

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

O K Medical Limited TA Skin Doctor Leeds

105 Otley Road, Headingley, Leeds, LS6 3PX

Tel: 01132783344

Date of Inspection: 30 June 2014

Date of Publication: July 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	O K Medical Limited
Registered Manager	Miss Francesca Coleman
Overview of the service	OK Medical Ltd T/A Skin Doctors Leeds are situated in the Headingley area of Leeds. The clinic comprises of a reception, waiting area, two treatment rooms and office area.
Type of services	Doctors consultation service Doctors treatment service
Regulated activity	Treatment of disease, disorder or injury

Contents

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

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Cleanliness and infection control	6
Safety and suitability of premises	7
Supporting workers	8
Assessing and monitoring the quality of service provision	9
<hr/>	
About CQC Inspections	10
<hr/>	
How we define our judgements	11
<hr/>	
Glossary of terms we use in this report	13
<hr/>	
Contact us	15

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether O K Medical Limited TA Skin Doctor Leeds had taken action to meet the following essential standards:

- Cleanliness and infection control
- Safety and suitability of premises
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an announced inspection.

How we carried out this inspection

We carried out a visit on 30 June 2014, observed how people were being cared for, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

At the previous inspection in September 2013 we found the provider to be non-compliant with four regulations of the HSCA 2008. These were cleanliness and infection control (Regulation 12); Safety and suitability of premises (Regulation 15,1, c); Supporting workers (regulation 23 1a,1b) and Assessing and monitoring the quality of service provision (Regulation 10 1a,1b,2a,2b(i)).

At this inspection we observed that people were cared for in a clean, hygienic environment. We confirmed there were systems in place to reduce the risk and spread of infection.

We found the premises were monitored regularly and appropriate checks had been undertaken to ensure patients and staff were protected from the risks of unsafe or unsuitable premises.

We saw evidence that staff received annual appraisals. They attended staff meetings and were supported to attend further and mandatory training where necessary. This meant patients were cared for by suitably qualified staff.

There were quality monitoring systems in place; which included patients giving feedback about their care and treatment. We saw evidence that feedback was acted upon appropriately.

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

More information about the provider

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

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

Our judgements for each standard inspected

Cleanliness and infection control

✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

At the previous inspection in October 2013 we asked for action to be taken to meet the regulations. We found patients were not adequately protected from the risk of infection as there was no evidence of effective systems in place to reduce the risk and spread of infections. We issued a compliance action which required the provider to take suitable action.

Following our previous inspection we asked the provider to take action. This inspection was to see if the provider was now compliant with the regulations.

During our inspection we looked at the environment, reviewed staff training, cleaning schedules, infection control audits, policies and procedures and spoke with the manager.

We saw detailed cleaning rotas which had been completed. We saw colour coded mops were now in place. The colour coding clearly identified to staff which area of the clinic they were to be used. We saw the cleaning equipment was stored in a separate locked cupboard. We saw evidence that staff had undertaken training in the Control of Substances Hazardous to Health (COSHH) and that the guidance was now being followed.

We spoke with a laser technician who described and showed us how the laser hand pieces were cleaned. This met with current guidance.

Clinical waste was securely stored outside the clinic ready for collection by an approved waste disposal contractor. We found there were effective systems in place to reduce the risk and spread of infection.

Safety and suitability of premises

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

At the previous inspection in October 2013 we asked for action to be taken to meet the regulations. People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises. We issued a compliance action which required the provider to take suitable action.

Following our previous inspection we asked the provider to take action. This inspection was to confirm that the provider was compliant with the regulations.

During this inspection we saw detailed maintenance records. For instance we saw the 2014 fire certificates and the updated area specific fire risk policy. We saw evidence of the weekly fire alarm tests and the annual Portable Appliance Test (PAT) for all appliances. We also saw the updated detailed risk assessments for the premises. This meant the provider had taken steps to assess for potential risks associated with the premises to help protect patients and staff.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At the last inspection we found that the provider did not have an effective system in place to confirm that staff were supported to deliver care and treatment safely and to an appropriate standard. We issued a compliance action which required the provider to take suitable action.

We asked the provider to take action. This inspection was to confirm that the provider was compliant with the regulations.

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well. We saw evidence of annual staff appraisals, monthly staff meetings and training records. These records included updates in infection control, COSHH training and safeguarding training. We saw professional specific training such as the use of Lasers. We were told all staff were competency checked by the laser manufacturer before they are able to operate the machines. The provider may like to consider keeping a copy of these competencies to assure themselves and others of the completed training programmes. We saw staff signed and dated all policy changes once they had read and understood the updates.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

At the last inspection we found that the provider did not have an effective quality monitoring system in place to assess all the systems which contributed to the quality of the service patients received. We issued a compliance action which required the provider to take suitable action.

This inspection was to confirm that the provider was compliant with the regulations.

We found the provider had updated all of their audits and risk assessments. There was a business continuity plan in place which showed if any of the systems failed such as the electricity clear protocols and guidance for staff to follow to effectively manage the service. We saw the provider had updated their policies and procedures to reflect current guidance within the industry. We saw evidence that staff had read and implemented any necessary changes. We were shown the most recent Portable Appliance testing (PAT) certificate. This showed the provider now had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

We were shown the complaints procedure which all clients receive. There were no outstanding complaints at the time of the inspection. We saw the results from a recent client survey, these were very positive about the treatments they had received. We were told as a result of the client's suggestions the building was being re-furnished. We saw evidence of this during our inspection; this confirmed the provider took account of complaints and comments to improve the quality of the service.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
