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# Laserlast Medical

## Inspection report

Laserlast Medical  
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Date of inspection visit: 30 October 2018  
Date of publication: 06/12/2018

### Overall summary

We carried out an announced comprehensive inspection on 30 October 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 the Care Quality Commission (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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is registered for the provision of treatment, advice or surgery by a medical practitioner. The aesthetic cosmetic treatments that are also provided are exempt by law from CQC regulation. Therefore, we were only able to inspect the provision of advice and treatment and not the aesthetic cosmetic services.

We received 10 Care Quality Commission comment cards. These were positive regarding the environment, staff, efficiency of service, care delivered and the caring attitude of the provider. Many clients stated that the service was professional, and that staff took time to explain the process to them. They found the provider professional and would recommend the service to others.

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

# Summary of findings

- The service was offered on a private, fee paying basis and was accessible to people who chose to use it.
- Procedures were safely managed and there were effective levels of client support and aftercare advice.
- There were systems, processes and practices in place to safeguard clients from abuse.
- Information for service users was comprehensive and accessible. Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.

- The service encouraged and valued feedback from service users via in-house surveys and the website.

There were areas the provider could improve and should:

- Review systems in place to analyse and learn from incidents and complaints

# Laserlast Medical

## Detailed findings

### Background to this inspection

We carried out this inspection on 30 October 2018. The inspection team consisted of a lead CQC inspector and a GP Specialist Advisor.

As part of the preparation for the inspection, we reviewed information provided to us by the service. In addition; we reviewed the information we held on our records regarding this provider.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we toured the building, interviewed the provider, looked at the clinical systems, reviewed documents relating to the service and CQC comment cards sent prior to our inspection.

Laserlast Medical provides skincare, cosmetic injection treatments and laser treatment for hair and tattoo removal. Private Doctor consultations for medicals for sports and driving purposes are also available.

The service operates from Dorin Court, Rothesay Road, Bournemouth, Dorset BH4 9NH. We visited this location during our inspection.

The premises are attached to a private house in the suburbs of Bournemouth. There are two treatment rooms and a waiting area with leaflets explaining the treatments on offer.

The service is led by a sole General Practitioner (GP). The GP working at the service also works as a GP in an NHS general practice.

The clinic operates from 9am to 6pm on a Monday and Wednesday.

To get to the heart of customers' 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?

# Are services safe?

## Our findings

### Safety systems and processes

The clinic had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. For example, the medical director had been trained to adult safeguarding level three.
- We saw evidence that the provider was up to date with all professional training requirements through an external company for aesthetics and in their secondary role as a General Practitioner.
- The provider had completed a Disclosure and Barring Service (DBS) check. (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 persons who may be vulnerable).
- The premises were maintained to appropriate standards of cleanliness and hygiene. Clients commented that the service appeared hygienic and clean. Single use equipment was used, and we saw appropriate systems were in place for clinical waste disposal.
- Infection control measures were in place to reduce the risk and spread of infection. We inspected the consultation rooms and waiting area which were clean and were in good overall condition.

### Risks to customers

- The clinic had arrangements in place to respond to emergencies and major incidents.
- The staff had received basic life support training. A first aid kit and accident book were also available on-site.
- All electrical equipment was checked to ensure it was safe to use.
- Clinical equipment was checked regularly to ensure it was working properly and had been calibrated.
- The laser equipment was professionally maintained to ensure safe operation and staff had received training for its use.

- All treatment rooms where laser treatments could be used had additional security so that they could not be entered whilst treatment was being carried out.
- Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and the provider was aware of the procedure to follow in the event of a fridge failure.

### Information to deliver safe care and treatment

- The provider worked with other services when this was necessary and appropriate. For example, the provider would advise the client to consult with their registered GP prior to any treatment if this was necessary. The clients gave details of their GP and consent for the provider to share information about the client in emergency situations.
- If a procedure was unsuitable for a client we saw records to demonstrate that the service would not carry out the procedures and they were offered advice about other available options.

### Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including emergency medicines and equipment, minimised risks.

### Track record on safety

There was a system in place for reporting and recording significant events. However, there was no formal method in place to analyse and learn from incidents and complaints; staff told us any issues would be discussed and remedied in team meetings.

### Lessons learned and improvements made

The provider encouraged a culture of openness and honesty. After every course of treatment, a final review consultation was offered where clients could discuss their treatment and results with the provider.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

Clients who used the service had an initial consultation where a detailed medical history was taken. Clients were also able to access detailed information regarding the procedures and different procedures which were provided by the provider. This included advice on the procedures and post care. All clients were given a 'cooling off' period enabling the person to return at a later date for the treatment.

After the procedure, staff discussed after-care advice with clients and informed them of what to expect over the recovery period. This was both to allay concern and anxiety and to avoid them attending other primary or secondary care services unnecessarily.

The provider was aware of evidence-based guidance and had access to written guidance should this be required. For example, NICE (National Institute for Health and Care) guidance. The provider told us the client demographic were mostly fit and healthy but was also aware of identifying the symptoms of the acutely unwell patient. For example, in the event of anaphylaxis (a severe potentially life-threatening allergic reaction).

The provider received safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) and acted on them where relevant.

### **Monitoring care and treatment**

The provider kept a record of each procedure provided and clients were given comprehensive details of what complications may arise and what to look for. Details were given and instructions to contact the service should any complications arise.

### **Effective staffing**

The service was led by a GP who also worked as a GP in a NHS GP practice and they kept up to date in their specialist fields. There was medical indemnity cover in place and the provider was registered on a professional register. For example, the General Medical Council.

We saw evidence that the provider had attended and completed training courses in their specialist areas and remained up to date with current practice.

### **Consent to care and treatment**

We found that staff sought clients' consent to care and treatment in line with legislation and guidance. The provider had developed protocols and procedures to ensure that consent for procedures and treatment were obtained and documented. Consent forms were bespoke to each treatment and contained benefits and risks associated with the procedure.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Comment cards, and internal surveys contained comments to demonstrate that the clients were happy with the care, treatment and service received. Clients comments included feedback that the provider was courteous, caring and helpful to clients and treated them with dignity and respect.

### **Involvement in decisions about care and treatment**

Feedback from comment cards showed that clients had been involved in the decision-making process and could make choices on the treatment available. The staff actively discussed the procedure with clients and recorded discussion in the client record.

All clients received a consultation appointment to discuss treatments available and following this consultation, they

were provided with written information on the treatments and the costs, to take away and consider. There was an option for clients to ask further questions as needed to help them make a decision before starting any treatment plan.

The provider made extensive use of client feedback as a measure to monitor and improve services and did this by monitoring compliments, complaints and results from client surveys.

### **Privacy and Dignity**

Doors were closed during consultations and conversations taking place in these rooms could not be overheard.

The provider told us that time was spent with clients both pre and post procedure to carefully explain the after care, recovery process and options to reduce any anxieties they may have.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The provider had a range of information and support resources which were available to clients

The website for the service was very clear and easily understood. In addition, it contained information regarding treatment and procedures available, fees payable and aftercare.

### Timely access to the service

The clinic operated two days a week on a Monday and Wednesday and all appointments were pre-bookable and times were flexible to suit client needs. Enquiries could be made by telephone, using the website or visiting the clinic in person. There was no disabled access but this was made clear to clients and they were signposted to other providers.

The service was only available to clients aged 18 and above.

### Listening and learning from concerns and complaints

The provider had a complaints policy and process in place.

At the time of our inspection the provider had not received any formal complaints. This was explained as each client had a follow up review consultation to discuss how the treatment went and to review any concerns the client may have had. These individual consultations were recorded on the customers notes, and recorded on a concerns log to enable the provider to monitor potential overarching concerns or themes.

All of the 10 comment cards we received were complimentary about the service.

# 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;**

The director was responsible for the organisational direction and development of the service and aware of their scope of competencies and services offered.

### **Vision and strategy**

The director had a clear vision which was; to provide care and treatment options in response to customer demand, within their clinical competencies and within a clinically clean and safe atmosphere.

### **Governance arrangements**

A statement of purpose was in place. The clinic had policies and procedures to self-govern their activities.

### **Managing risks, issues and performance**

Arrangements were in place for identifying, recording and managing risks and issues. This included methods of reducing risk in infection control, building, medicines, clinical governance, reputational risk and security and information technology. We saw evidence of these processes and systems in place.

The provider rented the premises and had full access to paperwork demonstrating risks associated with the premises. These included systems, processes and contracts for annual portable electrical equipment testing, equipment calibration, fire safety, waste management and laser equipment calibration.

Engagement with clients, the public, staff and external partners

The provider encouraged and valued feedback from clients and staff. It proactively sought feedback from:

- Feedback and compliments and complaints.
- Verbal feedback post procedure and at reviews.
- Internal surveys.

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

The clinic sought and made use of patient feedback gathered at each consultation as a measure to improve services. We also received 10 Care Quality Commission comment cards from users of the service. These were very positive regarding the care delivered and mentioned the friendly and caring attitude of the provider. Responses stated that the service was professional, thorough and easy to access and that they were treated with dignity.