

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

The Epsom Skin Clinic

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03 January 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✗	Action needed
Management of medicines	✗	Action needed
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Forever Young Medical Aesthetics Limited
Overview of the service	Epsom Skin Clinic is a privately owned skin care clinic located close to Epsom town centre and car parking facilities. It offers a wide range of medical aesthetic treatments, including laser treatments, as well as minor skin surgical procedures.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activity	Surgical procedures

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 January 2013 and 14 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We made two unannounced visits to this location because during the first visit the registered manager and their deputy were absent on a week's leave. This meant we were unable to obtain and review a number of important records relating to the standards of safety and quality we wished to inspect.

We spoke to five people who used the service during our visit. They all spoke positively of their experiences and the care they had received from staff. One person told us "The doctor was very good and very caring." Another person told us "Everyone here is very nice. If you are not happy they will always try to help. They want to get things right." We observed that staff were calm, professional and courteous in their dealings with people using the service.

We found that people had been given full information about the treatments and had been able to make informed decisions about their care. These consents were recorded.

The premises were tidy and well maintained however we found that improvement was needed in the management of cleaning standards. We also found that improvements were needed in the way that medicines were stored and checked.

Staff were trained to provide the service and felt happy and supported in their work.

There was a system in place to gather feedback from people who used the service and to implement improvements and develop the service in response to this.

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

What we have told the provider to do

We have asked the provider to send us a report by 20 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes

Reasons for our judgement

We spoke to staff and they were clear about the importance of informed consent and that a new consent form should be obtained for every new treatment or course of treatments.

The provider did not have a formal, written consent policy however we saw that a suite of dedicated consent forms was used. These outlined the specific risks and benefits of each of the treatments offered. We also saw that there were information sheets available which were issued to patients undergoing a procedure. There was a review date set for reviewing the currency and accuracy of each information sheet and consent form. The provider may like to note that in some instances the review date had passed.

We reviewed the records of 12 people who had used the service and saw that there were appropriate and signed consent forms in all but one of the records. There was also evidence that the information sheets had been issued to people before their treatment.

We spoke to five people who had used the service during our inspection visit. They all confirmed that the risks and benefits of the treatment or procedure had been explained. One person said "The doctor explained everything very clearly and also explained the fees due. There was no ambiguity." Another person told us "They explained everything to me. They didn't over egg it. That is they certainly did not exaggerate what they could achieve."

We also saw that the provider had a procedure, followed in practice, for obtaining consent from people for the use of anonymised photographs, for example showing certain skin conditions, or 'before and after' photographs.

Shortly before our visit the provider had decided to participate in a clinical trial of a scar reducing cream. We saw that this trial had its own written protocols including a written consent procedure and documentation. We checked the record of one of the participants and saw that the consent procedure had been correctly followed. We noted that the statement of purpose of the provider indicated that no research was undertaken. The provider may wish to review and update their statement of purpose to reflect participation

in such research trials.

Overall we judged that there was an effective consent policy in place which ensured that people made informed decisions about their care.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We reviewed the provider's paper records for 12 people who had used the service. These were supplemented by electronic records completed by the clinicians providing the treatment or series of treatments. We found that in addition to the consent forms, a client registration form had been completed for each new person using the service, either in hard copy or entered on to the electronic record. This was designed to gather people's background medical history, highlight any known allergies and identify any contra-indications to the treatment proposed. Within the files there was evidence that where appropriate the doctor had referred the care of the patient on to other healthcare professionals, for example to a consultant dermatologist. We also saw that histology reports on tissue samples submitted for analysis following skin procedures had been recorded and acted on in a timely manner.

We found that the provider did not have a written chaperone policy and people we spoke to told us that they were unaware that they could request a chaperone. The staff we spoke to however were clear that anyone using the service could request a chaperone, that it did happen and that the doctor often asked for this. The provider might like to consider whether it provides a notice advising people of this service.

There were arrangements in place to deal with foreseeable emergencies. The provider had a supply of emergency drugs available and oxygen. The staff confirmed that the doctor would use these in an emergency if required. However if a doctor was not on the premises then the staff would call immediately for an ambulance. In the event that the staff member needed to close the building in order to accompany a person to hospital, a further procedure was in place. This involved the staff member collecting a 'grab bag' containing helpful information for dealing with the situation before locking and leaving the premises.

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

Our judgement

The provider was not meeting this standard.

People were not cared for in a well cleaned environment and the provider had not taken reasonable steps to ensure that their healthcare workers were protected from infection.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Effective systems were not in place to adequately reduce the risk and spread of infection.

We found that the provider had a number of written policies and procedures relating to hygiene and infection control. Policies that we reviewed included those for managing spillages, managing waste and also a needle stick injury policy which had been developed by the local general hospital. The doctor leading the service was the nominated infection control lead.

We carried out a visual inspection of the premises and noted that this appeared clean and tidy. We saw some evidence that the clinic made efforts to minimise risk of contamination and infections arising. For example, the clinic used single use equipment items, which were disposed of after use. Antimicrobial hand gels to kill or inhibit the growth of bacteria were also available at reception and throughout the premises.

People we spoke to told us that the provider's premises had appeared clean on each of their visits. One person who had undergone a surgical procedure told us "The room had been prepared immaculately. I was very impressed."

We saw that clinical waste bins and sharps containers were available throughout the premises. Waste was segregated and stored appropriately pending collection from the rear of the building. This meant that staff were following best practice guidelines in regard to waste management.

However the cleaning standards required were not documented and there was no schedule in place at the time of our first visit showing the dates and times that cleaning had taken place. This is a procedure which a provider would normally have in place to demonstrate compliance with criterion 2 of the Health and Social Care Act 2008 code of practice on the prevention and control of infection. The provider did not have a copy of this guidance. At the time of our second visit we were shown a copy of a schedule that recorded the cleaning tasks performed in one room but this did not cover all areas of the building and therefore we did not judge that this was sufficient.

We looked at the cleaner's equipment and supplies and saw that there was only one mop and one mop head available. The staff confirmed that the mop was used for all rooms within the building and had also been used over the recent period by a builder who was undertaking alterations on the premises. As the provider did not have separate, colour-coded mops for the different areas this meant that there was a risk of cross contamination between the areas cleaned.

The manager confirmed to us that no environmental or infection control monitoring was undertaken.

We spoke to the staff on our first visit and the manager on our second visit about the needle stick injury policy. We found that the staff and manager were not clear about what the policy was. The registered manager felt sure that the staff working with needles within the service had received appropriate vaccinations to protect them from Hepatitis B which is a blood borne virus. However the manager could not provide evidence of vaccination or immunity as this was not recorded on staff records. This meant there was a risk that staff were not properly trained and protected against the risk of blood borne infections.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We found that there was a written policy related to the management of medicines but this was not followed in practice. As a result we judged that medicines were not stored securely or disposed of effectively.

The policy stated that medicines stored on the premises should be held in a locked cupboard. We found that the medicines were actually in a cupboard which had no lock, in an unlocked room adjacent to the upstairs waiting room. This meant that items could be accessed by anyone who did not have cause to do so, including staff and people using the service, posing a risk to their safety and welfare.

The policy also stated that the medicines stored should be reviewed at least once every three months by the doctor to ensure that they were within their use by date. We spoke to the doctor and staff who were unable to confirm or provide a record of when this review had last been performed. We checked the cupboard and found three items that were more than six months out of date. We showed these to a member of staff so that action could be taken.

The written policy stated that certain medicines should be stored in a freezer at a temperature of minus 5 degrees. We checked the freezer and saw that this was covered in stock boxes which could interfere with the normal running of the freezer. We also saw that the temperature monitor gauge had fallen down behind the appliance. We spoke to staff who told us that they knew the freezer should be monitored but could not recall when this had last been done or where the log book was kept. We saw that at the time of our second visit the provider had cleared the freezer top, replaced the temperature monitor and set up a log book to record the checks performed.

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

The information we reviewed and heard indicated to us that overall staff received appropriate support, training and professional development to enable them to carry out their duties safely and responsibly.

We were unable to look at staff training records during our first visit because these were held securely by the manager who was absent. However the staff we spoke to told us that they had received training in all of the treatments that they performed as well as training in the use of lasers and laser safety.

We were able to confirm this at our second visit in discussions with the manager and by looking at a sample of certificates of the training completed. The manager confirmed that staff training had been focussed on the specific aesthetic treatments and no formal training had been provided to staff on subjects such as infection control, safeguarding of vulnerable adults, equality and diversity and manual handling. The manager confirmed that there were plans in place to address this.

We saw that only a small number of staff, including two qualified nurses, were engaged in the regulated activity for which the Epsom Skin Clinic was licensed with the Care Quality Commission (CQC); that is the activity of surgical procedures. The other staff were therapists who performed non-regulated treatments and laser therapies.

One member of staff who assisted the doctor with surgical procedures confirmed that they had received coaching from the doctor in infection control and aseptic technique. This meant they were aware of the procedures to follow to ensure a procedure was performed under sterile conditions. This was supported by the feedback from one person we spoke to who recalled that the two nurses that had been present during their surgical procedure were allocated separate 'clean' and 'dirty' roles under the direction of the doctor.

We spoke to staff members about their experience of working for the provider. They told us they enjoyed their work and felt well supported. The therapists we spoke to confirmed they had received appraisals in the previous twelve month period. The staff also talked very positively about new initiatives by the managers to increase the frequency of staff meetings from 2013 and to promote better two way communication. They showed us an example of a new staff update which was being delivered to their mobile phones and

which kept them informed about developments within the service.

During our second visit a manager showed us that a new staff handbook was under development and showed us new induction and appraisal programmes that were being introduced for new staff. We noted that although the new induction programme dealt comprehensively with the aspects of the service which were not regulated by the Care Quality Commission(CQC), it did not address the essential standards of quality and safety relating to CQC regulated activities. The manager confirmed that they would revise the new programme to ensure that it included training in important areas, for example safeguarding and infection control.

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 to regularly assess and monitor the quality of service that people receive

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw that the provider ran a patient survey and they had introduced an incentive to secure high response rates. The results of the survey were compiled by an external organisation and compared with the results of other similar services across Europe.

We reviewed the results of the previous year's survey and found that these were very positive with 92% of patients happy to recommend the service to others. People were encouraged to leave comments and suggestions also and we saw that many had chosen to praise the friendliness and helpfulness of the staff. One person wrote "Friendly, reassuring and efficient." and another wrote "I felt instantly reassured that I would only be treated if necessary and suitable and that I would be under no obligation."

The staff we spoke to cited examples of a number of changes that had been made to reflect the feedback and grumbles received from people who used the service. They told us that they had added more information about fees to the website. They also explained that as a result of feedback they had changed the topical anaesthetic they used to numb the skin before procedures to one that worked more quickly.

There was evidence that one of the managers undertook regular audits of the patient's records to ensure that staff were always making appropriate and contemporaneous notes of the treatments given.

The provider did not maintain a central complaints log or an adverse events, incidents, errors and near misses log but the manager agreed to set these documents up immediately. The staff were however clear about the need to report any of these type of events to the manager for investigation and action.

We saw that fire risk assessments of the premises were performed annually, thereby ensuring that the premises were safe in regard to risks of fire.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Surgical procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010
	Cleanliness and infection control
	How the regulation was not being met: The provider failed to operate a system to protect persons employed from the risks of acquiring a health care associated infection and also failed to maintain appropriate standards of cleanliness and hygiene in relation to premises. Regulations 12 (1)(b) and 12(2)(c)(i)
Regulated activity	Regulation
Surgical procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010
	Management of medicines
	How the regulation was not being met: The provider did not have appropriate arrangements in place for the using and safe keeping of medicines. Regulation 13

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 20 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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