

Review of compliance

O K Medical Limited TA Skin Doctor Leeds
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Region:	Yorkshire & Humberside
Location address:	105 Otley Road Headingley Leeds West Yorkshire LS6 3PX
Type of service:	Doctors consultation service Doctors treatment service
Date of Publication:	December 2011
Overview of the service:	OK Medical Ltd T/A Skin Doctors Leeds is a clinic specialising in skin and body cosmetic treatments including minor surgery consultations. The clinic is registered with the Care Quality Commission for the regulated activity treatment of disease, disorder or injury. The clinic is a doctor owned and led service and the majority of clinic-based

	treatments are carried out by qualified therapists.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

O K Medical Limited TA Skin Doctor Leeds was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 23 November 2011, talked to staff and talked to people who use services.

What people told us

The person we spoke with about the services provided at the clinic commented that they were happy with their treatment and the professionalism of the staff.

What we found about the standards we reviewed and how well O K Medical Limited TA Skin Doctor Leeds was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People do receive information about their minor surgical procedure but improvements could be made in relation to the information provided and how discussions with people are documented.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The medical history forms and risk assessments in use should be more specific to minor surgical procedures and it needs to be ensured that current policies and procedures are accurate and up-to-date.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Adult protection guidance needs to be clearer including ensuring that the people who use

the services are aware of how to raise concerns of abuse.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

It needs to be clearer what training is expected to be undertaken by staff, how often and in what format. The registered manager needs to be aware of all staff appraisals.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The processes for assessing quality need to be conducted in line with the clinic's policies and procedures, particularly in relation to the patient satisfaction questionnaires.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People using the services did not make any comments about this outcome.

Other evidence

During the site visit we spoke with the registered manager about how the service respects and involves people in planning their care and how people are enabled to understand their treatment and have their views taken into account.

One of the main ways in which people gain information about the type of services offered by the clinic are via their website. The Skin Doctors Leeds website describes the treatments available in appropriate detail and side effects are discussed in some cases. Some treatments have more limited information on the web-site, such as minor surgery, and people are guided to request further information either by calling the clinic or completing an online enquiry form.

Minor surgical procedures are not performed on-site but the initial consultation and aftercare are carried out at the clinic. If a person would like a minor surgical procedure a consultation is arranged at the clinic with a general practitioner who is qualified to perform the surgery. During the consultation the general practitioner will discuss the proposed procedure, related risks and gain written consent. The consent form is one

page and the notes made during the consultation are written on the back. The person attending the consultation is informed about the surgical procedure and a list of risks; no written information is provided. A provided fact sheet or similar easy-to-read document would give some extra assurance that people using the services are adequately informed. The paperwork used for documenting discussions with people about procedures, the risks and consent is on one form. The information could be presented differently and in a more structured format.

Our judgement

People do receive information about their minor surgical procedure but improvements could be made in relation to the information provided and how discussions with people are documented.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with one person about the services provided at the clinic and they were happy with their treatment and the professionalism of the staff.

Other evidence

We spoke with the registered manager about the consultation process in relation to minor surgery including risks and gaining informed consent. Consent has been discussed to some extent in Outcome 1. As discussed, there is a specific minor surgery consent form; the person receiving surgery and the practitioner are expected to sign the consent form. There is also a client medical history record sheet that is used to assess risk and includes questions such as allergies and current medication. However, the current medical history record is specific to non-surgical cosmetic skin treatments and includes questions about recent sun exposure and recent use of oral isotretinoin (medication for treatment of cystic acne). Ideally, medical history records and risk assessments should be specific to the actual procedure being undertaken.

The consent form for minor surgery does include detail about risks and lists three possible risks including infection, scarring and bleeding. Informed consent requires full information on the proposed treatment, alternatives and possible complications. People undergoing minor surgery through the clinic are informed but some extra steps could be taken to improve this further, for example, by providing standardised information sheets. The way in which information is recorded and presented could also be improved to better capture the discussions held and explanations provided to people about their surgery.

The treatments provided by the staff working at the clinic are individualised and attempts are made where possible to make reasonable adjustments to reflect people's needs, values and diversity. For example, people have requested previously a female practitioner and the clinic has been able to meet this need.

All consultations are conducted in private and the manager described how reception staff are fully aware not to openly discuss personal information with people on the telephone in hearing distance of people sitting in the reception area.

There are policies and procedures in place that support the provision of safe and appropriate care. All staff are required to read and understand the clinic's policies and procedures and sign to say they have been read and understood. The policies and procedures had been developed with an external company and were due for review in July 2010; there was no evidence that the policies had been reviewed. A review of existing policies would be beneficial in order that the information they contain is accurate and is in-line with the regulations in The Health and Social Care Act (2008).

Our judgement

The medical history forms and risk assessments in use should be more specific to minor surgical procedures and it needs to be ensured that current policies and procedures are accurate and up-to-date.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People using the services did not make any comments about this outcome.

Other evidence

From reviewing information about the clinic held by the Care Quality Commission there are no concerns that safeguarding issues are not being managed appropriately. There have been no notifiable incidents forwarded to the Care Quality Commission and there are systems in place to record and respond to incidents.

There was a policy in place for the protection of children and young adults and the registered manager was aware how to report safeguarding incidents including to the local authority, police and/or the Care Quality Commission. The information for staff in relation to adult protection was not as explicitly clear and the registered manager was in the process of developing this, including ensuring that the people who use the services are aware of how to raise concerns of abuse. Any revisions of existing information in relation to adult protection needs to ensure that staff are made aware of and understand the signs of abuse and be able to raise any concerns with the appropriate people and external agencies.

The clinic provides people with a patient's guide and this includes information about how to complain and chaperones. People are able to have a chaperone during any consultation, assessment, treatment or review appointment. Staff at the clinic would also be able to act as a chaperone if necessary but this is not made clear in the leaflet. There was a chaperone policy in place. The existing patient's guide is under review and

it will include details about adult and child protection. Other parts of the patient leaflet are being updated including the registered manager's name, the activities that are registered with the Care Quality Commission (CQC) and the contact number for raising concerns with the CQC.

Our judgement

Adult protection guidance needs to be clearer including ensuring that the people who use the services are aware of how to raise concerns of abuse.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People using the services did not make any comments about this outcome.

Other evidence

The registered manager was asked about the arrangements in place in order that staff receive appropriate training, professional development, supervision and appraisal. There were several policies in place in relation to staff development including new staff induction and assessment and appraisal. The registered manager described the induction process and this would include a general introduction and tour of the clinic including fire safety and general health and safety. At induction, staff are required to read and understand the clinic's policies and procedures and sign to say they have been read and understood. The induction process is mainly reliant on staff reading and understanding the clinic's policies and procedures. According to the dates on the policies, they should have all been reviewed in July 2010. It needs to be ensured that the information in the policies is accurate and up-to-date.

Staff are provided with and requested to read and understand the resuscitation policy. Resuscitation has a significant practical element and it was unclear how staff are deemed capable of performing resuscitation or if indeed they are required to attempt resuscitation in an emergency situation.

Ongoing training and development was discussed with the registered manager. Ongoing general training is provided including fire safety, health and safety and training on the clinic's policies and procedures. Specific training is discussed in the clinic policy and includes moving and handling, infection control and laser safety. It was unclear

what format the specific training for moving and handling and infection control includes as there was no evidence of specific training above and beyond reading of the specific policies. It was unclear how often staff are expected to re-read the clinic's policies and/or undergo specific training and if some subjects need an update less frequently than others. The last dates in the folder showing when policies were last read were 24 November 2009 and 25 November 2011 respectively; almost two years ago. We did recognise that the clinic does not employ a significant amount of people but the systems in place need to be explicitly clear.

All staff undergo annual appraisal including receptionists, therapists and general practitioners. The registered manager had access to all the clinic-based staff appraisals but was not aware of the content of the general practitioner's annual appraisals. The registered manager should have evidence and assurance that the general practitioners who are employed for the purposes of carrying on the regulated activity meet, and continue to meet, the necessary professional standards which are a condition of their ability to practise.

The clinic hold staff meetings twice per month and this provides opportunity to discuss any problems and also identify any training needs. This does enable staff to acquire further skills and qualifications that are relevant to the work they undertake.

Our judgement

It needs to be clearer what training is expected to be undertaken by staff, how often and in what format. The registered manager needs to be aware of all staff appraisals.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People using the services did not make any comments about this outcome.

Other evidence

We reviewed how the clinic assesses and monitors the quality of its service provision. A key way in which quality is assessed is by conducting a patient satisfaction survey. The patient's leaflet described how the satisfaction survey is conducted every year. The latest survey seen during the inspection was dated 2009. Information that is taken into account in order to improve services needs to be up-to-date and it should be ensured that satisfaction surveys are conducted in-line with the information presented to people that use the services.

The clinic had a clear complaints procedure in place and people who use the services are provided with information about how to complain. The clinic has a very low number of complaints. The clinic has a suggestions box at the reception desk and this encourages people to remark on their experience and suggest improvements; this does influence the quality assurance process.

Specific audits are conducted on an annual basis and these monitor standards and assess where improvements can be made. The audits conducted include clinical records, consent and treatment register. The registered manager assesses the running of the clinic on a daily basis including the general environment and cleanliness. No formal audit documentation is used for assessing the clinic environment and cleanliness which is an area for consideration.

Our judgement

The processes for assessing quality need to be conducted in line with the clinic's policies and procedures, particularly in relation to the patient satisfaction questionnaires.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns: People do receive information about their minor surgical procedure but improvements could be made in relation to the information provided and how discussions with people are documented.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns: The medical history forms and risk assessments in use should be more specific to minor surgical procedures and it needs to be ensured that current policies and procedures are accurate and up-to-date.</p>	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns: Adult protection guidance needs to be clearer including ensuring that the people who use the services are aware of how to raise concerns of abuse.</p>	
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff

	<p>Why we have concerns: It needs to be clearer what training is expected to be undertaken by staff, how often and in what format. The registered manager needs to be aware of all staff appraisals.</p>	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns: The processes for assessing quality need to be conducted in line with the clinic's policies and procedures, particularly in relation to the patient satisfaction questionnaires.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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