

OK Medical Limited

OK Medical Limited TA Skin Doctor Leeds

Inspection report

105 Otley Road
Headingley
Leeds
West Yorkshire
LS6 3PX
Tel: 0113 278 3344
Website: www.skindoctorclinics.co.uk

Date of inspection visit: 20 August 2018
Date of publication: 26/10/2018

Overall summary

We carried out an announced comprehensive inspection of OK Medical Limited TA Skin Doctor Leeds on 20 August 2018, to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led? We visited both their locations at Skin Doctors Leeds, 105 Otley Road, Headingley, Leeds LS6 3PX and Skin Doctors York, 66 Blossom Street, York YO24 1AP.

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.

The provider had previously been inspected at the Leeds clinic in February 2016 and at the York clinic in November 2017 and was found to be providing services in accordance with the relevant regulations across all key questions.

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. Clients can book an appointment at either clinic. OK Medical Limited TA Skin Doctor Leeds is a private skin care clinic

Summary of findings

and clients can access a range of skin and body treatments. The provider operates as a doctor-led service with support from aesthetic therapists and administrative staff.

There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

Our key findings were:

- 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 clients from abuse.
- Information for service users was comprehensive and accessible.
- 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 service users.
- Communication between staff was effective.
- Client feedback was positive regarding the services. They commented on the caring attitude of staff and the cleanliness of the clinic.

There was an area where the provider could make improvements and should:

- Review and improve the mandatory training programme to ensure that all staff received training in basic life support.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

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.

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 to people's needs?

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.

OK Medical Limited TA Skin Doctor Leeds

Detailed findings

Background to this inspection

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 was operated on a main road with no dedicated parking available. However; clients were 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, palliation of acne and thread vein reduction. In addition, the provider offers Botox to treat Hyperhidrosis (excessive sweating) and water-jet assisted liposuction. Services were 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 in response of the provision or advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines. In addition, the service was registered to provide 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:

- Monday from 10am until 5pm
- Tuesday, Wednesday and Thursday from 10am until 8pm
- Friday and Saturday from 9.30am until 5pm

Clients can also contact the service out of hours via an emergency 24-hour mobile number.

We carried out this inspection of OK Medical Limited TA Skin Doctor Leeds on 20 August 2018. The inspection team consisted of a lead CQC inspector, a second CQC inspector and a GP Specialist Advisor. We visited both locations at Leeds and York as part of our inspection.

As part of the preparation for the inspection, we reviewed information provided for us by the provider and specific guidance in relation to services provided. In addition; we reviewed the information we currently hold on our records regarding this provider.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we interviewed clinical and non-clinical staff, spoke with patients and reviewed documents and feedback relating to the service. Feedback from clients was positive regarding the services they had received and noted the caring attitude of staff and how clean the clinic was. One client feedback stated they would not go anywhere else for treatment.

Detailed findings

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

Safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies, protocols and operating procedures had been developed which covered topics such as safeguarding and whistleblowing.
- The doctors working at the clinic were also working within the NHS as GPs. We saw evidence that they were up to date with all professional registration, revalidation and training requirements.
- We saw that the therapists working at the clinic had undertaken all necessary training to support them within their role. For example; NVQ beauty level 2 and 3.
- We reviewed personnel files for a sample of clinical and non-clinical staff. Files contained appropriate details which included employment history and details of staff training. The files also contained evidence of Disclosure and Barring Service (DBS) check having been undertaken. 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 persons who may be vulnerable.
- Staff who acted in the role of chaperone were aware of their role and responsibility and had received a DBS check. A chaperone is a person who serves as a witness for both a client and clinician as a safeguard for both parties during a medical examination of procedure.
- There was a dedicated infection prevention and control (IPC) lead. Cleaning of the premises was carried out by staff who were employed and working at the practice. We observed the clinics to be clean and tidy. We saw that an IPC audit had been carried out in February 2018 and no actions had been identified.
- 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 equipment was safe and maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- The service was planned to ensure that staffing levels were sufficient to meet demand. The doctors provided cover for one another for sickness and absence.
- The service had access to oxygen on the premises. There was no defibrillator on the Leeds site, however there were formal arrangements in place to access one located nearby. We saw that a full risk assessment had been carried out to support this. There was also a procedure in place identifying this and to contact 999 should an emergency arise.
- It was noted that not all non-clinical staff had received basic life support training. We discussed this with the provider who assured us that this would be rectified, thereby ensuring there was always an appropriately trained staff member on the premises during clinic opening times. However, staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The clinic offered a dedicated 24-hour number for clients to access following minor surgery procedures and provided follow-up appointments and access to an out-of-hours mobile telephone number for clients who had post-procedural concerns. Follow-up appointments were offered after every procedure, with a free follow-up service for 6 to 12 months following all procedures.

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 opportunity to work with other services was limited, however the service did so when necessary and appropriate. For example, if a client attended the service for treatment of acne which could be treated by the NHS, the doctor would refer to the client's GP.
- 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 DHSC guidance.

Safe and appropriate use of medicines

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

Are services safe?

- The arrangements for managing medicines, including emergency medicines in the service minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- We noted that there was a limited amount of emergency medicines kept, which were appropriate to the procedures being carried out on the 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

The service had a good safety record.

- 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.
- The service had health and safety policies and operating protocols to support staff. In addition, they carried out health and safety risk assessments and fire safety checks.
- All electrical equipment was checked to ensure it was safe to use.

- Clinical equipment was checked regularly to ensure it was working properly.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system in place for reporting and recording significant events. We were told that any significant events and complaints received by the service would be discussed by the clinicians and relevant staff involved. At the time of our inspection we were informed there had not been any significant events. However, all the staff we spoke with were aware of how to report events and how these would be investigated.
- The provider was aware of and complied with the requirements of the Duty of Candour. This means that people who used the services were told when they were affected by something which had gone wrong; were given an apology, and informed of any actions taken to prevent any recurrence.
- The provider encouraged a culture of openness and honesty. There were systems in place to deal with notifiable incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider assessed and delivered medical care in line with relevant and current evidence based guidance. Some of the treatments offered were purely cosmetic in nature and outside the scope of the inspection. However; some treatments including those with medical indications such as laser therapy for the palliation of acne and thread vein reduction. We saw that these treatments were selected dependent on, and supported by, medical evidence.

Clients who used the service had an initial assessment during which they could discuss treatment options and associated risks. In addition, this provided opportunity to complete a medical history documentation and consent form.

The service securely kept detailed records of the patient which included details of:

- Treatment received.
- Details of possible side effects.
- Consent.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Detailed audits of consent were undertaken to check that all forms were legible, had a documented explanation of treatment and contained confirmation of client understanding.
- Audits were also carried out relating to client satisfaction.

Effective staffing

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

- All staff were appropriately qualified and had the experience necessary to carry out their roles.
- Processes were in place to assure the provider that clinical staff maintained and updated their registration with the relevant organisations, such as the General Medical Council (GMC).

Coordinating patient care and information sharing

Staff worked together to deliver effective care and treatment.

- Patients received coordinated and person-centred care.
- The opportunity for working with other services was limited, due to the type of treatments offered. However, when it was necessary and appropriate to do so, staff referred to and communicated effectively with other services.
- Before providing treatment, clinicians ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Details of the client's own NHS GP were obtained and consent sought to share any appropriate information.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering clients.

- Where appropriate, clients were advised to support self-care.
- Risk factors were identified, highlighted to clients and where appropriate highlighted to their normal care provider for additional support.
- Where clients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Patients' were asked to complete a comprehensive form to indicate they were not under 18 years of age. There was a requirement to record their date of birth, address, the name of their own NHS GP and consent to the sharing of information where appropriate.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated clients with kindness, respect and compassion.

- Feedback from clients was positive about the way staff treated them.
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave clients timely support and information.

Involvement in decisions about care and treatment

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

Staff we spoke with on the day told us that they actively discussed treatments and procedures with clients. This was supported by results from surveys carried out with clients and from conversations held on the day of inspection.

We received 13 Care Quality Commission comment cards which were extremely positive regarding the care delivered by the service and the caring attitude of staff. Many stated that the standard of care they received was excellent.

Information regarding treatment options and procedures offered was available via the clinic website.

Privacy and Dignity

The service respected client' privacy and dignity.

Consultation and treatment rooms were private and protected client's privacy and dignity during consultations and treatment. Door were closed during consultations and conversations taking place in these rooms could not be overheard.

The service had a good understanding of information security and their duties under relevant legislation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The provider demonstrated to us on the day of inspection that they understood the needs of their clients and had responded to this when delivering the service.

The service was offered on a private, fee-paying basis only and as such was accessible to people who chose to use it and who were deemed suitable to receive the procedure.

Appointments were available to book on-line via the service website, clients could also request a call back from the clinic.

When required clients were referred to other services. For example, if a client attended treatment for acne which was more suited to NHS treatment then, with the client's consent, the doctor would refer them back to their own GP.

Some of the staff within the practice were bi-lingual so were able to support clients who did not use English as their first language. The clinic also allowed clients to bring their own translators to support them.

The premises which the service operated from was fitted to a high standard and we saw that good levels of hygiene and cleanliness were adhered to. The waiting area was comfortable and, in response to client feedback, tea and coffee was available to any client waiting for consultation or procedure.

The clinic operated across two floors, however a treatment room was located on the ground floor which could be used for any client with mobility issues. In addition, arrangements could be made to book a dedicated parking space at the rear of the Leeds clinic to support clients with mobility issues.

Timely access to the service

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

The service operated:

- Monday from 10am until 5pm
- Tuesday, Wednesday and Thursday from 10am until 8pm
- Friday and Saturday from 9.30am until 5pm

The service offered flexible appointments to meet the needs of the client and the specific care and treatment required.

Staff and clients, we spoke with on the day confirmed that waiting times on the day of the appointment were minimal and that consultations and treatments generally ran to time.

Following a procedure, clients also had access to an emergency 24-hour mobile telephone number.

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 had complaint policy and procedures in place. The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.
- We looked at two complaints during the inspection and saw that these had been managed in line with the complaints procedure and a full explanation and apology had been given. It was noted that not all verbal interactions in relation to complaints, were recorded. This was discussed with the provider who advised us this is something they would consider.

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;

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

There was a clear leadership structure in place. The lead doctors and registered manager were responsible for the direction and development of the service, along with the day to day running of the services provided.

Vision and strategy

The provider had a clear vision to fully understand and exceed the expectation of clients and maintain the highest levels of professional and ethical standards.

At the time of our inspection, the provider was working towards opening an additional clinic located in a different area to Leeds and York.

Culture

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

- Staff felt respected, supported and valued.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

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.

- There were regular clinical and non-clinical meetings. We saw records of these meetings where actions had been identified and completed.
- Staff received appraisals to identify objectives and training needs.

Managing risks, issues and performance

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

Arrangements were in place for identifying, recording and managing risks and issues. The clinic had a system in place to record significant events and incidents. In addition, there was also an accident book to record any minor injuries or incidents.

The service had risk assessments in place to manage any associated risks associated with the premises. For example; a fire risk assessment, risk assessments to support the use and arrangements in place for access to a defibrillator and infection, prevention and control risk assessments.

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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved clients and staff and external partners to support high-quality sustainable services.

- Feedback from clients and staff was sought and valued.
- The provider used information from complaints, client feedback and staff meetings to support quality service delivery.

Continuous improvement and innovation

Are services well-led?

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

There were 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 internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Staff were expected and supported to continually develop and update their skills.