

OK Medical Limited

Skin Doctor York

Inspection report

66 Blossom Street
York
North Yorkshire
YO24 1AP
Tel: 01904633833
Website: www.skindoctorclinics.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 8 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 this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing 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 this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

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

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 was providing safe care in accordance with the relevant regulations.

- Staff had received training in safeguarding and knew the signs of abuse and to whom to report them.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were appropriate for the provision of care and treatment.
- Risk management processes were in place to manage and prevent harm. We found the equipment and premises were well maintained with a planned programme of maintenance.

We found areas where improvements should be made relating to the safe provision of treatment.

- This was because the provider did not have a risk assessment in place with regard to how they would access a defibrillator or oxygen in the event of a medical emergency.
- The refrigerator used for the storage of botulinum toxin was not a specialised medicines' refrigerator. The refrigerator was lockable and staff were checking the refrigerator temperature twice daily but had no way of knowing whether the refrigerator temperature had not gone out of the range required to store the botulinum toxin at a safe temperature at other times. The practice stated they would purchase a specialised medicines' refrigerator following the inspection and we saw evidence to confirm this.
- There was not a system in place for the checking of expired emergency medicines. The practice stated they would implement this after the inspection.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- The service provided evidence based care which was focussed on the needs of the patients. Patients received a comprehensive assessment of their health needs which included their medical history.
- Staff who were registered with a professional body such as the General Medical Council (GMC) had opportunities for continuing professional development (CPD) and were meeting the requirements of their professional registration.
- Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff we spoke with were aware of the impact of their patients' and family's general health and wellbeing and were proactive in providing information and support.

Are services caring?

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

- Feedback from patients through completed comment cards was positive about their experiences at the service. Patients were happy with the care they received and felt fully involved in making decisions about their treatment. The practice provided individuals with information to enable them to make informed choices about treatment. Patients were given a copy of their treatment plan and associated costs; this gave them clear information about the different elements of their treatment and the costs relating to them.
- Patients also commented that the staff were caring and committed to their work and displayed empathy, friendliness and professionalism towards them.

Summary of findings

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The service offered flexible appointments to meet the needs of their patients.
- The service had made reasonable adjustments to accommodate patients with a disability or impaired mobility.
- Lead roles supported the practice to identify and manage risks and helped ensure information was shared with all team members. There was a comprehensive range of policies and procedures in use at the practice which were easily accessible to staff.
- The service had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits. Where areas for improvement had been identified action had been taken and there was evidence of repeat audits that monitored improvements had been maintained.
- The complaint procedure was readily available for patients to read in the reception area and on the service's website. There was a complaint policy which provided staff with information about handling formal and informal complaints from patients. Information for patients about how to make a complaint was available in the service waiting room and on the service website.

Are services well-led?

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

- There was a management structure in place and staff understood their responsibilities. The registered manager was always approachable and the culture within the service was open and transparent.
- The manager and provider ensured policies and procedures were in place to support the safe running of the service.
- Regular staff meetings took place and these were recorded. Staff told us they felt supported and could raise any concerns with the provider or the manager.
- We saw that the service also regularly completed patient satisfaction surveys to improve the quality of the service.
- There were effective clinical governance and risk management structures in place. There was a pro-active approach to identify safety issues and to make improvements in procedures.

Skin Doctor York

Detailed findings

Background to this inspection

Background

We inspected this service as part of our comprehensive inspection programme 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out an announced comprehensive inspection at Skin Doctor York on 8 November 2017.

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We informed Healthwatch York and NHS Vale of York Clinical Commissioning Group (CCG) we were inspecting the service; however we did not receive any information of concern from them.

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.

This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the support of cosmetic treatments.

Skin Doctor York is a private skin care clinic also known as Skin Doctor Clinics and owned by Ok Medical Ltd. Skin Doctor Clinics also have another service in Leeds known as Ok Medical Ltd T/A Skin Doctor Leeds. Skin Doctor York is a doctor led service. The service is available for patients over the age of 18. Patients can access a range of skin and body treatments including cryolipolysis (a treatment to reduce fat cells), hyperhidrosis (a treatment to reduce excessive sweating with the use of botulinum toxin) and treatments for acne, rosacea and hair removal including the use of laser therapy. At Skin Doctor York the cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore we were only able to inspect the treatment for certain areas of aesthetic cosmetic services.

There are two independent doctors (who jointly own the service) working at the clinic with a manager, two full time salaried therapists and one part time therapist who is currently on maternity leave.

The service provides appointments as follows;

Monday – 9.30am-5pm

Tuesday - 10am-8pm

Wednesday - 10am-8pm

Thursday - 10am-8pm

Friday - 9.30am-5pm

Saturday – 9.30am-5pm

The provider is also the lead clinician and the registered manager is the manager and lead therapist. A registered

Detailed findings

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. We viewed seven CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. Feedback from patients was very positive about the care they received. They commented that staff were caring, friendly and respectful and that they had confidence in the service provided. Patients told us they had no difficulties in arranging a convenient appointment and that staff put them at ease, listened to their concerns and were warm and understanding.

We found the service had met the regulations and had in place systems and protocols for staff to follow which kept patients safe.

Our key findings were:

There was an open and transparent approach to safety and an effective system in place for reporting and recording incidents.

Patients reported they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.

- All consultation rooms were well organised and equipped, with good light and ventilation.

- There were systems in place to check all equipment had been serviced regularly.

- Staff maintained the necessary skills and competence to support the needs of patients.

- Staff were up to date with current guidelines and were led by a proactive management team.

- Risks to patients were well managed for example, there were effective systems in place to reduce the risk and spread of infection.

- Staff were kind, caring, competent and put patients at their ease.

- The provider was aware of, and complied with, the requirements of the Duty of Candour.

There were areas where the provider could make improvements and should:

- Review the "what to do in the event of a medical emergency" policy.

- Review the medicines refrigerator to ensure that the temperatures can be monitored safely.

- Review the system in place for checking expired emergency medicines.

Are services safe?

Our findings

Safety systems and processes

The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Although the service did not offer services to children and young people, arrangements were in place to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements.
- Safeguarding policies and contact information was accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead member of staff in place for managing safeguarding concerns and guiding staff. Staff demonstrated they understood their responsibilities and had received training relevant to their role. We confirmed the doctors had completed training in safeguarding children and vulnerable adults to level three.
- The practice had a whistleblowing policy in place. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations. They said that the doctors were very approachable.
- We saw that paper records were held for patients and stored securely. There was an electronic back up system in place for information systems and all computers were password protected.
- Staff who performed chaperoning duties had been trained for the role.

We reviewed two personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. We saw evidence that the appropriate checks through the Disclosure and Barring Service were in place.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patient's needs.

The doctor's professional registration with the General Medical Council (GMC) was checked annually. Records we looked at confirmed these were up to date.

Risks to patients

The service had a first aid kit and staff had completed basic first aid training. We found that there was no emergency resuscitation equipment in the location and also no formal risk assessment in place of how they would respond to a medical emergency. We discussed this with the provider and they agreed they should formally risk assess how they would deal with medical emergency.

The provider had a group medical insurance which covered all staff working on the premises.

Information to deliver safe care and treatment

Infection control

The practice maintained appropriate standards of cleanliness and hygiene

- We looked around the premises during the inspection and found the treatment rooms and other areas were visibly clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. The practice had cleaning schedules and daily infection control checks for each treatment room which were complete and up to date. Staff cleaned the treatment areas and surfaces between each patient to help maintain infection control standards.
- There were hand washing facilities in the treatment rooms and staff had access to supplies of protective equipment for patients and staff members. Patients who completed CQC comments cards were positive about how clean the practice was.
- There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, hand hygiene, segregation and disposal of clinical waste. We noted however that there was no formal assessment of the potential of risk with regards to legionella. (Legionella is a germ found in the environment which can contaminate water systems in buildings). Although the possibility of contracting Legionella is extremely low risk in this type of service we discussed this with the

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registered manager who said that they would arrange a formal risk assessment of any potential risk of legionella developing in the water systems. Shortly after the inspection we saw evidence that this had been done.

- The clinic had an on-going contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of according to the guidance.
- Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near all hand wash sinks to ensure effective decontamination. There were good supplies of protective equipment for patients and staff members.
- We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared clean, uncluttered and well-lit with good ventilation. There was a daily check completed in each treatment room for cleanliness and equipment by the staff.
- There was a good supply of cleaning equipment which was stored appropriately. The staff were responsible for the cleaning of the premises. We saw that cleaning schedules were in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance and coded equipment to prevent the risk of infection spread.

Safe and appropriate use of medicines

Botulinum toxin was stored on the premises and this was kept in a refrigerator. The temperatures were monitored regularly to ensure safe storage, however the refrigerator was not a specialised medicine refrigerator and as such there was no safeguard as to whether the temperature had gone out of the required range for the storage of the botulinum toxin. The service held emergency medicines, e.g. for the treatment of medical emergencies such as anaphylaxis however the system for checking that the emergency medicines had not expired was not done on a regular basis.

Following the inspection the provider confirmed that they would purchase a specialised medicines refrigerator and set up a formalised system for the monitoring of expired emergency medicines.

Track record on safety

Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety.

- All of the staff team undertook health and safety awareness training as part of their induction.
- Fire safety systems were annually maintained by an external contractor. Evacuation instructions were displayed on the premises and staff were knowledgeable about their role in the event of a fire.
- There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

Lessons learned and improvements made

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

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

Premises and equipment

The building was owned by the provider who had responsibility for building maintenance and repair and the service had contracts and processes in place to ensure a safe environment for patients and staff.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

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checked to ensure it was working properly. The service also had a variety of other risk assessments in place to monitor safety of the premises such as electrical safety and control of substances.

There was a system in place for the reporting and maintenance of faulty equipment. Records showed, and staff confirmed, that repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including Public Health England's (PHE) best practice guidelines.

- Patients who used the service initially completed an assessment document which requested medical history information and included patient consent.
- The service had systems in place to keep all clinical staff up to date. Staff had access to best practice guidelines and used this information to deliver care and treatment that met patients' needs. The service monitored these guidelines were adhered to through routine audits of patients' records.

Monitoring care and treatment

The service undertook client record card audits with follow up meetings and training to assess results. Follow-up appointments were available to patients at no extra cost if they required them.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Staff told us they had easy access to a range of policies and procedures to support them in their work.
- We found staff had the skills, knowledge and experience to deliver effective care and treatment. The service had a basic induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. An induction log was held in each staff file and signed off when completed which ensured staff were capable for the role to which they had been appointed.
- The service could demonstrate how they provided mandatory training and updating for all staff. Staff had access to and made use of e-learning training modules and in-house training. The learning needs of staff were identified through appraisal.

- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. For example, therapists had regular updates and training on laser equipment.
- All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the clinic's patient records.

- The service shared relevant information with the patient's permission with other services, for example, when referring patients to other services or informing the patient's own GP of any matters.
- Staff worked with patients to advise and sign post patients to other services where required for their ongoing care and treatment.

Supporting patients to live healthier lives

Staff ensured that patients were given aftercare advice with regards to their treatment, including dietary and smoking cessation advice and guidance with regard to minimising flare ups of conditions such as rosacea, a skin condition.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- We found that staff sought patients consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- We saw that the service obtained written consent before undertaking procedures. Information about fees was transparent and available in the waiting room. The process for seeking consent was demonstrated through records and showed the service met its responsibilities within legislation and followed relevant national guidance.

Are services caring?

Our findings

Kindness, respect and compassion

We reviewed feedback that stated members of staff were courteous and very helpful to patients.

- The provider and staff explained to us how they ensured information about patients using the service was kept confidential. The service had paper records for all patients which were held securely. The day to day operation of the service used computerised systems and the service had an external backup for this system. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality.
- All of the feedback we saw was positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Involvement in decisions about care and treatment

- The practice displayed its opening hours in the premises and in the practice information leaflet. Patients could access care and treatment in a timely way and the appointment system met their needs.
- We saw a good range of information available in the service. The waiting area and corridor had a variety of leaflets describing options and the treatment rooms had further information that was shared during consultation with the clinicians. The comments from patients indicated they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision.
- Staff told us that a patient's medical status was discussed with them in respect of decisions about the care and treatment they received. We saw these discussions were always documented.

- The provider told us they used a number of different methods including display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. We looked at some examples of written treatment plans and found they explained the treatment required and outlined the costs involved. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed.
- Patients completed CQC comment cards to tell us what they thought about the service. All of the comments were positive about the service experienced. Patients said they felt the service offered an excellent service and staff were professional, efficient, helpful, caring and knowledgeable. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the service.

Privacy and Dignity

We were told from patient feedback that members of staff treated people with dignity and respect.

- Treatment rooms were private and protected patients' privacy and dignity during examinations, investigations and treatments. Consultation room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Staff we spoke with were aware of the importance of protecting patient confidentiality and reassurance. They told us they could access an empty room away from the reception area if patients wished to discuss something with them in private or if they were anxious about anything.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- As part of our inspection we conducted a tour of the practice and we found the facilities were appropriate for the services that were planned and delivered. The waiting area and treatment rooms were comfortable and welcoming for patients. The treatment and consultation areas were well designed and well equipped.
- The service offered flexible appointments to meet the needs of their patients. Staff explained how they scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.
- Patients we received feedback from confirmed that they had sufficient time during their appointment and were not rushed. The practice scheduled longer appointments where required if a patient needed more support.
- Patients also received a text reminder (with their consent) of their appointments to minimise missed appointments.
- The service was reviewing the online booking service following results from the patient survey.

Timely access to the service

The service opened Monday to Saturday. The practice describes their opening hours on their website and in the practice information leaflet. Patients could access care and treatment in a timely way and the length of appointment was specific to the patient and their needs.

Listening and learning from concerns and complaints

There was a complaint policy which explained how they handled formal and informal complaints from patients. The designated lead who handled all complaints was the registered manager. We saw that information for patients about how to make a complaint was available in the service waiting room and on the service website. This included details of other agencies to contact if a patient was not satisfied with the outcome of the service's investigation into their complaint.

We reviewed the complaint system; the service had received two formal complaints. We read the procedure for acknowledging, recording, investigating and responding to complainants and found this was robust. The registered manager explained they dealt with minor issues promptly and had a suggestion box for patients and conducted an annual patient satisfaction survey.

We were told that the practice learned from the complaint by implementing training with staff members in relation to communication about price of treatments.

Are services well-led?

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

Our findings

Leadership capacity and capability;

There was a clear leadership structure in place and staff felt supported by the manager. Staff told us the manager was approachable and always took the time to listen to them. The practice had a duty of candour policy in place to support an open, honest and transparent culture. The duty of candour is where the health provider must always be open and transparent when mistakes occur.

Staff team meetings were held monthly and staff discussed any issues and identified any actions needed. We were told that team building days were held twice a year. Staff were positive about their work and told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings. When there were unexpected or unintended safety incidents the service responded to these and learned from any errors that occurred.

Vision and strategy

Staff told us that the service was a small, friendly family service and that they all strived to successfully treat clients, exceeding client expectations. They stated that they worked hard and supported each other to help ensure that patients received the best care. Honesty and trust were very important to the staff we spoke with.

Culture

The culture of the service encouraged candour, openness and honesty.

Governance arrangements

The governance arrangements were well embedded.

- The service had a number of policies and procedures in place to govern activity and these were available to all staff and regularly updated.
- There was a clear leadership structure with named members of staff in lead roles. The provider and the registered manager worked between the two services which ensured daily contact with the staff.

- The registered manager had responsibility for the day to day running of the service.

Managing risks, issues and performance

Staff told us the service supported them to maintain their clinical professional development through training and mentoring. We found formal appraisal had been undertaken and was embedded within the culture of the service. The staff we spoke with told us the service was supportive of training and professional development, and we saw evidence to confirm this.

A programme of audits ensured the service regularly monitored the quality of care and treatment provided and made any changes necessary as a result. For example, we found the patients records were audited for quality of content and to ensure appropriate actions were taken.

Appropriate and accurate information

Staff told us that all patients had a consultation whereby medical history was obtained and assessment of need. A further appointment was then made for any treatment recommended. Records were audited to ensure that they were completed accurately and with the correct information.

Engagement with patients, the public, staff and external partners

The service completed client surveys and questionnaires. These were reviewed annually with reports written and feedback and training undertaken with staff. Music had been introduced into treatment rooms and magazines in the waiting area updated as a result of patient feedback.

They also ensured that client comment cards were available to all clients in the reception area and these were analysed annually with feedback and training undertaken with the staff.

Continuous improvement and innovation

Staff told us that they were continually striving to keep up to date with the latest treatments to meet their patient's needs.