

## Northampton Laser Clinic

# Northampton Laser Clinic

### Inspection report

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Date of inspection visit: 18 September 2018

Date of publication: 02/01/2019

### Overall summary

We carried out an announced comprehensive inspection on 18 September 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.

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.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the use of laser treatments for hair growth due to pre-existing medical conditions such as poly cystic ovary syndrome (PCOS). At Northampton Laser Clinic the aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the treatment of PCOS by hair removal but not the other aesthetic cosmetic services.

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.

We received 51 comment cards on the day of the inspection and having reviewed these, all were positive about the provider.

#### **Our key findings were:**

# Summary of findings

- The provider had comprehensive systems to assess, identify and mitigate risks relating to the safety of the laser machines and their use. However, they could not always demonstrate that other risks such as those relating to the premises had been considered or actions taken to mitigate them. Following the inspection, the provider reassured us with evidence that these areas had now been addressed.
- The provider was complying with relevant legislation and adhering to guidelines in providing services to the public. The provider retained the services of an expert medical practitioner (EMP) to ensure that treatment and treatment plans were effective. The provider demonstrated that they contacted the EMP in any circumstances that were not contained in the treatment plans for specific conditions.
- The provider demonstrated that they had sought feedback from patients and had made efforts to continually improve.
- The provider was able to demonstrate that they had considered and taken action in response to the needs

of their patients, including producing leaflets in other languages and considered actions for access for patients who find it difficult to access the premises due to disabilities. Patient feedback we viewed reflected high satisfaction levels.

- The governance arrangements the provider had put in place, were comprehensive, clear and well-structured to support them to provide good quality care.

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

- Review all areas of risk relating to the premises and consider ways to mitigate these.
- Review and strengthen the systems for maintaining oversight records and staff competency to support learning and opportunities for improvement.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

# Northampton Laser Clinic

## Detailed findings

### Background to this inspection

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 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 from 9am until 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 2018 and the inspection was attended by two CQC inspectors. The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

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, their relatives or friends, 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?

## Our findings

### Safety systems and processes

- The provider demonstrated that there were systems in place to safeguard patients from abuse, neglect, harassment and breaches of their dignity and respect. These were focused on safeguarding adults and although the provider's policy was not to treat anyone under the age of 18, children did access the premises. The provider had not fully considered the potential risk of child safeguarding.
- Staff we spoke with understood how to report safeguarding concerns relating to adults but lacked clarity relating to concerns about children. Following the inspection, the provider demonstrated that information and guidance had been provided to the staff.
- The provider promoted safety in their recruitment systems, all staff had undergone disclosure and barring service (DBS) checks at the time of recruitment. Following the inspection, the provider showed us that they had reviewed their policy and would be arranging follow-up DBS checks for their staff regularly going forward.
- The provider demonstrated that they had organised ongoing indemnity arrangements for the treatments they were providing.
- The provider told us that they could not use a chaperone service due to local and national safety rules, relating to other people being present in treatment rooms with laser equipment, other than the laser practitioner and the patient. However, they had not clearly documented their policy on chaperoning. The provider told us that if a patient asked for a chaperone, they would give the patient an option to suspend or cancel treatment, due to the fact that they could not provide this service.
- The provider had not considered the risk of Legionella and had no arrangements to test water safety in the premises. Following the inspection the provider completed legionella testing.
- Clinical waste was stored and disposed of appropriately. Including sharps bins that were used for electrolysis needles.
- Although the premises was visibly clean we identified some concerns with the systems for maintaining the cleanliness of the premises. For example, implementation of infection control audits to identify

- any areas for action, and the consideration of data safety sheets relating to control of substances hazardous to health (COSHH). Following the inspection, the provider sent evidence that they had implemented infection control audits and cleaning schedules.
- The provider demonstrated that they had arrangements for the portable appliance testing (PAT) of electrical equipment. Equipment and laser machines were regularly risk assessed by external experts to check they were working properly.
  - The provider also demonstrated that they adhered to medicines and healthcare products regulatory agency (MHRA) guidance on the use of medical laser equipment.

### Risks to patients

- We saw that staffing levels and mix of staff experience were sufficient for what the provider determined appropriate for the service. The provider demonstrated that enough staff were available for adverse situations, such as sickness and busy periods.
- Staff we spoke with had a clear understanding of what to do in an emergency and were trained in basic life support (BLS). The provider had considered this risk and taken action to address it.
- The provider used an expert medical practitioner (EMP), who worked remotely, to develop the treatment protocols for the services that were provided. The provider demonstrated that they had checked the competencies of this EMP, including professional registration, General Medical Council (GMC) registration, performers list information and medical indemnity insurance.

### Information to deliver safe care and treatment

- Care records that we viewed included information the provider deemed relevant and was consistent, including consent and details relating to consultations and treatment protocols. We saw that the provider was auditing these along with the competence and practice of individual practitioners but that this process was unstructured and would benefit from strengthening to be more consistent. The provider regularly checked the quality of patient records and fed back any issues identified to individual practitioners.

# Are services safe?

- The provider had information relating to any contraindications with patients existing medical treatment or medication and if they came across anything they were unsure of they would contact their EMP for further advice.
- All information deemed appropriate by the provider needed to deliver safe care and treatment in line with local and national guidelines was available to relevant staff in a timely and accessible way.
- Patient information and records were kept securely. No electronic copies were kept and paper records were kept in locked cabinets. Access to these records was restricted to relevant staff but was easily accessible when needed and authorised.

## Safe and appropriate use of medicines

- The provider did not use, store or recommend any form of medicine relating to the services they provided and had no medicines on the premises. In the event of an emergency, the providers policy was to call the emergency services.

## Track record on safety

- The provider had a good track record on safety. There had been no incidents reported relating to safety issues. The practice had an incident reporting policy, along with reporting templates. Staff we spoke with had a clear understanding of how to report any incidents, and who to report these to.
- Safety relating to the use of medical laser equipment was consistently ensured by the provider. However, other aspects of safety, such as risks relating to the premises were less well managed.

## Lessons learned and improvements made

- Staff we spoke with understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.
- Although there were no incidents recorded, staff showed us that arrangements were in place for reviewing and investigating safety and safeguarding incidents, if and when incidents occurred. All relevant staff, services and people who use services were involved in reviews and investigations as appropriate.
- The provider demonstrated that there had been no unexpected or unintended safety incidents. However, they showed us their policy which included information for staff on what to do should an incident occur. It also included giving patients reasonable support, truthful information and a verbal and written apology.
- The provider told us that learning from incidents would be shared in team meetings to ensure that action was taken to improve safety. Staff we spoke with participated in and learned from reviews and investigations, they found team meetings informative and useful.
- The provider told us that their EMP retained responsibility for relaying all information relating to safety alerts to the provider, however the provider had policies to not treat any patients in the event of any doubt. The provider also adhered closely to local and national rules relating to safety.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

- We saw no evidence of discrimination when performing treatments for patients or accepting patients for treatments.
- The provider assessed patients requests for treatment and advised patients whether laser treatment would work effectively for them.
- Staff we spoke with demonstrated that they used appropriate feedback tests from patients to assess the level of pain, stopping treatments if necessary.
- Staff we spoke with knew how to advise patients about what to do if there was an emergency and where to seek further help and support if necessary, including from the expert medical practitioner (EMP).

### Monitoring care and treatment

- The provider demonstrated that they used information about care and treatment from the expert medical practitioner (EMP) and Medicines and healthcare products regulatory agency (MHRA) alerts to make improvements to the delivery of treatment.
- The practice was actively involved in quality improvement activity, including auditing consultations and patient notes to ensure that these were consistent and complete. They also audited performance of practitioners regularly to ensure treatment consistency. However, the system of audit was unstructured.

### Effective staffing

- Staff had appropriate knowledge for their role, for example, to carry out treatments in line with treatment plans.
- The practice 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.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one appraisals and coaching and mentoring.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

- The provider had a system to ensure all staff were trained and competent. Although there were no issues identified; audits of staff competency and patient records lacked a consistent approach.

### Coordinating patient care and information sharing

- We saw records that showed that all appropriate staff, including those in different organisations, were involved in assessing, planning and delivering treatment.
- The practice shared clear and accurate information with relevant professionals when discussing treatment delivery for people using the service.
- Patients received coordinated and person-centred treatments.
- We saw appropriate documents in relation to referrals by GPs. These documents included all information required to proceed with treatments.

### Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support and directed them to relevant services.
- Staff discussed changes to treatments with patients and their carers as necessary.
- The practice was sensitive to the nature of treatments for patients and were proactive in promoting dignity, equality and diversity in a safe and non-judgemental environment.
- The staff we spoke with were enthusiastic about their ability to help patients through difficult treatments, particularly relating to aesthetic hair removal treatments.

### Consent to care and treatment

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- Staff we spoke with were aware of the mental capacity act and the provider monitored the process for seeking consent appropriately.
- The provider allowed patients a full consultation followed by a cooling off period before commencing any treatments. We saw that patients were supplied with full and comprehensive information relating to the treatments they were interested in undergoing to ensure that the cooling off period could be used to make an informed decision. We saw that consultations focused on the needs of the patient and treatments, including all risks

# Are services caring?

## Our findings

### Kindness, respect and compassion

- Staff we spoke with understood and respected the personal, cultural, social and religious needs of people who used the service and how these may relate to their care needs. They took these into account in the way they delivered services. For example, the provider had established links with local community groups to help translate information into languages other than English.
- We saw that staff took the time to interact with people who used the service and those close to them in a respectful and considerate way. Staff demonstrated that they showed an encouraging, sensitive and supportive attitude to people who used services and those close to them.
- Staff we spoke with were fully aware of the sensitive nature of some of the treatments they provided and the impact this had, not only on the dignity of patients but on their confidence and wellbeing.
- Staff we spoke with had a clear understanding of how to raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes. Staff we spoke with also demonstrated a particular focus on and understanding of the impact that a person's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially. Staff told us that being able to treat these patients and see this impact gave them particular satisfaction.
- Patients were given appropriate and timely support and information to cope emotionally with their care, treatment or condition. They were signposted to other support services.

### Involvement in decisions about care and treatment

- We saw that staff communicated with patients so that they understood their care, treatment and condition and any advice given. This was provided in the form of a comprehensive consultation process, conducted by trained and experienced laser practitioners. Patients were also provided with leaflets explaining the information that had been given to them and were given time to consider what they had been told before committing to treatment.
- Staff made sure that people who used services and those close to them were able to find further information, including community and advocacy

services through leaflet information and through the provider's website. The provider also encouraged patients to ask questions about their care and treatment. The provider was clear that this was not a selling process, but about patient choice. They communicated when treatment may not be suitable for an individual.

- Patients were empowered and supported, where necessary, to use and link with support networks and advocacy, so that it would have a positive impact on their health, care and wellbeing.
- The provider demonstrated that it routinely involved people who used the services and those close to them in planning and making shared decisions about their care and treatment. For example, through the consultation process, the provision of information in leaflet format and the provider's website. Patients' cooling off period was intended to ensure that patients had time to digest information given to them to make an informed decision. Patients reported that they felt listened to, respected and had their views considered.
- Patient carers, advocates and representatives including family members and friends were identified, welcomed, and treated as important partners in the delivery of their care. The provider demonstrated that these individuals were invited into the consultation process with the patient, should they wish it.

### Privacy and Dignity

- The provider and staff made sure that patient privacy and dignity were respected. This included confidentiality of patient information, and a written protocol relating to maintaining patient dignity during treatment.
- Staff we spoke with told us that they responded in a compassionate, timely and appropriate way when people experienced discomfort or emotional distress during treatments. They had a clear and in-depth understanding of what to do in those situations. Patients whose feedback we received confirmed this.
- 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.



## Are services caring?

In addition, the provider demonstrated that all staff had information governance and GDPR training. Staff supported people to make and review choices about the sharing of their information.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

- 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 identified and took action to meet the information and communication needs of patients with a disability, sensory loss or impairment. The services that were delivered, as a result were accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances.
- 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 had timely access to initial consultations and appointments to suit them.

- Appointment systems were easy to use and supported patients to access treatments in a timescale of their choice.
- We saw that services ran on time and patients were kept informed about any disruption.

### Listening and learning from concerns and complaints

- The provider developed a system for patients to make a complaint or raise a concern. Patients using this system were treated compassionately and given the help and support, through use of accessible information if they needed to make a complaint.
- Patients who used the service knew how to make a complaint or raise concerns and were encouraged to make a complaint when necessary.
- We saw that complaints were handled with openness and transparency and involved regular updates for the complainant. Patients were provided with a timely response and explanation of the outcome, and a formal record was made.
- The providers complaints policy ensured that patients who raised concerns or complaints were protected from discrimination, harassment or disadvantage. Staff we spoke with had an understanding and knowledge of the complaints procedure, the policy and its contents.
- Any concerns and complaints were discussed in team meetings and used as an opportunity to learn and drive improvement.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability

- Leaders demonstrated they had the skills, knowledge, experience and integrity to deliver the service.
- Leaders we spoke with understood the challenges to quality and sustainability, and could identify the actions needed to address them.
- The service was led by a registered manager who was an experienced practitioner.

### Vision and strategy

- The provider demonstrated a clear vision and a set of values.
- From our conversations with staff it was clear that the provision of safe care to patients was a high priority with good outcomes for patients.
- Staff we spoke with, knew and understood what the vision and values of the service were and their role in achieving this.
- There were systems in place for monitoring the delivery of the service and good quality of care. Local rules and treatment protocols that staff followed were supported by experts.

### Culture

- Staff we spoke to feel supported, respected and valued. The culture centred on the needs and experience of people who used the services. Staff told us that they felt positive and proud to work in the organisation.
- We saw evidence that action had been taken to address behaviour and performance that was inconsistent with the vision and values of the service. To support this, the leadership of the provider had taken additional leadership and management courses, to ensure proper and consistency of approach.
- We found that the culture encouraged openness and honesty at all levels within the organisation, including with people who use the services and in response to incidents and complaints.
- Leaders and staff understood the importance of being able to raise concerns without fear of retribution. There was a whistleblowing policy and staff understood its contents and told us that they would be happy to raise concerns outside of the organisation if necessary.

- There were mechanisms for providing staff, with the development they needed, they received regular appraisals and opportunities for career development conversations.
- There was a strong emphasis on the safety and well-being of staff, in relation to using and being in proximity to medical laser equipment.
- Equality and diversity was promoted within and beyond the organisation. All staff that we spoke with felt that they were treated equitably.
- There appeared to be cooperative, supportive and appreciative relationships among staff. Staff told us that the team worked collaboratively, shared responsibility and resolved conflict quickly and constructively.
- The provider was aware of and had arrangements to ensure the duty of candour. We found the provider to be open and honest and willing to address any issues identified in a similar fashion.

### Governance arrangements

- There were structures, processes and systems of accountability to support the delivery of the good quality, sustainable services. They were regularly reviewed, monitored and improved upon where necessary.
- Staff that we spoke with at all levels, were clear about their roles and understood what they were accountable for, and to whom.

### Managing risks, issues and performance

- There were comprehensive assurance systems relating to risk of storing and using medical laser equipment.
- There were processes to manage current and future performance including a programme of internal auditing to monitor quality. These were regularly reviewed and action taken to improve but lacked some structure to provide a consistent approach.
- There were arrangements for identifying, recording and managing risks, issues and mitigating actions. Although these were not fully embedded for example, in relation to infection control and health and safety. Following the inspection, the provider supplied evidence that they had taken actions to address these issues.
- Other potential risks had been considered when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or

# Are services well-led?

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

disruption to staffing or facilities. For example, the provider was able to demonstrate a comprehensive business continuity plan. Staff we spoke with were aware of this plan and its contents.

## **Appropriate and accurate information**

- There was a holistic understanding of performance, which sufficiently covered and integrated patients' views with information on quality, operations and finances. This information was used as a measure for improvement.
- Quality and sustainability both received coverage in team meetings and staff had access to information to support them in their roles.
- There were arrangements to ensure the availability, integrity and confidentiality of identifiable data. Records and data management systems were in line with data security standards. All staff that we spoke with were aware of information governance standards and had received training.

## **Engagement with patients, the public, staff and external partners**

- Patient and staff views and experiences were gathered and acted on to shape and improve the services and culture. As far as possible, this included people in a range of equality and protected groups.

- There appeared to be positive and collaborative relationships with external partners enabling the provider to build a shared understanding of challenges within the system, the needs of their client population and to deliver services to meet those needs. There was a focus on and a willingness to adapt and continually improve based on patient feedback and engagement. The provider was transparent and open with all stakeholders about performance.

## **Continuous improvement and innovation**

- 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.