other immunisation records were available for some clinical staff. We noted that in response to inspection findings of other locations within the provider brand (Lasercare Clinics), the organisation had developed a new policy on immunisations and was reviewing their approach to ensure staff immunisations were undertaken and monitored on an ongoing basis in partnership with occupational health.
- There was an effective system to manage infection prevention and control (IPC). Cleaning and monitoring schedules were in place. The premises were visibly clean and well maintained. The most recent infection prevention and control audit had been completed on 31 December 2022 and had no concerns to address.
- There were systems for safely managing healthcare waste, including sharp items. We saw that clinical waste disposal was available in clinical rooms and the clinic had a contract with a company for the disposal of clinical waste. We saw bins used to dispose of sharp items were signed, dated and labelled and were not over-filled.
- The service had effective systems to manage health and safety risks within the premises. We requested a copy of the most recent legionella risk assessment which was conducted on 13 July 2021 and there were three recommendations for the provider. We saw action had been taken by the clinic manager to address them. (Legionella is a bacterium which can contaminate water systems in buildings).
- A fire risk assessment had been completed on the premises on 22 February 2023 and we saw an appropriate action plan was generated following the findings.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

Good

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. Clinical staff who worked on a sessional basis were scheduled according to patient demand and at the time of the inspection there was no Dermatologist in post, we were informed they were recruiting for this position.
- At the time of the inspection there was a cosmetic Doctor employed by the provider, their role was to provide clinical support to the clinic and conduct aesthetic procedures.
- There was an effective induction system for agency staff tailored to their role. The service was supported by the provider's central human resources team to coordinate inductions.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff had completed sepsis training to support this.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There was a defibrillator and oxygen available on the premises which were subject to regular checks.
- There were appropriate indemnity arrangements in place for clinical staff.
- 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.

- Clinical records were handwritten and stored securely in locked cabinets within a secure room. We were informed the clinic was in the transition to go paperless.
- 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.
- 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, including emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Our review of clinical records confirmed staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The service did 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.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and to support the management of health and safety within the premises.

Good

Are services safe?

- The provider had produced an audit schedule to ensure ongoing monitoring and auditing of the service at specific intervals.
- The monitoring process in place provided assurance to leaders that systems were operating as intended, there was clear documentation of records which provided an accurate and current picture to leaders promoting a culture of safety and improvement.
- We noted action plans were not always signed with a date of completion or date to be reviewed however this was immediately rectified and we were shown updated versions.
- There were audit process implemented by regional and national support roles who worked closely with local managers to identify risks and implement improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There were systems for recording and acting on significant events, the provider used an internal 'Incident Notification Reporting System' (INRS) to ensure standardised reporting and management of events and incidents. Staff understood their duty to raise concerns and report incidents and near misses via the INRS.
- There were appropriate systems for reviewing and investigating when things went wrong. We saw detailed records of incidents relating to patients. The service learned and shared lessons during one to ones with staff and took immediate action to improve safety in the service.
- Staff were signed up to receive safety alerts and medical updates via bulletins issued by central teams and reinforced by local managers.
- The service used feedback and findings from previous CQC inspections at other locations to make improvements, for example, improvements in the management of staff immunisation.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Good

Are services effective?

We rated effective as Good because:

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).

- Clinicians employed by the service had high levels of skills, knowledge and experience to deliver the care and treatment offered by the service
- The provider had systems to keep clinicians up to date with current evidence-based practice.
- We reviewed clinical records relating to 6 patients who had received treatment within the service. We found the records were clear and contained detailed information about the treatment provided.
- The service ensured they provided information to support patients' understanding of their treatment, including pre-treatment and post-treatment advice and support.
- Patients were also able to access post treatment support via follow up appointments and on the telephone.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- There was a Medical Standards Team who provided a central structure under which patient treatment outcomes were monitored.
- We saw evidence that the clinic regularly monitored infection rates following procedures, this was done by completing their post operation infection log.
- Regional audit staff worked with local managers to undertake quarterly auditing of all aspects of service delivery, including premises safety, procedural management, infection prevention and control.

Effective staffing

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

- Staff were appropriately qualified and registered with evidence of appraisals stored on their records.
- The provider understood the learning needs of staff, records showed the staff were compliant with their required training. The clinic had an up to date records of skills, qualifications and training. The clinic manager reminded staff to complete required training before its expiry date.
- Staff were encouraged and given opportunities to develop as openings arose. The Clinic Manager Designate worked closely with the Clinic Manager and their training was constructed to prepare them for a Clinic Manager role.

Coordinating patient care and information sharing

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

- Patients who used the service received coordinated and person-centred care. Staff referred to other services where appropriate. Patients enquiring about minor operation procedures were referred to other locations under the provider.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, previous medical and their medicines history.

Good

Are services effective?

- All patients were asked for consent to share details of their consultation and any medicines prescribed, with their registered GP when they registered with the service.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- There was a documented consent policy. Clinical records reviewed confirmed the consent process had been followed and discussions between the practitioner and patient had taken place.
- Patients were provided with information about procedures, including the benefits and risks of treatments provided.
- The service provided pre- and post-treatment advice and support to patients, for example about wound care.
- We saw examples from incidents where patients presented with concerns or complications post treatment were followed up appropriately. The clinic had on-call support from the Medical Director and a Medical Standards Team was also available for advice.
- Risk factors were identified and highlighted to patients, where appropriate highlighted to their normal care provider for additional support.

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.
- Patients were provided with information about procedures, including the benefits, risks and likely success of treatments provided.

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.
- All staff completed mental capacity act and deprivation of liberty training as part of the schedule of mandatory training.

Good

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of care patients received and used an online platform called 'reputations' to monitor all feedback. This was used regularly by the clinic manager to continually improve the service provided.
- Although it was difficult to assess the quantity of feedback given in relation to the regulated activities conducted in the last 12 months, a summary provided by the clinic showed feedback from patients overall was mainly positive.
- Staff informed us feedback was discussed at morning huddles before the start of a clinic.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff had completed training in equality and diversity, we observed the service placed a high importance on making patients feel at ease with their treatments.
- 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. The national contact centre gathered information to ensure all the patients' needs could be met including booking interpreters to ensure consent was appropriately obtained.
- Patients were contacted by staff within the service prior to their first appointment and after their first appointment, in order to manage their expectations with regard to their consultation and ensure appropriate advice and support was offered.
- Staff told us they had responded directly to feedback regarding the ability to make direct contact with the service to amend appointments, for example, without having to go via the provider's central contact team.
- Staff communicated with people in a way that they could understand, for example easy read materials were available prior to treatment.
- We saw that the service provided a patient information folder located within the reception and waiting area. This provided information for patients including the pricing, treatments offered, governance structure and complaints procedure.
- Information about pricing was available to patients on the service's website and within the service. However, the website needed to be updated to accurately reflect the opening times of the service and the treatments the services currently offered.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations and treatments took place behind closed doors and conversations could not be overheard.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Chaperones were available should a patient choose to have one. All staff providing chaperoning had undergone required employment checks and received training to carry out the role.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and arranged services in response to those needs. Doctor-led dermatology services were provided according to patient need, however at the time of the inspection there was no Dermatologist in post.
- 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. For example, translation support services were available.
- Prior to our onsite visit, we reviewed publicly available information regarding patient experiences at the service. We noted in the last 12 months the service was provided with 17 reviews from clients who used the service. Of these comments, 16 were positive, and 1 comment was negative. Feedback from patients was generally very positive and indicated that patients found the service to be friendly, helpful, efficient and person-centred. During our inspection we queried reviews that had not been responded to, following the inspection we noted all reviews had been responded to by the provider.

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. Appointments could be booked in person or by telephone. Evening and weekend appointments were available.
- The provider operated a central contact centre which enabled patients to book appointments and make enquiries outside the service's normal opening times.
- Waiting times, delays and cancellations were minimal and managed appropriately.

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.

- The service had a complaint policy and staff we spoke with were aware of the procedure in place to handle complaints.
- Information about how to make a complaint or raise concerns was available in the reception area and on the website.
- The service informed us there had been no complaints in the last 12 months.

Good

Are services well-led?

We rated well-led as Good because:

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 and were open and transparent regarding factors that impacted upon the operation of the clinic.
- Leaders withing the clinic were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. For example, on the day of our site visit, the clinic manager was supported by the regional audit manager.
- There was a local, regional and national staffing structure in place across the organisation and staff were aware of their individual roles and responsibilities. The provider had identified individual members of staff to assume lead roles in key areas.
- 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.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. This included being approachable, accessible, medical-led and responsible. The organisations mission statement was 'inspiring confidence through better skin'.
- 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.
- We saw the providers incident log, there had been 7 incidents recorded in the last 12 months. We saw these were documented in appropriate detail including the action taken and learning identified. Staff knew how to report significant incidents.
- 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 and staff were supported to complete equality and diversity training.
- Feedback from staff confirmed there was positive relationships between staff and teams.

Good

Are services well-led?

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. For example, the medical standards committee issued update bulletins on topics such as safety alerts, governance and changes that affected the clinics.
- The clinic manager and medical director had regular one to one meetings to ensure patient specific needs were addressed.
- Staff were clear on their roles and accountabilities. They knew where to find clinic policies such as safeguarding and report incidents.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were regularly reviewed and updated.

Managing risks, issues and performance

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

- There were effective governance processes to ensure leaders were able to identify, understand, monitor and address current and future risks including risks to patient safety.
- Leaders had oversight of safety alerts, incidents and complaints. There was a system for recording and acting upon 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 comprehensive risk assessments in place to ensure the safety of staff and patients. It was not always evident that action points on risk assessments had been completed and when they were completed, however when we followed this up we were assured action points had been addressed. The Clinic Manager imminently updated the action plans to reflect this.
- The service had processes to manage current and future performance. Performance of clinical staff was subject to review via audit of their consultations and patient treatment outcomes.
- Leaders were able to demonstrate how the use of audit impacted their documentation and our review of patient files showed the clinic maintained good record keeping including the documentation of GP details, consent and communication with patients regarding their histology results when relevant.
- We saw evidence of discussions at regular staff meetings, however it was not clear that actions from previous meetings had always been completed.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The service used a risk register to identify and monitor areas where there was associated risk.
- Care and treatment records were kept securely and were written and managed in a way that kept patients safe.
- All staff checks were conducted at the time of recruitment and all required ongoing monitoring such as disclosure and barring service checks.
- 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.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Good

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

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 to shape their services and patients were encouraged to leave reviews.
- The clinic used a framework called 'You said, we did' and we saw examples for January 2023. The service commented on feedback relating to their prices and the action taken to provide discounted rates. The service showed that had acted on other feedback such as booking patients directly with the clinic as opposed to the national contact centre.
- There service was focusing on improving the use of digital technology and a digitalised booking system was being implemented to remove the use of paper files and improve the patient pathway.
- Staff provided feedback through one to one meetings and during their appraisals.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous improvement, this was evidenced through the use of comprehensive audits completed regularly. There was also an internal audit team within the company who conducted audits twice a year.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The provider told us they worked in partnership with the Joint Council for Cosmetic Practitioners' in raising standards and championing regulation and patient safety across the aesthetics industry.