

***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

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Date of Inspection: 20 December 2012

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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

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

Registered Provider	O K Medical Limited TA Skin Doctor Leeds
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. It has disable access and a toilet facility. The clinic specialises in skin and body cosmetic treatments including minor surgery consultations. The clinic is a doctor owned and led service and the majority of clinic-based treatments are carried out by qualified therapists.
Type of services	Doctors consultation service Doctors treatment service
Regulated activity	Treatment of disease, disorder or injury

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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
- Assessing and monitoring the quality of service provision

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 20 December 2012 and talked with staff.

What people told us and what we found

We observed that people were cared for in a clean, hygienic environment. There were effective systems in place to reduce the risk and spread of infection.

There were quality monitoring programmes in place, which included people giving feedback about their care and support. This provided a good overview of the quality of the service's provided.

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. People were cared for in a clean, hygienic environment.

Reasons for our judgement

When we inspected O K Medical Limited TA Skin Doctor Leeds in September 2012 we found that people were not protected from the risk of infection because appropriate guidance had not been followed. There were no effective systems in place to reduce the risk and spread of infection. We issued a compliance action which required the provider to ensure they became compliant with this outcome. We carried out this inspection to look at whether the provider had met this requirement.

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

We found people received care and treatment in a clean environment with various infection control measures in place to minimise the risk of infection. We noted that the clinic facilities were clean and well maintained throughout with no bad odours and had appropriate floor and surface coverings. The registered manager told us that a daily cleaning schedule for the clinic was in place that included sweeping and mopping floors, cleaning surfaces and rooms, emptying bins and sanitising all laser equipment. We saw that the treatment rooms were tidy, spacious, organised and well laid out. There were effective systems in place to reduce the risk and spread of infection.

Staff working in the clinic all wore clean uniforms. There were dedicated hand washing facilities in the treatment rooms. The appropriate hand washing procedure was displayed over the sinks and the correct soaps and moisturisers were available. We noted that paper towel dispensers had been installed for staff use. We observed aprons and gloves were readily available in several areas of the clinic. Staff were able to confirm that they were supplied with the correct personal protective equipment when working to minimise the risk of cross infection.

Staff were able to demonstrate knowledge and awareness of their responsibilities for infection prevention and control. We spoke with three members of staff who told us they had received training in the individual treatments that were provided by the clinic and this

included how to dispose of the equipment and cleaning of the machines. All three members of staff confirmed they had received infection prevention and control training and control of substances hazardous to health training. We saw evidence that infection control training had taken place in October 2012.

We looked at the daily audit for infection control for December 2012. The registered manager told us that they checked the clinic was clean at the end of each day ready for the next day and this was recorded on the cleaning rota. They said that any identified issues would be addressed immediately.

All clinical waste was disposed off appropriately. This included the use of yellow clinical waste bags and sharps bins. The registered manager told us they had contracts and up to date policies and procedures in place for the collection of clinical waste.

There were infection prevention and control policy and procedures in place that were up to date. These included hand hygiene, hand washing techniques, handling of general and clinic waste and medical devices and decontamination.

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 received. They also had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

Reasons for our judgement

When we inspected O K Medical Limited TA Skin Doctor Leeds in September 2012 we found that the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. We issued a compliance action which required the provider to ensure they became compliant with this outcome. We carried out this inspection to look at whether the provider had met this requirement.

We looked at how the clinic gathered information about the service they provided. Records of audits that had been undertaken confirmed that a monitoring programme was in place. At our last inspection the registered manager said an audit was conducted in June 2012 and this included clinical records, consent and treatments. We saw copies of the completed audits and the analysis showed that the majority of records were completed accurately and in a timely manner. They told us that any issues raised were reviewed and changes were implemented if necessary. The registered manager said that a further audit was due to be completed in January 2013. This would include client satisfaction, clinical records and infection control.

The registered manager told us that they had created risk assessments for the clinic. These included fire safety, environment, cleaning products and kitchen equipment. They said that three monthly maintenance checks were also conducted by the manufactures on equipment used by the clinic. They told us the fire alarm was tested on a monthly basis and the fire extinguishers had recently been checked. We saw the fire extinguishers were in date.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The clinic provided annual surveys to be completed by people who used the service. The last survey was conducted in January 2012. The registered manager told us that they looked at the completed surveys and actions were identified and taken further if it was possible to do so.

We spoke with the registered manager regarding how they monitored complaints. They explained the complaint's procedures and confirmed that they had no ongoing complaints.

The provider took account of complaints and comments to improve the service.

There were policies and procedures in place that supported the provision of safe and appropriate care. The registered manager stated that the policies and procedures had been reviewed in September 2012. These included health care workers and blood borne viruses, risk from legionella and fire risk management.

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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