

East Midlands Laser and Cosmetic Clinic

Inspection report

62 Commercial Gate
Mansfield
Nottinghamshire
NG18 1EU
Tel: 01623 653 493
www.eastmidlandslaser.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good. This is the first inspection since registration with the CQC.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. East Midlands Laser and Cosmetic Clinic provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

One of the clinicians is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered people'. 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.

22 patients provided feedback about the service using CQC comment cards. Patients were very positive regarding the quality of the service provided.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm. Patients received effective care and treatment that met their needs.
- Patients commented that staff were kind and caring, treated them with respect and involved them in decisions about their care. Services were tailored to meet the needs of individual patients and were accessible.
- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

The areas where the provider **should** make improvements are:

- Continue to develop a record of staff immunisation status for all diseases recommended by Public Health England.
- Complete a risk assessment to assess the risk of not stocking the full range of emergency medicines.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who was accompanied by a nurse specialist advisor.

Background to East Midlands Laser and Cosmetic Clinic

East Midlands Laser and Cosmetic Clinic is located at 62 Commercial Gate, Mansfield, Nottinghamshire, NG18 1EU. The service is located over two main floors, with consultation rooms on both floors. The service is centrally located and there is parking behind the building.

The provider, East Midlands Laser and Cosmetic Clinic, is registered with the CQC to carry out the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures and surgical procedures from the location. The service is provided by two nurses, supported by the company secretary and a clinic receptionist.

East Midlands Laser and Cosmetic Clinic offers patients a range of services including; diagnostic screening, which includes sexual health screening, phlebotomy services, cytology, weight management, minor surgery, travel vaccination, as well as laser and medical aesthetic treatments. These are available on a pre-bookable appointment basis. Treatments are provided for adults and children aged 13-18 with appropriate consent. Vaccinations are provided for children under the age of 13 following a full consultation and parental consent.

Patients can book appointments directly with the service, face to face or by phone. The service is open for consultations on Tuesdays, Wednesdays and Fridays from 9am to 5pm, Thursdays from 9am to 7pm and alternate Saturdays 9am to 3pm.

Before visiting we reviewed a range of information we hold about the service and information which was provided by the service pre-inspection.

During the inspection:

- we spoke with staff
- reviewed CQC comment cards where patients shared their views
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from

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?

We rated safe as Good because:

The practice provided care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service had systems to safeguard children and vulnerable adults from abuse. Contact numbers for the local authority safeguarding team were easily accessible and appropriate safeguarding policies were in place. Staff had attended safeguarding training appropriate to their role. They knew how to identify and report concerns. The service had systems in place to assure that an adult accompanying a child had parental authority.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Some staff immunisations were recorded and the range of immunisations being recorded was being expanded.
- Staff who acted as chaperones were trained for the role and had received a DBS check. Notices were displayed informing patients of the availability of chaperones.
- There was an effective system to manage infection prevention and control. The treatment rooms and reception and waiting room areas were clean and hygienic. Staff followed infection control guidance and attended relevant training. Staff knew what to do if they sustained a needlestick injury. The service undertook regular infection prevention and control audits. An infection control policy and infection control lead were in place. A deep clean of the premises took place each week.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. The service had risk assessments and procedures in place to monitor safety

of the premises such as control of substances hazardous to health. A legionella risk assessment had not been completed but was arranged to take place during our visit.

- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There were only two clinicians working at the service and appointments were spaced appropriately to ensure patient safety. The service closed to appointments when the clinicians were not present. Staff felt that there were always enough staff on duty.
- The service was equipped to deal with medical emergencies, which included a defibrillator, and staff were suitably trained in emergency procedures. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinicians knew how to identify and manage patients with severe infections including sepsis. A fire risk assessment and fire procedure were in place and regular fire drills took place.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Systems were in place to check the identity of patients and to verify their age.
- The service had systems for the appropriate sharing of information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines and emergency medicines were safe. The emergency medicines kept on site were appropriate for the type of service offered to patients. The provider agreed to produce a risk assessment to assess the risk of not stocking other emergency medicines.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. The nurses worked under the authorisation of patient group directions.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Reporting processes were accessible to all staff.
- Staff investigated events and the service had responded appropriately to investigated events. Incidents were discussed between staff at regular team meetings and more frequently if required.
- Staff were aware of and complied with the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty. This was apparent during the inspection when providing us with evidence.
- Alerts from the Medicines and Healthcare products Regulatory Authority (MHRA) were received and dealt with. The registered manager reviewed the alerts and shared them with the other staff as appropriate.

Are services effective?

We rated effective as Good because:

Patients received effective care and treatment that met their needs.

Effective needs assessment, care and treatment

The provider had systems to keep up-to-date with current evidence-based practice.

- The clinicians assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. Advice was given to patients on what to do if their pain got worse and when to request further help and support.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service monitored performance through the use of completed audits. The service had completed a number of single cycle audits (vaccine audit and treatment anxiety audit) but no two cycle audits. Initial audits showed a high level of care was being provided with no improvements required.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The clinicians were registered with the Nursing and Midwifery Council (NMC) and were up-to-date with revalidation.

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Staff told us they had appraisals and were appropriately supported.

Coordinating patient care and information sharing

The provider worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, staff ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent before details of their consultation were shared with other professionals.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Patients were assessed and given individually tailored advice, to support them to improve their own health and wellbeing.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance .

- Staff understood the requirements of legislation and guidance when considering consent and decision making. A consent policy was in place.
- Costs were clearly explained before assessments and treatment commenced. Consent forms were used where appropriate. Procedures did not usually take place at the first consultation appointment. They were carried out at a later date to ensure that patients had time to consider their decision before going ahead with the procedure.

Are services caring?

We rated caring as Good because:

Patients were treated with respect and commented that staff were kind and caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was extremely positive about the way staff treated them. In comments cards completed as a part of our inspection process patients commented that staff were very caring and supportive and treated them with kindness.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff had completed equality and diversity training. An equality and diversity policy was in place.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- Patients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them. Comments were made that the clinicians worked ethically and did not recommend unnecessary treatments.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear. Staff understood the importance of keeping information confidential. Patient records were stored securely.

Are services responsive to people's needs?

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients and were accessible.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. Patients told us through comment cards, that they received excellent care that fully met their needs.
- The facilities and premises were appropriate for the services delivered. Reception and waiting room areas were on the ground floor and accessible. Consultation rooms were on ground and first floors. A separate waiting room was also available on the first floor.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their appointment.

Timely access to the service

Patients could access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use. Patients could book appointments by phone or face to face at the service.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available for patients and clearly displayed in the waiting room.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedure in place. The service had not received any formal complaints but acted upon all patient feedback to improve the quality of care.

Are services well-led?

We rated well-led as Good because:

The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff felt leaders were approachable.
- The provider had effective processes to develop leadership capacity and skills.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff felt the culture of the service was professional and approachable.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. Patient survey feedback was very positive.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.