

O K Medical Limited TA Skin Doctor Leeds

Inspection report

105 Otley Road
Headingley
Leeds
West Yorkshire
LS6 3PX
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection on 20 August 2018 rated the service as being compliant.)

We carried out an announced comprehensive inspection at OK Medical Limited on the 2nd and 10th of April 2019, as part of our inspection programme. We visited both their sites at Skin Doctors Leeds, 105 Otley Road, Headingley, Leeds LS6 3PX and Skin Doctors York, 66 Blossom Street, York YO24 1AP.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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.

OK Medical Limited TA Skin Doctor Leeds is situated in the Headingley area of Leeds, West Yorkshire. The provider also operates from a clinic situated at Skin Doctors York, 66 Blossom Street, York YO24 1AP. Patients can book an appointment at either clinic. OK Medical Limited TA Skin Doctor Leeds is a private skin care clinic and patients can access a range of skin and body treatments. The provider operates as a doctor-led service with support from a registered nurse, aesthetic therapists and administrative staff.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. OK Medical Limited TA Skin Doctor provides a range of non-surgical cosmetic interventions, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 to provide treatment of disease, disorder or injury and surgical procedures as regulated activities, therefore we did inspect against these.

One of the aesthetic therapists is the registered manager. 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 received 13 completed CQC comment cards during our visit, all of which were highly positive. They described the service and staff as being professional, friendly, caring and informative.

During the inspection we reviewed a range of systems and processes relating to governance, service delivery and customer care.

Our key findings were:

- There were clear systems in place to manage risk so that safety incidents were less likely to happen.
- The service was offered on a private, fee-paying basis only and was accessible to people who chose to use it.
- Procedures were safely managed and there were effective levels of client support and aftercare.
- There were systems and processes in place to safeguard people from abuse.

Overall summary

- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The service encouraged and valued feedback from patients. Feedback was positive regarding the services. They commented on the caring attitude of staff and the cleanliness of the clinic.
- Staff involved patients in decisions about their care and treatment. They treated people with kindness, compassion, dignity and respect.
- There was a leadership and managerial structure in place with clear responsibilities, roles and accountability to support good governance.
- The provider was aware of the requirements of the duty of candour.
- Staff were aware of their own roles and responsibilities. They said they felt supported by leaders and managers who were accessible and visible. Communication between staff was effective.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

Background to O K Medical Limited TAskin Doctor Leeds

OK Medical Limited operates from clinics located in Leeds and York. The Leeds clinic is located at 105 Otley Road, Headingley, Leeds, LS6 3PX. The clinic operates across over two floors with a reception area and treatment room located on the ground floor, and further treatment rooms located to the first floor. There is on street parking to the front of the building, and dedicated spaces at the back of the premises, which can be booked upon request by any client with mobility issues.

The York clinic is located at 66 Blossom Street, York, YO24 1AP. The York clinic operates across two floors with a reception area, interview room and treatment room located on the ground floor. A further treatment room and consulting room were located on the first floor. The clinic is located on a main road with no dedicated parking available. However; patients are advised to park in the pay and display car park located a short distance away.

The provider operates as a doctor-led service which specialises in the use of laser treatment for a number of conditions including hair reduction, photo-rejuvenation of skin, relief from the symptoms of acne and thread vein reduction. In addition, the provider offers Botox to treat Hyperhidrosis (excessive sweating) and water-jet assisted liposuction. Services are available on a fee-paying basis to adults aged 18 years and over.

This service is registered with CQC under the Health and Social Care Act 2008 for the treatment of disease, disorder or injury and surgical procedures. At OK Medical Limited TA Skin Doctor Leeds, 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.

The service operates 10am to 5pm Monday, 9.30am to 8pm Tuesday, 10am to 8pm Wednesday and Thursday, 9.30am to 5pm Friday and Saturday. Clients can book via the provider's website or via telephone. Emergency telephone contact is available at all times when the clinic is closed.

The clinical team is led by two GMC registered doctors who are supported by five aesthetic therapists and administrative support staff.

How we inspected this service

Before visiting the clinic, we reviewed a range of information we hold about the service. In addition, we requested that the provider send us information pre-inspection which we also reviewed.

During our inspection we:

- Spoke with the registered manager, the lead clinician and several reception staff.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed CQC comment cards and patient feedback received by the clinic.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as good because:

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard vulnerable adults from abuse.
- The provider carried out staff checks at the time of recruitment. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and a range of safety training appropriate to their role. At our previous inspection, we asked the provider to review the provision of basic life support training for all staff. We saw at this inspection this had been acted on by the provider. However, the provider had not undertaken recent fire safety training. The provider arranged fire safety training for staff immediately following the inspection and sent us evidence of this. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role.
- There was an effective system to manage infection prevention and control.
- We reviewed the legionella risk assessment and confirmed that the provider had necessary control measures in place. (Legionella is a bacterium which can contaminate water systems and buildings.)
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate treatment decisions in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The arrangements for managing medicines in the service minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- A limited amount of emergency medicines were kept, which were appropriate to the procedures being carried out at the two sites. These medicines were safely stored, checked on a regular basis and were accessible to staff in a secure area of the building.

Track record on safety and incidents

Are services safe?

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them through awareness training.
- The service had not reported any recent significant events but demonstrated a clear system for doing so should an incident occur in the future and included a standing agenda item for the significant events at provider staff meetings.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

- The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).
- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- People using the service had their immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, by improving an information booklet on a clinical procedure following patient feedback.
- The service made improvements through the use of audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, we saw that a first cycle audit of infection rates following a clinical procedure had been undertaken. The provider was assured that no incidents of infection had been recorded. In another audit, a random sample of records were reviewed to ensure patient consent was being appropriately recorded. The audit showed that consent was being consistently sought and documented by the provider.

Effective staffing

Staff the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together to deliver effective care and treatment.

- Patients received coordinated and person-centred care.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patient's being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- Patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service, and this decision was respected by the provider and taken into account when planning treatment, to ensure that it was safe for them to receive.
- Patient information was shared appropriately (this included when clients moved to other professional services).

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified and assessed as part of pre-treatment counselling where appropriate.
- When a person's needs could not be met by the service, staff redirected them to an appropriate service.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance .

Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The provider told us that they took client confidentiality seriously and consultations were held in a private room. We saw that privacy screening to the windows of the premises had been installed following patient feedback, to ensure that people who used the service could not be seen waiting in the clinic by onlookers.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, by improving clinical information booklets.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, by improving information offered to patients about follow-up care and discussing complaints in provider staff meetings.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them and worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour and an effective process in place to address any significant events, should they occur in the future.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received

regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.

- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

- Quality and sustainability were discussed in relevant meetings where all staff had appropriate access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients and staff

- The service encouraged and heard views and concerns from people who used the service by seeking feedback from the services provided. Satisfaction levels were consistently high and cited the professionalism of the clinical team in offering high quality care.

- Staff could describe to us the systems in place to give feedback. Staff were able to share any concerns or contribute their ideas and views to improve the service.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of patient experience feedback and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and we saw that all clinical staff read widely and kept up to date with trends and treatments in their specialism.