

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Stafford Skincare - Meriden House

Meriden House, 10 Mill Street, Cannock, WS11  
ODL

Tel: 01543251807

Date of Inspection: 07 October 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Dr Kathleen Anne Ward
Overview of the service	Stafford Skin Care provides dermatology procedures and some cosmetic treatments. At the Cannock location, Dr K A Ward provides private dermatology consultations.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and reviewed information sent to us by other regulators or the Department of Health.

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### What people told us and what we found

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The service provider of Stafford Skincare was Dr K A Ward, a doctor registered with the General Medical Council (GMC) who was also employed as a part-time consultant dermatologist within the NHS. All the treatments and procedures provided by Stafford Skincare were undertaken by Dr Ward.

Most of the people who attended the Cannock service had been referred by their GP for dermatology consultation outside the NHS. Some people referred themselves for a private dermatology or cosmetic consultation.

We spoke with two people after their dermatology consultations. One person told us: "It's an excellent service. I was seen on time and everything was explained to me." Another person said: "The doctor was friendly and helpful. She made me feel comfortable, as if I was in safe hands".

The people we spoke with told us they were treated professionally. They said they had received a detailed care plan. They told us that their consent to treatment was based on clear information. They said they were examined in clean, hygienic surroundings.

We saw that Dr Ward had recently demonstrated her ongoing fitness to practise to the GMC. To maintain the quality of the service, she asked people for feedback about the treatments provided by Stafford Skincare. We found that Stafford Skincare provided safe and effective treatments.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

We spoke with Dr Ward about the service Stafford Skincare provided in Cannock. She told us that most people were either referred by their GP or referred themselves for a dermatology consultation outside the NHS. Other people sought private cosmetic treatments with Botox or dermal fillers to improve the appearance of their skin.

Dr Ward explained that every person she saw received the same standard of care. She talked with people about what they wanted from treatment. She said she aimed to provide a realistic picture of what the treatment might achieve for each individual person. She described how she took care to ensure each person had the best outcome with the least intervention and, where appropriate, with the least financial cost to themselves.

When we inspected Stafford Skincare in Cannock, we looked at the most recent appraisal of Dr Ward by the General Medical Council (GMC). We saw positive statements about her recognition of the need to show respect for patients and to treat them fairly and without discrimination.

Dr Ward had sought the prior consent for us to speak with two people who were attending the clinic in Cannock. We talked with a man and a woman of different ages following their consultations. One discussion included a relative. Each person emphasised that they had received an: "Excellent service". They valued the efficiency with which they had been able to make an appointment to see Dr Ward. They described her professional and friendly manner during the consultation. They told us this had put them at ease and given them confidence that they were: "In safe hands". They said they had been able to tell Dr Ward what was important to them in respect of their treatment. They confirmed that they had been given appropriate information relating to their treatment.

We found that Dr Ward supported people who used the service to understand the treatments available and enabled them to make decisions about their treatment.

## Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

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The provider was meeting this standard.

Before people received any treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

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The two people we spoke with during our inspection had attended consultations about skin conditions. Both people told us they had received detailed information about their conditions and the possible impact of treatments. They said they had been given helpful, professional advice.

We saw that each person had left the consultation with a hand-written, personalised information sheet which provided a clinical assessment and a detailed care and treatment plan. The care plan gave very clear guidance about how to use medication or other recommended products.

During the inspection we looked at the filed copies of assessment, treatment and care plans for other people. We saw that each person had given their written consent to treatment based on the information they had been given. The people we spoke with told us that when they gave their consent to treatment, they understood what to expect from it.

## Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

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As part of our inspection, we checked that people who used services provided by Stafford Skincare received appropriate care, based on an assessment of their needs. We saw that Dr Ward kept thorough clinical notes which determined which treatment or dermatology procedure was advised. We saw that Dr Ward recorded the exact site of treatment, including a clear reference to which side of the body a treatment was to be given or had been given.

We saw that Dr Ward provided details of all dermatology consultations and prescribing advice in a letter to people's general practitioner (GP) with a copy to the person. People who received cosmetic treatments had a choice as to whether their GP was informed. Dr Ward told us she always advised people to involve their GP where there were any clinical implications. This meant that the risk of people receiving unsafe or inappropriate care was reduced.

Details of the clinical assessment, the treatment plan and subsequent care plan were provided as an information sheet for each person who used the service to take away with them. When we looked at the copies of these plans we saw that they were specific and easy to follow. For example we saw guidance to use a particular cream in a specific way on a clearly identified part of the face or body.

During the inspection we looked at the filed copies of the information sheets given to people who had previously used the service. We saw that records had a consistent format, with every person receiving clear explanations and guidance.

Dr Ward showed us information leaflets which told people how to make a complaint about Stafford Skincare. She told us there had been no complaints about people's treatment at Cannock. This implied that Stafford Skincare had met people's expectations and had ensured their safety and well-being when delivering treatment.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who used the service were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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We looked at the treatment room used by Stafford Skincare in Cannock. It was part of a small clinic where other healthcare practitioners worked. A receptionist was available to support people with their appointments and routine, non-clinical questions. We saw that there was a room dedicated to Stafford Skincare and that this and the reception area were clean and welcoming. We found that the design and layout of the room promoted safe clinical practice.

The treatment room provided privacy for people and appropriate equipment for consultations, treatments and surgical procedures. The room was well-lit and uncluttered. There was enough space for the practitioner to examine people's skin and for this to be a comfortable process for people. The two people we spoke with told us they had found the treatment room clean and hygienic.

We saw that medicines and clinical products were stored securely in a locked fridge or cupboard in other premises where Stafford Skincare provided a service. These were brought to the Cannock location when it was appropriate to do so. Paper records and computer records were also stored securely elsewhere.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

### Our judgement

The provider was meeting this standard.

The provider had effective systems to regularly assess and monitor the quality of service that people received. The provider had effective systems to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

### Reasons for our judgement

Dr Ward is a consultant dermatologist working within an NHS Foundation Trust and privately as the provider of Stafford Skincare. This meant that her clinical practice was routinely scrutinised. As a practising doctor, Dr Ward was registered with the General Medical Council (GMC). We read her most recent appraisal document which included the statement: 'The doctor...demonstrates good practice. There are no concerns for patient safety'. The appraisal document made references to Dr Ward's treatment of patients and colleagues: 'fairly and without discrimination' and to her showing respect to patients. This was related to an absence of complaints about her in the preceding 12 months.

As part of her continuing GMC registration and as a requirement of her role as a hospital consultant, Dr Ward was required to complete mandatory training to maintain safe practise. We saw that she had completed refresher training in August 2013 in respect of safeguarding children; infection control; information governance; health, safety and well-being; basic life support; bloods and fire safety. In October 2013, Dr Ward had completed additional training in safeguarding adults.

Under Department of Health commissioning arrangements Dr Ward had the required certificate in Information Governance Standards. These standards provided a system for improving clinical practise. We looked at the certificate which confirmed Dr Ward's compliance with the standards.

As part of her clinical governance, Dr Ward asked the people who used Stafford Skincare services to provide feedback about their experience in a questionnaire. We looked at four completed surveys and saw that people were very positive about their care and treatment.

Dr Ward told us about the systems she had put in place to minimise infection when treating people. She told us that all instruments were single-use items and she showed us the packaged items. She told us that these were disposed of after each treatment or procedure. She explained that the syringes complied with the latest European legislation so that they did not pose a risk to the people who collected the clinical waste. Stafford

Skincare had appropriate arrangements for the safe disposal and collection of clinical waste. This meant that other people in the neighbourhood were protected from the risk of waste getting into the hands of unauthorised people.

We saw that Stafford Skincare had a contract with a pathology laboratory for the analysis and disposal of any tissue which was taken from people.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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