

# Northampton Laser Clinic

## Inspection report

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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 **overall.**

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

We carried out an announced comprehensive inspection at Northampton Laser Clinic as part of our inspection programme.

The practice had last been inspected on 18 September 2018 but had not been rated at that time.

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 and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service is registered with CQC under the Health and Social Care Act 2008 only in respect of the provision treatment of disease disorder or injury by, or under the supervision of, a medical practitioner, limited to the use of laser treatments for hair growth due to pre-existing medical conditions such as, but not limited to, poly cystic ovary syndrome (PCOS) and prevention of pilonidal sinus. Therefore our inspection is limited to looking at only those treatments and how safe, effective, caring, responsive and well-led they are. All other aesthetic cosmetic treatments provided are exempt by law from CQC regulation and do not fall under CQC inspection.

The owner of Northampton Laser Clinic 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 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.

In preparation for the inspection, the practice had been sent blank comment cards and a small collection box from CQC. The team had encouraged patients who used the service to fill these in before the inspection. We received a total of 35 completed comment cards. The feedback from patients who had completed these cards was overwhelming positive about the standard of care and treatment they received at the service. Staff we spoke with told us they were well supported in their work and were proud to be part of a team which provided a high-quality service.

## **Our key findings were :**

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients received detailed and clear information about their proposed treatment which enabled them to make an informed decision.
- Staff had received up-to-date safeguarding training and the clinic was in the process of rolling out a training programme in relation to sepsis.
- There was a lack of risk assessing in the event of a medical emergency. However, this was addressed during our inspection.
- Patients were offered convenient, timely and flexible appointments.
- Staff helped patients to be involved in decisions about their care. Patients were provided with information packs containing relevant information about the treatment and care following treatment.
- Staff delivered kind, compassionate and inclusive care to people.
- The service sought feedback from patients on a regular basis but needed to improve monitoring patient outcomes on an on-going basis.

There were areas where the provider could make improvements and should:

# Overall summary

- Improve and strengthen the systems for monitoring the quality of care and treatment delivered at the service.
- Implement a system of infection control audits at the service.
- Strengthen the system for obtaining medical histories and assessments to ensure patient safety.

**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. The team included a GP specialist advisor and a practice nurse specialist advisor.

## Background to Northampton Laser Clinic

Northampton Laser Clinic is located on a busy high street near the centre of Northampton. It provides laser treatments for aesthetic and medical purposes to patients over the age of 18 years.

Treatments include hair removal, removal of tattoos, thread vein removal and many others. The only part of the service that is in scope of registration for the Care Quality Commission (CQC) is hair removal associated with Poly Cystic Ovary Syndrome (PCOS) and pilonidal sinus. This formed the basis for our inspection along with various other aspects of the regulations set out by the Health and Social Care Act, to answer our five key questions.

The opening times of the service are Monday to Friday, 9am - 5pm.

To find out more about the service, their website is [www.northamptonlaserclinic.co.uk](http://www.northamptonlaserclinic.co.uk).

We inspected Northampton Laser Clinic on the 18 September 2019.

Prior to the inspection Northampton Laser Clinic submitted a Provider Information Return (PIR), which detailed relevant areas of governance arrangements including complaints, assessment of risk and patient feedback.

During the inspection we reviewed feedback from people who had used the service, interviewed staff, made observations and reviewed documents made available to us.

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:

### Safety systems and processes

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

- The provider had appropriate safety policies in place, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard vulnerable adults from abuse. We found there was no policy in place to guide staff in relation to child safeguarding procedures, however, no children were treated at the service and all staff had received up to date safeguarding training appropriate to their role and knew how to identify and report concerns.
- 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).
- The service was visibly clean and well maintained and there were systems and processes in place to ensure this on an on-going basis. However, no infection control audit had been undertaken, something which was identified at our last inspection. The provider implemented a system of infection control audits following our inspection.
- We saw that a recent legionella risk assessment had been completed, along with the required water checks.
- 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.

### 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 was an effective induction system in place for new staff.
- This type of service is unlikely to be diagnosing and treating the type of ill patients who would visit a GP service, and was not providing the type of treatments that may cause an allergic reaction and therefore no medicines and equipment was available to deal with medical emergencies, however there was no risk assessment in place to inform this decision or to show what the staff would do in the case of an emergency. We discussed this with the provider who wrote a risk assessment during our inspection.

### Information to deliver safe care and treatment

#### Staff did not always have the information they needed to deliver safe care and treatment to patients.

- The provider had taken steps to improve how they obtained medical histories and the information they recorded in patient records to ensure patient safety.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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 cease trading.

### 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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

## We rated effective as Good because:

### Effective needs assessment, care and treatment

#### Care and treatment was delivered in line with current legislation, standards and guidance.

- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. A large percentage of people returned to the clinic for further treatment. The clinic needed to improve on how people were assessed on an on-going basis.
- The service used effective technology to ensure patients received a good quality of treatment.

### Monitoring care and treatment

#### The service needed to improve their quality improvement activity.

- The service provided a very small amount of regulated activities. There was however limited quality improvement activity to improve service delivery with a lack of clinical audit. We raised this with the provider who acknowledged this was an area they needed to improve on.
- The service sought regular patient feedback in order to improve the quality of the services delivered at the clinic. There was scope for further clinical auditing in terms of patient outcomes and the provider acknowledged that this was an area for improvement.

### 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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or 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.

## Coordinating patient care and information sharing

### Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered.

## 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.

- Where appropriate, staff gave people advice so they could self-care.
- We saw that patients were given plenty of information following treatment and that patients returned to the service for further treatment.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## 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.
- Staff supported patients to make decisions. The provider demonstrated a knowledge and understanding of the Mental Capacity Act and any issues around capacity to consent that the service may encounter.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## We rated caring as Good because:

### Kindness, respect and compassion

#### Staff treated patients with kindness, respect and compassion.

- The provider was passionate about delivering kind and compassionate care to people. They clearly outlined the sensitive nature of some of the treatments offered at the clinic and described how they worked to put people at their ease. We saw that a number of patients returned to the service for this reason.
- The service sought feedback on the quality of clinical care patients received. This was done through regular surveys. We looked at results from August 2019 and found that feedback was predominantly positive.
- Feedback we obtained from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients and were able to demonstrate this through our conversations with them. The provider ensured that patients were treated equally and without prejudice.
- 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.

- Staff could access interpretation services 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 sufficient time during consultations to make an informed decision about the choice of treatment available to them.

## 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.
- Patients were assured by the provider, that information about them was treated confidentially and in a way that complied with the Data Protection Act. Records were stored securely with restricted access to relevant staff only. The provider had information governance policies and had reviewed and updated these as a result of General Data Protection Regulations (GDPR) legislation. In addition, the provider demonstrated that all staff had information governance and GDPR training.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **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 services provided reflected the needs of the population they served and ensured flexibility, choice and continuity of care.
- Facilities and premises were appropriate for the services that were delivered.
- The provider had made reasonable adjustments so that people with a disability could access and use services on an equal basis to others. For example, they had considered installing a stair lift so that patients could access the upstairs rooms, however, they were prevented from doing this by building regulations.

## **Timely access to the service**

**Patients were able to 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.
- The service offered an appointment system that was easy to use. There was a dedicated member of staff on reception who booked appointments and saw people as they came into the service.

## **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. We saw that the complaints policy was displayed within the clinic and that people could review it as part of the patient information provided to people in the reception area.
- 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 and we found no concerns with complaints handled in relation to the delivery of the regulated activity at the service.



# Are services well-led?

## We rated well-led as Good because:

### 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 were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### 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.
- The service developed its vision, values and strategy jointly with staff.
- 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. The provider was passionate about delivering high-quality, personalised care and treatment to people.
- 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 received regular annual appraisals 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.

### Governance arrangements

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

- 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 some clear and effective processes for managing risks, issues and performance, although improvement was needed.

- Patient safety risks were not always being effectively monitored and assessed. This was due to a lack of appropriate medical assessment completed on an on-going basis. Clinical outcomes were not being measured in order to identify any risks or issues. The provider was working to address this.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their practice. Leaders had oversight of safety alerts, incidents, and complaints.
- 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.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

## Are services well-led?

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- Improvement was needed in how the provider monitored the delivery of care and treatment.
- 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 and staff 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. We saw evidence that the provider regularly obtained feedback from patients and that this was analysed in order to improve the service. Staff were able to speak openly at the service, in meetings and during the course of their working day. The provider took on board staff views in relation to developing the service.

### **Continuous improvement and innovation**

#### **There was evidence of systems and processes for learning, continuous improvement and innovation.**

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Leaders and staff focused on continuous learning, improvement and innovation. For example, seeking feedback from patients regularly and developing action plans to address any issues. Leaders sought to expand their knowledge and experience by taking on extra training around managing people and conflict resolution. The provider participated in recognised accreditation schemes such as the British Medical Laser Association (BMLA), the governing body of medical laser practitioners in the UK.
- The provider demonstrated effective participation in and learning from external reviews as in the development of the local rules and assessment of equipment and practice by BMLA accredited assessors.

There were systems to support improvement and innovative work, including objectives and rewards for staff.