

Stafford Skincare Limited - Lichfield

Inspection report

48 Borrowcop Lane
Lichfield
WS14 9DG
Tel: 07929168002
www.stafford-skincare.co.uk

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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?

Outstanding 

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? – Outstanding

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Stafford Skincare Limited-Lichfield as part of our inspection programme.

Skincare Limited -Litchfield is a private dermatology clinic for adults and children over the age of four years, run by Dr Kathleen Anne Ward, a Consultant dermatologist in the West Midlands. All appointments are with Dr Ward.

This service is registered with the Care Quality Commission (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. Stafford Skincare Limited provides a range of non-surgical cosmetic interventions, for example, dermal fillers, injectables, skin rejuvenation treatments and skincare products which are not within the scope of CQC registration. Therefore, we did not inspect or report on these services.

Dr Ward is the registered manager. A registered manager is a person who is registered with CQC 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.

Due to the current pandemic we were unable to obtain comments from patients via our normal process of asking the provider to place comment cards within the service location. However, we saw the clinics 2021 patient survey, there were 54 patients reviews. We found that patients were consistently extremely positive about the service, describing the service as professional, and that the clinic was very clean and well maintained. We did not speak with patients on the day, as there were none attending for regulated activities.

Our key findings were:

- The service had safety systems and processes in place to keep people safe. There were systems to identify, monitor and manage risks and to learn from incidents.
- There were regular reviews of the effectiveness of treatments, services and procedures to ensure care and treatment was delivered in line with evidence-based guidelines.
- The service had a programme of quality improvement through clinical and internal audits. These were used to monitor quality, make improvements and to provide quality auditable data. Annual reviews also took place.
- Staff treated patients with compassion, respect and kindness and involved them in decisions about their care.

Overall summary

- The treatment was carried out on time and advice was given and arrangements were in place for any potential follow up treatment.
- The leadership and governance arrangements promoted good quality care.

The Care Quality Commission received over 96 extremely positive unsolicited 'share your experience of care' reviews. We found and patients reported:

- There was a strong visible, person-centred culture, with the clinician highly motivated and inspired to offer care that was kind and promoted people's dignity. Patients reported on the welcome and prompt service, which they described as professional, friendly and informative.
- Staff recognised and respected the totality of people's needs. They took into account people's personal, cultural, social and religious needs.
- People who used services were active partners in their care.
- The clinician was committed to working in partnership with people and making this a reality for each person. Patients who experienced care and treatment at the service reported on the individual approach and kindness and that care was tailored to their needs.
- Patients reported they had been in receipt of a detailed diagnosis with detailed treatment options that were fully explained. Explanation of patients conditions and the potential risks or issues were provided on a one to one basis in plain English with clear explanations of the condition and actions to be taken.
- Patients reported that they felt respected, listened too and found the clinician was thorough.
- Significant praise was made by patients for the clinician and the adaptations made to ensure safe practice during the pandemic. by implementing changes that reduced the impact on the timely delivery of care and treatment.
- The clinical environment and COVID-19 precautions in place, for example that the consultation/treatment room was meticulously clean.
- The services own patient survey produced consistently positive results year on year.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a Specialist Advisor.

Background to Stafford Skincare Limited - Lichfield

Skincare Limited-Lichfield is a private dermatology clinic for adults and children over the age of four years, run by Dr Kathleen Anne Ward, a Consultant dermatologist in the West Midlands. All appointments are with Dr Ward. The clinic operates from premises located at 48 Borrowcop Lane, Lichfield, Staffordshire WS14 9DG. The clinic is located in a residential area with free parking. Facilities are located on the ground floor which includes the treatment room. The opening hours are between 2pm and 6pm, by appointment only, on Wednesdays and Fridays. There are no out of hours consultations unless by prior arrangement and the provider is contactable by email or phone for patients in receipt of treatment or procedures out of hours.

Stafford Skincare Limited, is registered with the Care Quality Commission (CQC) to provide regulated activities including; diagnostic and screening procedures, surgical procedures, and treatment of disease, disorder or injury. Procedures offered that are not required to be registered with the CQC include for example, wrinkle relaxing injectables, treatments for hyperhidrosis (excessive sweating) and dermal fillers.

Dr Ward is the founder and medical director of Stafford Skincare – Lichfield. As a Consultant Dermatologist, Dr Ward is on the General Medical Council's Specialist Register, undergoing an annual appraisal and five-yearly revalidation to maintain her licence to practice medicine. Each year, Dr Ward attends multiple aesthetic and dermatological courses, enabling her to give up-to-date, evidence-based advice on conditions relating to skin and hair.

Dr Ward is a Consultant member of the British Association of Dermatologists, the British Cosmetic Dermatology Group, the Royal College of Physicians and the British Hair and Nail Society. Dr Ward works closely with the British Association of Dermatologists, and for example contributed to the publication of the UK National Guidelines for Photodynamic Therapy in 2019.

Dermatology minor surgical procedures offered by the service include for example, mole removal, skin tag removal, shave cautery (also called curettage and cautery), hyfrecation (a form of electro surgery which can be used to treat warts on the skin), punch biopsies (these may be used to check for certain types of cancer) and cryotherapy (the use of extreme cold to freeze and remove abnormal tissue). Medical treatment includes for example the treatment of acne, melasma (skin pigmentation) and acne scarring. On a sessional basis a self-employed registered nurse provides support during minor surgical procedures.

More information about the service can be found on their website: www.staffordskincare-lichfield.co.uk or www.stafford-skincare.co.uk

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted some of our inspections differently.

This inspection was carried out with a request for specific information prior to the inspection and an onsite visit. This included:

- Requesting evidence from the provider
- A site visit
- Conducting staff interviews
- Completing clinical searches on the clinic's record system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Observations and reviews of documents.

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 had established safety processes to keep staff and patients safe. This included safeguarding people from abuse, minimising the risks to patient safety, and reporting incidents.

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 training. The service had systems to safeguard children and vulnerable adults from abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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 an enhanced DBS check.
- The service had systems in place to ensure that an adult accompanying a child had parental authority.
- 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).
- There was an effective system to manage infection prevention and control. Risk assessments took place for example for Legionella, which was identified as a low risk and appropriate measures were in place.
- Infection prevention and control cleaning schedules, audits and processes were effective. Patients in their direct feedback to the Care Quality Commission (CQC) highlighted significant praise for the clinician and the adaptations made to ensure safe practice during the pandemic. They reported that there was a clinically clean, well maintained treatment room. The clinic had implemented changes that reduced the impact on the timely delivery of care and treatment. These included; dermatology consultations on-line, pre consultation documentation such as medical history, implementation of measures such as temperature checks and screening on arrival and personal protective equipment (PPE) use. When there were face to face appointments there was sufficient time intervals between patients for deep cleaning. Patients appointment times were staggered which ensured that no patients were in a waiting area.
- All minor surgical procedures were completed with single use items with appropriate waste disposal.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring when nurse support for minor surgical procedures was needed in advance.
- There was an effective induction system for staff tailored to their role.
- Staff had completed training and 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.
- There were appropriate indemnity arrangements in place for the provider and self-employed registered nurse.

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. A defibrillator and oxygen were not held at the clinic but where items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The 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.
- The clinician 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, emergency medicines and equipment, including liquid nitrogen, minimised risks. The emergency medicines in place were those used in the event of anaphylaxis, however where items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- The service kept prescription stationery securely and monitored its use.
- 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 medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- There were protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and staff understood their duty to raise concerns and report incidents and near misses.
- There were systems for reviewing and investigating when things went wrong. There had been no significant events in the last twelve months.
- 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.

Are services safe?

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 team members.

Are services effective?

We rated effective as Good because:

- The clinician reviewed and monitored care and treatment to ensure it provided effective services.
- They carried out audits to assess and improve quality, including audits on consent and post operative infection rates.
- Staff received training appropriate to their roles.

Effective needs assessment, care and treatment

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

- The clinician assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Clinical Excellence (NICE), British Association of Dermatologists (BAD), the British Cosmetic Dermatology Group, the Royal College of Physicians and the British Hair and Nail Society.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The clinician had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- The clinician assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. A quality improvement activity between January and September 2021 included a review of patients attending the clinic for a dermatological condition. A total of 131 patients were reviewed including, nine children (4 -18 years) and 26 older adults (65 years plus). This review was cross referenced with the same review completed in 2019. The review found that there was full compliance with the expected standards. This included the fact that the medical records included a copy of any private prescription and of the signed consent form. The findings showed that compared to 2019, less children and older adults were seen, more people with acne were seen in the children and adults groups. Consideration was given to the pandemic impact and the potential that increased prevalence of acne consequent to wearing face coverings.

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)/ Nursing and Midwifery Council 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.

Are services effective?

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. The clinician referred to, and communicated effectively with, other services when appropriate, for example with the patient's GP.
- Before providing treatment, the clinician ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The clinician had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services when appropriate.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

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 and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, at pre consultation information submission, the clinician would redirect 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.

Are services caring?

We rated caring as Outstanding because:

We found and patients experiences reported:

- There was a strong visible, person-centred culture, with the clinician highly motivated and inspired to offer care that was kind and promoted people's dignity. Patients reported on the warm welcome and prompt service described as professional, friendly and informative.
- Staff recognised and respected the totality of people's needs. They took into account people's personal, cultural, social and religious needs.
- Patients were active partners in their care.
- The clinician was committed to working in partnership with people and making this a reality for each person. Patients who experienced care and treatment at the service reported on the individual approach and kindness and that care was tailored to their needs.
- Patients reported they had been in receipt of a detailed diagnosis with detailed treatment options that were fully explained.
- Explanation of patients conditions and the potential risks or issues were provided on a one to one basis in plain English terms with clear explanations of the condition and actions to be taken.
- Patients reported they felt respected, listened too and found the clinician was thorough.
- Significant praise was made for the clinician and the adaptations made to ensure safe practice during the pandemic by implementing changes that reduced the impact on the timely delivery of care and treatment. The clinical environment and COVID-19 precautions in place, for example that the consultation/treatment room was meticulously clean and that attention to maintaining a safe customer environment existed.
- The services own 2021 patient survey (54 patient reviews) provided overwhelmingly positive feedback about the service.
- The Care Quality Commission were in direct receipt of 96 extremely positive 'share your experience of care' unsolicited patient reviews.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was consistently extremely 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.
- Staff recognised and respected the totality of people's needs. They took into account people's personal, cultural, social and religious needs.

Involvement in decisions about care and treatment

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

- Information leaflets could be made available in easy read formats to help patients be involved in decisions about their care.
- For patients with learning disabilities or complex social needs, family, carers or social workers were appropriately involved.

Are services caring?

- Staff communicated with people in a way that they could understand, which was determined prior to their face to face consultation. For example, should communication aids or easy read materials be required.
- Patients were active partners in their care.
- The clinician was committed to working in partnership with people and making this a reality for each person. Patients who experienced care and treatment at the service reported on the individual approach and kindness and that care was tailored to their needs.
- Patients reported they had been in receipt of a detailed diagnosis with detailed treatment options that were fully explained in plain English.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Patients were consulted on a one to one basis in a private treatment/consulting room. During minor surgical procedures the registered nurse offered a chaperone service.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service organised and delivered services to meet patients' needs.
- There were short waiting times for appointments, patients were advised of treatment prices in advance and staff made patients aware of their complaints policy.

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.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, extended consultation times.

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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. The clinician made the referrals and monitored for the timely responses and completed all the corresponding administration.

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. There had been no patient complaints or verbal negative comments to report.
- The service had a complaint policy and procedures in place. The provider had fostered a learning and improvement culture and we were assured that learned lessons from individual concerns, complaints and from analysis of trends would be acted upon.
- The provider was clear that they would inform patients of any further action that may be available to them should they not be satisfied with their response to any raised complaint.

Are services well-led?

We rated well-led as Good because:

- The provider understood the needs of the service and patients using the service. They created positive relationships in line with the service's values.
- There was a clear governance framework and risks were identified and managed. These included risks relating to information management.
- There was a strong emphasis on patient experience and service 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 how these would be addressed.
- The provider was visible and approachable, it was clear they worked closely with their staff and patients to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including any future plans for 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.

- The provider vision, values and strategy and their staffs roles in achieving them was clear.

Culture

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

- The service focused on the needs of patients.
- The provider had processes to act on behaviour and performance inconsistent with their vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing staff with the development they need. This included future appraisals.
- Staff were supported to meet the requirements of professional revalidation where necessary. The nurse was considered a valued member of the team.
- There was a strong emphasis on the safety and well-being of staff.
- The service actively promoted equality and diversity. Staff 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 governance and management of any joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

- Policies, procedures, guidance, audits, recruitment, training, risk assessments, consents, data sharing, results and referrals were very well organised and accessible.
- Appropriate documents were held securely in a locked cabinet in a lockable room with restricted access.
- Staff had clear roles and accountabilities.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance.
- The provider had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.

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 from patients, staff and external partners and acted on them to shape services and culture.

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 had systems in place to use any internal and external reviews of incidents and complaints and their process suggested any learning would be shared and used to make improvements.