

Skin Medical Limited

Skin Medical Manchester

Inspection report

**20 St Ann's Square
Manchester
Greater Manchester
M2 7HG**

Tel: 0161 839 7663

Website: www.skinmedical.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 16 November 2017 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that processes in place supported safe care in accordance with the relevant regulations.

Are services effective?

We found that processes in place supported effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that processes in place supported responsive care in accordance with the relevant regulations.

Are services well-led?

We found that the service was well-led care in accordance with the relevant regulations.

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC last inspected this service on 12 December 2013. That was an unannounced inspection and the service met all standards assessed.

Skin Medical Manchester is registered to carry out the regulated activities:

- Surgical procedures
- Treatment of disease, disorder and injury (TDDI).

Skin Medical Manchester operates from a suite of private consulting rooms situated in St Ann's Square, Manchester. There is a reception area, a waiting room, four consulting rooms and a theatre.

The service is a private medical practice providing services mainly to patients with skin conditions and imperfections. Minor surgery provided is Dermatological, Vaser liposuction and Stop Snoring. All surgery is carried out under local anaesthetic.

Hours of opening are Monday to Saturday 9am to 5pm and late openings Tuesday and Thursday 5pm to 7pm.

The service treats patients of 18 years or older for the regulated activities.

Summary of findings

The registered manager is also a qualified nurse who acts as the lead on infection control. 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection visit. We received 65 comment cards which were all very positive about the standard of care received. Comments included; 'Throughout all my treatments I have been listened to and respected, absolutely fantastic service,' 'The information provided was honest and helpful,' 'Everyone at Skin Medical has been incredibly helpful and made me feel comfortable and safe throughout my treatment' and 'Patient care is paramount at Skin Medical.'

Our key findings were:

- There were policies and procedures in place for safeguarding patients from the risk of abuse. Staff had received training in safeguarding.
- Patients' needs were assessed and treatment was discussed and planned with the patient and consent obtained prior to any treatment being given.
- Patients we spoke with on the day of inspection all said they were happy with the treatment provided and they were involved in their care and decisions about their treatment.
- Patients told us they were given good verbal and written information regarding their treatment and all questions were fully answered.
- Staff felt supported and had access to appropriate training.
- Opening times of the service were clearly displayed on the website.
- There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.
- Patient satisfaction views were obtained.
- The premises were clean and personal protective equipment (PPE) was readily available.
- An induction programme was in place for staff.

There were areas where the provider should make improvements:

- The service should undertake formal infection control audits and continue to record the visual checks of cleanliness.
- The service should ensure the continued recordings of the drug fridge temperatures to ensure medication is consistently stored at the correct temperature.
- The service should ensure a continued audit process for prescribed medication that is prescribed and picked up from the chemist on behalf of the patient.
- The scope of issues considered for recording significant events should be broadened and there should be a sustained record of lessons from significant events, individual concerns and complaints.
- Policies and procedures should be reviewed and updated to ensure they reflect current best practice guidance and legislation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service had systems in place to provide safe care in accordance with the relevant regulations.

- Systems were in place to ensure that equipment was safe to use and that the premises were clean and well maintained.
- Staff had received training and were aware of procedures in place for safeguarding patients from the risk of abuse.
- There were enough clinicians to meet the demand of the service.
- Appropriate recruitment procedures and pre-employment checks had been carried out to ensure staff suitability.
- The service had informal arrangements for learning from events/incidents. Following the inspection we were sent a recording tool that had been implemented to document lessons learnt.

Are services effective?

We found that this service had systems in place to provide effective care in accordance with the relevant regulations.

- Patients' needs were assessed prior to a service being delivered.
- There was induction, staff training and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- Consent to care and treatment was obtained prior to treatment being given.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Clinicians undertook consultations in one of the five private consultation rooms to ensure privacy was maintained.
- All of the patients we spoke with expressed satisfaction that their treatment had been fully discussed and explained to them and all questions had been fully answered.
- Information received in the Care Quality Commission comment cards demonstrated that patients had received a caring service and were happy with the service provided.

Are services responsive to people's needs?

We found that this service had systems in place to provide responsive care in accordance with the relevant regulations.

- There was a complaints policy and information was made available to patients about how to make a complaint.
- Opening hours of the service were available on the website.
- The service was accessible to people who had limited mobility or used a wheelchair although the washroom/WC were not. Patients could use neighbouring facilities.

Are services well-led?

We found that this service had systems in place to provide well-led care in accordance with the relevant regulations.

Summary of findings

- There was a management structure in place and staff we spoke with understood their responsibilities.
 - The organisational ethos was on display in the main reception for staff and patients to see.
 - Systems were in place to encourage patient feedback.
 - The practice had an up to date statement of purpose
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Skin Medical Manchester

Detailed findings

Background to this inspection

Skin Medical Manchester was inspected on 16 November 2017.

The inspection was led by a Care Quality Commission (CQC) inspector; a GP specialist advisor and one additional CQC inspector also attended.

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre inspection information which we reviewed.

During our visit we:

- Spoke with a range of staff from the service including two doctors, the director, the registered manager who was also the clinic manager and a receptionist.
- We spoke with three patients.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients had shared their views and experiences of the service.
- Looked at information the practice 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 found that this service had systems in place to provide safe care in accordance with the relevant regulations.

Safety systems and processes

- We reviewed four recruitment files which showed the necessary documentation was available. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). 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 noted in one personnel file held a Criminal Records Bureau (CRB) check from 2009 and we discussed with the director that the recruitment procedure did not include how often the CRB (now called DBS) is updated. Following the inspection we received a reviewed and updated recruitment policy and supporting documentation which included this information.
- The service had policies in place which covered adult and children safeguarding and staff had undertaken safeguarding training.
- The service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. However we did see that theatre mops and buckets were being stored in the entrance of the theatre. Following the inspection we were sent evidence that action had been taken to address this issue and mitigate the risk of cross infection.
- There were daily cleaning schedules in place detailing what cleaning was to be undertaken by the external company employed to undertake the cleaning. We were told that a visual check of the cleanliness of the service was undertaken but this was not formally recorded and no internal infection control audits were undertaken. Following the inspection we were sent evidence that documentation for these recordings had been implemented. The registered manager told us that they undertook a regular deep clean of the theatre but this was not formally recorded. During the course of the inspection the registered manager implemented a deep cleaning schedule for the theatre.
- We saw personal protective equipment (PPE) such as gloves, aprons, gowns and wall mounted soap, paper towels and hand sanitiser were available throughout the premises which helped reduce the risk of cross infection.
- We saw that there was a clinical waste contract for the collection of all clinical waste. We saw sharps bins were appropriately stored and were collected in a timely manner for disposal by the clinical waste company. A sharps bin is a specially designed rigid box used to safely dispose of contaminated sharps for example used needles and lancets.
- We noted there was no bio hazard spill kit which is used for safe, effective cleaning and safe disposal following a spillage of bodily fluids. Following the inspection we received confirmation that the kit had been obtained which would help reduce the risk of cross infection in the event of a spillage.
- Following the inspection we were sent copies of Control of Substances Hazardous to health (COSHH) data sheets for the cleaning materials that were stored on site. COSHH legislation requires employers to control substances that are hazardous to health and to ensure their safe use.
- We saw that a portable appliance testing (PAT) risk assessment had been undertaken and following the inspection we were sent evidence of regular fire safety checks that were undertaken by the landlord of the premise and evidence of gas and fixed electrical wiring safety certificates for the premises. A Legionella risk assessment had been undertaken (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Clinical equipment was serviced in line with the manufactures guidelines and we were told all equipment was self-calibrating.
- We saw that patients were offered the services of a chaperone. We were told that only healthcare professionals acted as a chaperone and DBS checks had been undertaken.

Are services safe?

Risks to patients

- There were enough staff to meet the demands for the service. We were told that appointments were only booked in line with the staffing establishment in place to ensure all patient needs could be safely met.
- The clinic had adequate arrangements in place to respond to emergencies and clinical staff had received annual basic life support training.
- The clinic had an oxygen cylinder with appropriate masks, a defibrillator and there was also a first aid kit available. Emergency medicines were accessible and were checked on a regular basis. All the medicines we checked were in date and fit for use based on the treatment provided, including for anaphylaxis.
- Clinicians had professional indemnity cover to carry out their role.
- There were processes in place to document if the patient agreed to their GP being informed of their medical procedures.

Information to deliver safe care and treatment

- Proof of identity was checked prior to a service being delivered by the checking of patients credit/debit card details.
- Health assessments would be completed prior to procedures and these were comprehensive and patients had a minimum of two consultations prior to procedures being performed. Patients were given a printed copy of the consultation discussion so they could consider the information prior to the procedure. During the consultation patients were given information leaflets to look at, read and ask questions about the procedure to ensure they fully understood the procedure and any associated risk.
- We saw both electronic and paper records were stored. The computer system in place was password protected and all paper records were held securely.

Appropriate and safe use of medicines

- The service stored minimal medications on the premises. Medications that were stored were securely stored and were in date. There were systems in place to monitor expiry dates.
- The service did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We were told fridge temperatures were visually monitored on a daily basis to ensure that medication was being stored at the correct temperature. During the course of the inspection the registered manager implemented a system for recording the fridge temperatures on daily basis.
- We were told that for some patients a private prescription of antibiotics and/or pain relief medication was written and then picked up from the chemist so that it could be given directly to them on the day following their procedure. We saw there was no audit process for this medication. Following the inspection we were sent a copy of an updated prescription management policy and risk assessment which included details of a process to check these.

Track record on safety

- We were told that no significant events had occurred in the last 12 months. However during discussions with the registered manager and the director we found that the scope of issues considered to be a significant event should be broadened. In addition we found that the registered manager was able to clearly describe lessons learnt from a specific incident and how lessons had been communicated to staff but there were no formal records to support this. Formal, periodic reviews of significant events, incidents and lessons learnt would help to monitor trends and provide assurance that actions and learning had been embedded in the service. Following the inspection we were sent a recording tool that had been implemented to document lessons learnt.

Lessons learned and improvements made

- We were told about lessons learnt from one incident where paperwork relating to consent had been reviewed and updated.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service had systems in place to provide effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

- The service offered consultations to all prospective clients and did not discriminate against any client group. However we were told that the service were selective who they offered a service to based on certain criteria in the best interest of patient. For example patients had to be assessed as medically suitable, have realistic expectations and be physically and psychologically suitable.
- Patients had a minimum of two consultations prior to a procedure being performed. This ensured the patient had adequate time to reflect on the procedure and ask any questions to ensure they fully understood the procedure.
- Patients were given a full explanation of the procedure and were fully involved in the decision making process. Feedback from patients confirmed this.
- A full explanation was given if the service deemed they were unable to perform the procedure or if they thought the procedure was unsuitable for the patient.

Monitoring care and treatment

- The service collected and monitored information on people's care and treatment outcomes to help make improvements.
- We saw audits of clinical practice following otoplasty and stop snoring surgery. The audits focused on measuring quality outcomes, informed consent and infection rates.

Effective staffing

- There were induction, training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment. However we noted that one recently employed doctor had not undertaken a formal induction process. Following the inspection we received confirmation that a formal induction had been undertaken.

- We saw a training matrix (record) was in place to demonstrate the training undertaken by staff.
- We noted that none of the staff had undertaken Mental Capacity Act 2005 (MCA) training. This was discussed with the registered manager and following the inspection we received confirmation that training had been undertaken.
- The registered manager and the two doctors who were responsible for completing the health assessments and consultations prior to any procedures being undertaken were on the appropriate specialist registers and were qualified to undertake the assessments.
- The registered manager who was also a registered nurse had suitable surgical experience and qualifications to provide post-operative care.

Coordinating patient care and information sharing

- During this inspection, from the records we looked at, we saw that no patients had required the need for a referral to any other services.
- We were told if the service could not meet the care that a patient needed the patient would be advised to seek assistance from a suitably qualified registered provider. The issue would be discussed with the patient and documented on their care plan in the dedicated section for the reason for referral and to whom the referral should be made. With the patient's consent, a referral would be sent.

Consent to care and treatment

- We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance.
- We saw written consent was obtained and included discussion around benefits, risks and any possible complications before any procedures were undertaken. Patients were asked if they consented for the service to communicate with their own GP and this was documented.
- The director and registered manager we spoke with understood the relevant consent and decision-making requirements of legislation and guidance. Following the inspection we were sent evidence that Mental Capacity Act 2005 training had been undertaken.

Are services effective?

(for example, treatment is effective)

- Before treatment was undertaken patients were informed of the main elements of the treatment proposed and any further treatment or follow up that would be needed.

Are services caring?

Our findings

We found that this service was providing a caring service in accordance with the relevant regulations.

Kindness, respect and compassion

- We observed that members of staff were courteous and helpful to patients.
- All of the feedback we received from our discussion with patients was positive about the service provided. Patients said they felt they received an excellent service and staff were helpful, caring and treated them with respect.
- We received 65 Care Quality Commission comments cards which highlighted that patients were treated with kindness and respect.

Involvement in decisions about care and treatment

- Patient information guides about the services available were on the website and information booklets were available in the reception and waiting room.

- Patients we spoke with all told us full explanations were given prior to any treatment or procedures being undertaken and all questions were fully answered.
- Patients told us that a full and clear explanation was given if the clinicians felt their choice of treatment was not appropriate for them. We were told by patients that there was no problem with aftercare because due to the explanations given they were fully prepared as to what to expect.

Privacy and Dignity

- Patients were seen in one of the five consulting rooms to maintain privacy and dignity during examinations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The Care Quality Commission comment cards we received were all positive about the service received. Patients said they felt the service offered an excellent, professional service and staff were friendly, helpful, informative, caring and respected their privacy and dignity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service had systems in place to provide responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

- The reception, waiting room, one consulting room and the theatre were all accessible to people who used a wheelchair, although the washroom/WC were not. The registered manager told us it was their intention to speak with one of the other providers in the same building to ask if they could use their wheelchair accessible facilities and we were told the facilities in the neighbouring building were available to patients.
- The provider offered consultations to patients who requested and paid the appropriate fee, and did not discriminate against any client group.
- The provider made it clear to the patient what services were available to them.
- Patients were seen at a pre-procedure assessment consultation and options were discussed with them to achieve the most appropriate procedure for them.

Timely access to the service

- Consultations were provided six days a week, Monday to Saturday 9am to 5pm and two late evenings until 7pm on Tuesday and Thursday.

- This service was not an emergency service.
- Patients booked appointments through contacting the reception at the service.
- Feedback we received from patients was that 'appointments ran on time and were extremely organised.'

Listening and learning from concerns and complaints

- Information about how to make a complaint was available in the waiting room.
- We saw there was a complaint policy and procedure which included timescales for dealing with the complaint. However it was noted that the policy excluded some issues from its complaints process. For example it excluded physical, sexual abuse or financial neglect. This was discussed with the director and following the inspection we were sent an updated complaint policy and procedure which addressed this shortfall.
- We saw there was a log and an overview record of complaints that helped to identify any trends that could be used, if appropriate, to improve the quality of the service being delivered. The registered manager described to us lessons learnt from one complaint and how this had been shared with staff but this had not been formally recorded. Following the inspection we were sent evidence that a recording tool for this had been implemented.

Are services well-led?

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

Our findings

We found that this service had systems in place to provide well-led care in accordance with the relevant regulations.

Leadership capacity and capability

- There was a clear leadership structure and staff employed understood their roles and responsibilities.
- Staff told us they felt well supported and there was an open culture.
- We saw there was a whistle blowing policy and procedure in place which protects staff should they need to raise concerns without fear of victimization, subsequent discrimination, disadvantage or dismissal.

Vision and strategy

- The registered manager and the director told us they had a clear vision and ethos to provide a high quality service that put caring and patient safety at its heart. The heart of their ethos was that the patient is the most important person on the clinic premises.
- The ethos of the service was on display in the reception for staff and patients to clearly see.

Culture

- The service had an open and transparent culture and we saw that staff had good relationships with each other.
- The leadership was clear about the patient consultation process and the standard of care expected.

Governance arrangements

- There was a clear organisational structure and staff were aware of their own roles and responsibilities.

- There was a range of policies and procedures which were available to all staff. We noted that some of these made reference to the outdated National Minimum Standards. This was discussed with the director who told us they would review the policies and procedures and update them as appropriate in line with the current Health and Social Care Act 2008.

Managing risks, issues and performance

- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place.

Appropriate and accurate information

- Systems were in place to ensure that all patient information was stored and kept confidential.
- There were IT systems in place to protect the storage and use of patient information and we saw all paper information was securely held.
- The care and treatment records we saw were complete.

Engagement with patients, the public, staff and external partners

- The registered manager contacted patients post procedure in an attempt to obtain patient feedback.
- Patient feedback was published on the service's website.

Continuous improvement and innovation

- The staff team worked together and worked towards continuous improvement.
- We saw that regular team meetings were held and we were told any issues or concerns could be raised and discussed at these meetings. We saw minutes were taken of the meetings.