Laserase Bolton Limited

Laserase Bolton Limited

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 6 February 2018 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

CQC last inspected this service on 31July 2013. That was an unannounced inspection and the service met all standards assessed.

Laserase Bolton is a private clinic that provides medical and cosmetic treatments to day patients using a range of none or minimally invasive procedures. The service treats adults and children between the age of five years and eighteen years. All children are treated by a doctor and all procedures are carried out by healthcare professionals.

A registered manager was in post at this location however they were not available on the day of inspection. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection visit. We received 70 comment cards which were all very positive about the

Summary of findings

standard of care received. Comments included; 'Excellent service,' 'All options were discussed and all questions answered,' 'Procedures were explained,' 'Clinical areas are immaculate,' 'Very happy with the results,' 'Treated with dignity and respect' and 'Excellent service.'

Our key findings were:

- There were policies and procedures in place for safeguarding patients from the risk of abuse. Staff had received training in safeguarding at an appropriate level to their role and knew who to go to for further advice.
- Recruitment policies and procedures were in place. There were enough staff to meet the demand of the service and appropriate recruitment checks for all staff were in place.
- The premises were clean and systems and practices were in place for the prevention and control of infection to ensure risks of infection were minimised. Personal protective equipment (PPE) was readily available.
- Patients' needs were assessed and treatment was discussed and planned with the patient and written consent obtained prior to treatment being given.
- Staff felt supported and had access to appropriate training.
- Patients comments were they were treated with dignity and respect. Patients were given good verbal information and an information fact sheet pre procedure and a post procedure information sheet.
- Opening times of the service were clearly displayed on the website and in the patient information guide.
- There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.
- Patient satisfaction views were obtained.
- There was a clear vision to provide a safe and high quality service. Staff felt supported by management and worked well together as a team.
- The doctor we spoke with and the director we spoke with were aware of and complied with the duty of candour.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service had systems in place to provide safe care in accordance with the relevant regulations.

- The service had systems, processes and practices in place to keep people safe and safeguarded from abuse and staff had received appropriate training.
- Systems were in place to ensure that equipment was safe to use and that the premises were clean and well maintained.
- Appropriate recruitment procedures and pre-employment checks had been carried out to ensure staff suitability.
- Infection control practices were suitable in order to minimise and prevent risks occurring.
- There were enough healthcare professionals to meet the demand of the service.
- There was a system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

We found that this service had systems in place to provide effective care in accordance with the relevant regulations.

- Patients' needs were assessed prior to a service being delivered.
- There was induction, staff training and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- Consent to care and treatment was appropriately obtained.
- Clinical audits demonstrated quality improvement.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Staff displayed caring, kind and respectful behaviours.
- Patient and information confidentiality was maintained.
- Information received in the Care Quality Commission comment cards was all positive and demonstrated that patients had received a caring, supportive and well informed service and were happy with the service provided.
- Good verbal and written information was given to patients regarding treatments that was easy to understand.

Are services responsive to people's needs?

We found that this service had systems in place to provide responsive care in accordance with the relevant regulations.

- There was a complaints policy and information was made available to patients about how to make a complaint.One formal complaint had been received in the last 12 months.Learning from complaints was shared with staff to help improve the quality of the service delivered.
- The service had good facilities and was well equipped to treat patients and meet their individual needs.
- Facilities were accessible to those with limited mobility or who used a wheelchair and translation services could be accessed if required.

Summary of findings

- Opening hours of the service were available on the website and in the patient information guide.

Are services well-led?

We found that this service had systems in place to provide well-led care in accordance with the relevant regulations.

- There was a management structure in place and staff we spoke with understood their responsibilities.
- The service had policies and procedures to govern activity meetings were held.
- Systems were in place to encourage patient feedback.
- The service had an up to date statement of purpose.

Laserase Bolton Limited

Detailed findings

Background to this inspection

Laserase Bolton has its own site within the grounds of Bolton Royal Infirmary. The service shares the purpose built premises with another business.

Laserase Bolton is registered to carry out the regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder and injury (TDDI)

Hours of opening are

Reception Hours

Monday and Wednesday 9am – 6pm,

Tuesday 9am – 9pm,

Thursday 9am – 8pm,

Friday 9am – 5pm.

Alternate Saturday and Sundays 10am – 3pm

Clinic Hours

Monday 9am – 2pm

Tuesday 5pm - 9pm

Thursday 5pm – 8pm

Alternate Saturday and Sunday 10am – 3pm

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

We inspected this service on 6 February 2018. During our visit we:

- Spoke with a range of staff from the service including the doctor, a registered nurse, a director and two members of the administration team.
- Reviewed CQC comment cards where patients had shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment.
- Undertook a tour of the premises.

The service provided background information which we reviewed prior to the inspection. We did not receive any information of concern from other organisations.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service had systems in place to provide safe care in accordance with the relevant regulations.

Safety systems and processes

- The service had recruitment procedures in place that were current.We looked at the recruitment files of four members of staff.We saw that appropriate DBS of the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the professional registration of staff.
- The service had safeguarding children and adult policies and access to local policies. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare or needed to report a suspected allegation of abuse.Staff spoken with demonstrated they understood their responsibilities and had received appropriate training.The doctor who was also the medical director was the safeguarding lead for the service.
- Infection prevention and control policies and protocols were in place and the service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules in place detailing what cleaning was to be undertaken by the external company employed to undertake the cleaning and evidence of when the cleaning had been undertaken. In addition we saw a cleaning schedule and cleaning record of each clinic room after use and a record of laser cleaning and disinfection. One of the nurses took the lead role in the infection control for the clinic rooms and lasers. We were told the service manager as a minimum undertook a visual cleanliness check of the premises weekly. However we were not able to view these records during the inspection. Following the inspection we received confirmation at an infection control audit was to be undertaken the week following the inspection and would then be implemented on an annual basis.
- We saw appropriate clinical waste management protocols were in place and a spillage kit was available. Staff had access to personal protective equipment (PPE) and had received infection control training.
- The premises were suitable for the service provided. There was an overarching health and safety policy and the service displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Health and safety risk assessments for the premise, materials and all equipment had been carried out including a Legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and a Control of Substances Hazardous to health (COSHH) risk assessment.
- There was a fire risk assessment, fire alarm and fire safety equipment was tested, means of escape were checked and the service carried out fire evacuation drills annually.We saw a floor plan was kept in a 'fire grab file' at reception that could be given to the fire service in the event of an emergency fire situation.The service manager was the nominated fire marshal and staff had undertaken fire safety training.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order and portable appliance testing (PAT) had been undertaken

Risks to patients

- There were enough clinical and administrative staff to meet the demands for the service.
- The service was not intended for use by patients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place so emergency services could be called.
- The service did not have a defibrillator or oxygen but the premises were in the ground of the hospital.We were told that that they had informally undertaken a risk assessment to support the decision not to have a defibrillator or oxygen. Following the inspection we were sent a copy of that the risk assessment had been formalised and implemented which did support the decision not to have them on the premises.
- Staff received basic life support training and paediatric basic life support.A first aid kit was available and emergency medicine for anaphylaxis was available. These were regularly checked for expiry dates and were seen to be in date.

Are services safe?

- Clinicians had professional indemnity cover to carry out their role.

Information to deliver safe care and treatment

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

Appropriate and safe use of medicines

- The service stored minimal medications and we saw the arrangements for managing medicines kept patients safe, they were stored safely and checked to ensure they did not pass their expiry date.
- The service did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The fridge temperature was appropriately monitored and recorded on a daily basis.

Track record on safety

- The service maintained a log of all incidents, concerns and complaints.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff. Staff told us they would inform the service manager of any incidents and there was a recording form available.
- The doctor we spoke with was aware of and complied with the requirements of the Duty of Candour.Staff spoken with confirmed that a culture of openness, transparency and honesty was encouraged.
- The service had systems in place for managing notifiable safety incidents.

Lessons learned and improvements made

- The service demonstrated a commitment to learn from all patient comments and incidents to help improve the service delivery.Incidents, concerns and complaints were reported, recorded in detail and analysed. We saw an example of where a complaint / incident had occurred and this had been thoroughly investigated. We saw following the investigation and correspondence from the patient it was concluded that the complaint / incident was made in error. Staff were informed following the outcome of the investigation.
- The service received safety alerts and these were reviewed by registered nurse and then the doctor if appropriate. Any actions taken would be documented.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service had systems in place to provide effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

- The service offered consultations to all prospective patients and did not discriminate against any client group. However we were told that the service were on occasions selective who they were able to offer a service to based on certain criteria in the best interest of the patient.For example if the laser treatment would not be compatible with the patients skin type.
- A full explanation was given if the service deemed they were unable to perform the procedure or if they thought the procedure was unsuitable for the patient.
- Patients had a minimum of one consultation prior to any procedure being performed which included a needs assessment.This ensured the patient had adequate time to reflect on the procedure and ask any questions to ensure they fully understood the procedure.
- Patients were given a verbal explanation of the procedure and were involved in the decision making process. Feedback from patients confirmed this.In addition patients were given a fact sheet detailing the procedure and written post procedure instructions.
- The provider assessed and delivered treatments in line with relevant and current evidence based guidance, standards, best practice and current legislation. This included National Institute for Health and Care Excellence (NICE) guidelines and the British Association of Sexual Health and HIV guidelines.
- The service undertook three monthly audits of information contained in patients' notes to monitor the quality of the service being delivered.

Monitoring care and treatment

- The service collected and monitored information on patients' care and treatment outcomes to help make improvements to the service delivery.
- We saw audits of clinical practice for example the treatment of warts and verruca's and tattoo treatments. The audits focused on measuring the method of treatment, treatment results and an evaluation of those results to improve quality outcomes for patients. We saw as a result in one instance treatment protocols had been changed.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The service had an induction programme for newly appointed members of staff that covered such topics as information governance, incident reporting, fire safety, health and safety, work equipment and first aid.All newly appointed staff had access to a detailed staff handbook.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff spoken with confirmed this and told us that training was very good and the registered provider was good at sourcing training.
- We saw a record was kept of staff training to demonstrate the training undertaken by staff.
- All staff received annual appraisals.
- The doctor and the registered nurses were on the appropriate specialist registers and were qualified to undertake the scope of their work.

Coordinating patient care and information sharing

- The information needed to deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system.This included the pre procedure assessment and details of any previous procedures undertaken by the service.
- The service shared relevant information with other services in a timely way if appropriate and if the patient consented.Alternatively a letter would be given to the patient who would then be advised of appropriate, further action or consultations that may be required and where this could be obtained.

Supporting patients to live healthier lives

- The service offered advice and support appropriate to the condition treated, including healthy lifestyle advice where relevant.

Are services effective?

(for example, treatment is effective)

- There was written information for patients for care post procedure to help aid recovery and achieve the best results.

Consent to care and treatment

- We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance.
- We saw formal written consent was obtained for each procedure provided and included discussion around benefits, risks and any possible complications before any procedures were undertaken.Patients were asked if they consented to information, if appropriate, being shared with their GP and this was documented.
- Clinical staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and staff had undertaken MCA training.

Are services caring?

Our findings

We found that this service was providing a caring service in accordance with the relevant regulations.

Kindness, respect and compassion

- We observed that members of staff were courteous and helpful to patients.
- We received 70 CQC) comment cards which highlighted that patients were treated with kindness and respect.
- The service carried out its own annual survey by giving patients a feedback form to complete and following any new treatments an audit of the treatment would be undertaken.The feedback forms asked questions about the quality of care received. The results were then reviewed by the medical director and the results were shared with all staff.
- We saw the result from the 2017 patient feedback forms had been analysed, collated and a short report had been produced.The results demonstrated there was high patient satisfaction rate.

Involvement in decisions about care and treatment

- Patient information about the service and the procedures available were on the website and information booklets were available in the reception area.
- Clear information was given to patients both pre and post procedures.Written, informed consent was obtained.
- CQC comment cards highlighted that patients felt they had received good advice and treatment. Comments included that patients were listened to and full explanations were given to ensure the patient fully understood the procedures.

Privacy and Dignity

- Patients were seen in the privacy of the consulting room to maintain privacy and dignity during consultations or treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The CQC comment cards we received were all positive about the service received.Patients said staff were helpful, pleasant, caring and treated them with dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service had systems in place to provide responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

- The premises and facilities at the service were appropriate for the services delivered. The service was located in a shared building which was accessible to people with impaired mobility.
- The service had contact numbers for translation services (Language line) if required for people whose first language was not English and one of the healthcare professionals in addition to English spoke two other languages. We saw the service was culturally sensitive and LGBT) aware.
- Consultations were offered to patients who requested and paid the appropriate fee, and did not discriminate against any patient group.
- The information available made it clear to the patient what procedures were available to them.
- The website contained information about the qualifications and experience of all healthcare professionals who carried out all of the procedures.

Timely access to the service

- Laserase Bolton opening reception hours were Monday and Wednesday 9am – 6pm, Tuesday 9am – 9pm, Thursday 9am – 8pm, Friday 9am – 5pm. Alternate Saturday and Sundays 10am – 3pm.
- Clinic opening Hours were Monday 9am – 2pm Tuesday 5pm - 9pm Thursday 5pm – 8pm and alternate Saturday and Sunday 10am – 3pm.
- Patients could send appointment requests via the website but all appointments were booked through contacting the reception at the service.
- Feedback we received from patients was that appointments were professional and were on time.

Listening and learning from concerns and complaints

- The service had a complaints policy and procedure. The policy contained appropriate timescales for dealing with a complaint.
- Information about how to make a complaint was available in the statement of purpose that was available in reception for patient's to access.
- One formal complaint had been received in the past year and a full and thorough investigation had been undertaken. However we saw the complaint had been made in error and the service later received a letter of apology from the complainant.
- We saw a written log was kept of all complaints, concerns, comments or issues raised by patients.We saw they had all been addressed and reviewed to identify and learn from them and any themes or trends arising.We saw patients received a satisfactory response and appropriate action had been taken. There was evidence of learning as a result of complaints, concerns and issues received. If appropriate changes to the service had been madethese had been communicated to staff.
- Staff told us of the procedure that would be undertaken in the event of receiving a complaint. This discussion indicated that all complaints, verbal and written, would be logged and addressed in a timely manner and that complaints would be reviewed and addressed in a timely manner.

Are services well-led?

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

Our findings

We found that this service had systems in place to provide well-led care in accordance with the relevant regulations.

Leadership capacity and capability

- There was a clear leadership structure and staff employed understood their roles and responsibilities.
- Staff told us that the management team were supportive, approachable and operated an open door policy. The culture of the service encouraged candour, openness and honesty. There were policies and procedures in place, which had been regularly reviewed, for reporting and staff were aware of their responsibilities.
- The service had a whistleblowing policy in place that was available to all staff. A whistle blower is someone who can raise concerns about practice or staff within the organisation. Staff we spoke with said they felt supported and confident in raising any issues and they felt they would be listened to.

Vision and strategy

- The service had a clear vision and set of values to work together to provide a high quality responsive service that put caring and patient safety at its heart.

Culture

- The service had an open and transparent culture and we saw that staff had good relationships with each other.
- The culture of the service encouraged candour, openness, honesty and there was a no blame culture.
- The leadership was clear about the patient consultation process and the standard of care expected.

Governance arrangements

- There was a clear organisational structure and staff were aware of their own roles and responsibilities.
- There was a range of policies and procedures that were available to all staff and were regularly reviewed.
- There were appropriate arrangements for identifying, recording and managing risks.
- As well as informal daily staff discussions staff meetings were held and documented.

Managing risks, issues and performance

- There was a variety of daily, weekly and monthly checks in place to monitor the service and manage any risks associated with the premises.
- There was a comprehensive understanding of performance. Informal daily discussions and staff meetings provided an opportunity for staff to be engaged in the performance of the service.
- We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessments and significant event recording.
- A business contingency plan was in place for any potential disruption to the service.

Appropriate and accurate information

- Systems were in place to ensure that all patient information was stored and kept confidential.
- There were IT systems in place to protect the storage and use of patient information and paper records were stored securely.
- Staff were aware of data protection and the need for patient confidentiality.

Engagement with patients, the public, staff and external partners

- The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback following the delivery of a procedure in the form of a feedback questionnaire and there was a suggestion box in reception.
- The service gathered feedback from complaints, comments and issues received. These were then analysed and appropriate actions implemented.

Continuous improvement and innovation

- The staff team worked well together and worked towards continuous improvement.Staff were encouraged to identify opportunities to improve the service delivered. Staff told us they enjoyed working for the service and felt valued and listened to.

Are services well-led?

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

- We saw that team meetings were held and we were told any issues or concerns could be raised and discussed at these meetings or at any time with the management who encouraged staff to raise issues.We saw minutes were taken of the meetings.
- Audits were undertaken and the results were shared with staff. There was evidence of change in practice and improvements made following audits.