

OK Medical Limited

OK Medical Limited TA Skin Doctor Leeds

Inspection report

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Date of inspection visit: 22 February 2016

Date of publication: 08/04/2016

Overall summary

We carried out an announced comprehensive inspection on 22 February 2016 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 services in accordance with the relevant regulations.

Are services effective?

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

Are services well-led?

We found that this service was providing well led services 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.

This service is registered with 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. At Ok Medical Limited 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.

OK Skin care is a private skin care clinic also known as Skin Doctors Clinics. This is a doctor led service. Patients can access a range of skin and body treatments including cryolipolysis (a treatment to reduce fat cells), hyperhidrosis (reduce excessive sweating) and botox and derma fillers. There are two independent doctors (who jointly own the practice) working at the practice with two salaried therapists and a receptionist.

Summary of findings

The service provided appointments Monday to Saturday with evening appointments on a Tuesday, Wednesday and Thursday and Saturday opening 09:30 until 5pm.

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

We viewed 12 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with patients on the day of our inspection. Feedback from patients was positive about the care they received from the practice. They commented that staff were caring 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 and listened to their concerns.

We found the service had met the regulations and had in place robust 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 an improvement and should:

- Formally risk assess how they would deal with medical emergency and consider CPR training for all staff.
- Review how auditing and risk assessments in areas such as Infection control audit and legionella. (Legionella is a germ found in the environment which can contaminate water systems in buildings).

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.

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 patients' and their 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 and discussion were 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.

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.
- The service identified, assessed and managed clinical and environmental risks related to the service provided. 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.

Summary of findings

- 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.
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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.
 - 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 to monitor those improvements had been maintained.
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Detailed findings

Background to this inspection

We inspected this service as part of our new 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 OK Medical Leeds on 22 February 2016 as part of the independent doctor consultation service inspection pilot.

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 NHS England and NHS Leeds West Clinical Commissioning Group (CCG) we were inspecting the service; however we did not receive any information of concern from them.

During our visit we:

- Spoke with a range of staff including a doctor, the registered manager and administrative staff.
- Reviewed records and documents.
- Reviewed comment cards and spoke with patients who shared their views and experiences of the service.
- Toured the building

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

Reporting, learning and improvement from incidents

There was an effective system in place for reporting and recording incidents. Staff told us they would inform the service manager of any incidents. We saw records of incidents and the service carried out a thorough analysis of the incidents. We saw that these were then shared at staff meetings. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the service.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. We were told that the service would keep written records of verbal interactions as well as written correspondence if this should occur.

The provider was aware of and complied with the requirements of the Duty of Candour. The duty of candour is where the health provider must always be open and transparent when mistakes occur. We found the practice responded to concerns in an open and transparent manner. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

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 3.

- The staff advised patients that chaperones were available if required and the registered manager told us a chaperone was available if required. (A chaperone is a person who acts as a safeguard and witness for a patient and healthcare professional during a medical examination or procedure). All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS
- 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 provider was very approachable.
- We saw that paper records were held for patients and stored securely. We confirmed information stored electronically was only accessible for staff with delegated authority which protected patient confidentiality. There was an electronic back up system in place for information systems and all computers were password protected.

Medical emergencies

The service had a first aid kit and some 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 who felt that as they were such a small business and due to the nature of the service offered, was not necessary. We discussed this with the provider and they agreed they should formally risk assess how they would deal with medical emergency and consider CPR training for all staff.

Staffing

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

Are services safe?

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

The provider had annual service medical insurance dated July 2016 which covered all staff working on the premises. Medical indemnity insurance was also in place. The doctor's professional registration with the General Medical Council (GMC) was checked annually. Records we looked at confirmed these were up to date.

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.
- We saw records that showed emergency lighting, fire detection and firefighting equipment were tested weekly by staff. Fire safety systems were annually maintained by an external contractor with a service contract dated July 2015. 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.

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 infection control daily 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 we spoke with and 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 overall infection control audit in place or assessment of the potential of risk re legionella. (Legionella is a germ found in the environment which can contaminate water systems in buildings). We discussed this with the registered manager who said that they would complete an infection control audit and risk assess any potential risk of legionella developing in the water systems.
- The clinic had an on-going contract with a clinical waste contractor. We saw the differing 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.

Premises and equipment

Are services safe?

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 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 repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients.

Safe and effective use of medicines

Botox only was stored on the premises and this was kept in a refrigerator. The botox was used for hyperhidrosis (reduce excessive sweating) and can only be administered by a qualified medical practitioner for medical purposes. The temperatures were monitored regularly to ensure safe storage. However we did find that two boxes of Botox were not securely locked away. We discussed this with the registered manager who said this had been an oversight and that these would be stored safely in future.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The clinic 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 patient's records.

Staff training and experience

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

- A period of induction was in place for new staff to support them in the first few weeks of working at the practice. Training covered areas such as safety, health and safety and confidentiality.
- 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 which.

- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. For example a new therapist was training on laser equipment and being mentored by the senior therapist throughout her training.
- All staff had received an appraisal within the last 12 months.
- We saw evidence that the Gps were up to date with their revalidation and appraisal.

Working with other services

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.

Consent to care and treatment

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

- We found 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 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

Respect, dignity, compassion & empathy

We observed that members of staff were courteous and very helpful to patients and 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.
- 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 and patients we spoke with were 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 their premises and in the practice information leaflet.

Patients could access care and treatment in a timely way and the appointment system met their needs. They told us they were rarely kept waiting for their appointment.

- 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 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 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' 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, with a manned reception area and refreshments available 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 spoke with 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. We observed appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The service was offered on a fee basis only and was accessible to people who chose to use it.

We asked staff to explain how they communicated with patients who had different communication needs such as those who spoke another language. Staff told us they would recommend a carer or friend accompanied the patients if there was a language need. The doctors also had additional language skills but they could contact a telephone translation service if required. The service treated everybody equally and welcomed patients from many different backgrounds, cultures and religions.

The building was accessible for wheelchair users and treatment could be accommodated on the ground floor. The service also had an accessible toilet available for all patients attending the service.

Access to the service

The service opened Monday to Saturday. The practice describes their opening hours on their web site 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.

Concerns & 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 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. Since their appointment to the role the manager had arranged for complaints handling to be part of the development of staff.

We reviewed the complaint system, however the service had not received any 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 a 6 monthly patient satisfaction survey. We spoke with patients who told us that they felt comfortable talking with the staff if they had concerns and knew that there was a complaints procedure in place.

Changes to the practice from the recommendation of patients and the surveys had included updating magazine and extended opening times.

Are services well-led?

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

Our findings

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 worked at the practice regularly and the registered manager was in daily also contact with the staff.
- The registered manager had responsibility for the day to day running of the service.

Leadership, openness and transparency

There was a clear leadership structure in place and staff felt supported by management. Staff told us the management team were 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 regularly and staff discussed any issues and identified any actions needed. 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 occurring.

Learning and improvement

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.

Provider seeks and acts on feedback from its patients, the public and staff

The clinic encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service:

- The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback about the delivery of the service via six monthly satisfaction questionnaires.
- The service had gathered feedback from staff through staff meetings, appraisals and discussion.