

Laserase Bolton Limited

Inspection report

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Farnworth
Bolton
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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 to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection 6 February 2018 – Not rated)

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 on 27 July 2021 at Laserase Bolton as part of our inspection programme and to provide the service with a rating.

Laserase Bolton is a private clinically led service that helps those suffering from skin conditions and/or looking for aesthetic enhancement. CQC registered treatments include tattoo removal, treatment for thread veins, birth marks, moles and skin pigmentations. Their treatment rooms are maintained in line with good standards of infection, prevention and control. The provider works closely with the NHS to assure patient safety and they provide secure and confidential handling of patient information. The service treats adults and children between the ages of five and 18. All children are treated by a doctor and all procedures are carried out by healthcare professionals.

This service is registered with CQC under the Health and Social Care Act 2008 for the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury, but this is not for 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. Laserase Bolton provides a range of non-surgical cosmetic interventions, for example Botox and fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The founding director is the registered manager. However, they were not available on the day of the inspection and their role was being managed by another member of staff. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

As part of this inspection we undertook remote interviews with staff members, a site visit where we reviewed the premises and we spoke to members of staff who were in the building on the day of the inspection. We did not speak to patients or request CQC comment cards. However, we reviewed patient feedback by various other means, such as Google reviews and patient surveys.

Our key findings were:

- There were policies and procedures in place for safeguarding patients from the risk of abuse. Staff had received training in safeguarding at an appropriate level to their role and knew who to go to for further advice.
- Recruitment policies and procedures were in place. There were enough staff to meet the demand of the service and appropriate recruitment checks for all staff were in place. Staff felt supported and had access to all appropriate training for their jobs.

Overall summary

- The premises were clean and systems and practices were in place for the prevention and control of infection to ensure risks of infection were minimised. Personal protective equipment (PPE) was readily available.
- Opening times of the service were displayed on the website and in the patient information guide.
- The doctor and director we spoke with were aware of and complied with the duty of candour.
- Patients' needs were assessed, and treatment was discussed and planned with the patient and written consent obtained prior to treatment being given.
- Patients were given verbal information, an information fact sheet pre-procedure and a post-procedure information sheet.
- There was a system in place to manage complaints. There were systems in place to monitor and improve quality and identify risk. Patient satisfaction views were obtained.
- There was a clear vision to provide a safe and high quality service. Staff felt supported by management and worked well together as a team.

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

- Non clinical staff did not undertake chaperone duties which meant patients who required a chaperone would only be seen when there were two clinicians on site. The service should consider training non-clinical staff to undertake this role which would improve the flexibility of appointments when required.
- There was no system in place to assure the service that adults accompanying children were appropriate guardians. A formal process should be implemented.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor if appropriate.

Background to Laserase Bolton Limited

Laserase Bolton is a private clinically led service that helps those suffering from skin conditions and/or looking for aesthetic enhancement. CQC registered treatments include tattoo removal, treatment for thread veins, birth marks, acne treatment, laser hair removal, moles and skin pigmentations. Treatment rooms are clinically fit for purpose and the service has direct NHS links to ensure patient safety.

The service treats adults and children between the ages of five and 18. All children are treated by a doctor and all procedures are carried out by accredited healthcare professionals.

The service is located at :

71 Redgate Way

Farnworth

Bolton

BL4 0JL

01204 570900

www.laserase-bolton.co.uk

Laserase Bolton has its own site within the grounds of Bolton Royal Infirmary. The service shares the purpose built premises with another business. The registered provider is Laserase Bolton Limited. The service is registered to carry out the regulated activities:

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

Hours of opening are

Reception Hours

Monday and Wednesday 9am – 6pm,

Tuesday 9am – 9pm,

Thursday 9am – 8pm,

Friday 9am – 5pm.

Alternate Saturday and Sundays 10am – 3pm

Clinic Hours

Monday 9am – 2pm

Tuesday 5pm - 9pm

Thursday 5pm – 8pm

Alternate Saturday and Sunday 10am – 3pm

How we inspected this service

- We gathered information from stakeholders and reviewed information available to us on our record management system.
- We spoke with a range of staff from the service including the doctor, both registered nurses, one of the directors, management and administration staff.

- We looked at information the service used to deliver care and treatment.
- We undertook a tour of the premises and equipment used.

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:

There were systems in place to provide safe care in accordance with the relevant regulations.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. 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 children and vulnerable adults from abuse.
- There were infection prevention and control policies and protocols in place to ensure appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules in place detailing what cleaning was to be undertaken by the external company employed to undertake cleaning. We saw evidence of when the cleaning had been undertaken. There was no one with overall lead responsibility for infection control across the service but we did not see anything to suggest that infection control was not successfully managed. We saw evidence of infection control audits having been undertaken and changes having been made when necessary. For example, air drying had been introduced after clinics.
- All staff had appropriate Disclosure and Barring Service (DBS) checks. Staff took appropriate steps to protect patients' dignity and respect but only clinical staff acted as a chaperone. We discussed the negative impact this had on the service with regard to managing appointments where people who required a chaperone could only attend on specific days when more than one clinical person was available. The service should consider training non-clinical staff to undertake this role which would improve the flexibility of appointments when required.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns and we saw that safeguarding policies were up to date with appropriate contact numbers. Staff took steps to protect patients from abuse, neglect, harassment and/or discrimination. However, there was no system in place to assure the service that adults accompanying children were appropriate guardians. We discussed this during the inspection and suggested that a formal process was implemented.
- Facilities and equipment were safe and maintained according to manufacturers' instructions. We saw evidence of annual audits of all laser equipment and the service had a registered Laser Protection Advisor (LPA) who undertook this process and also provided regular training. We reviewed the last report which was carried out in April 2021.
- There were systems in place to safely manage healthcare waste, appropriately wall-mounted sharps bins, environmental risk assessments and regular informal discussions between staff when actions were required.

Risks to patients

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

- There were sufficient clinical and administrative staff to meet the demands for the service.
- There was an effective induction system for agency staff tailored to their role.
- The service was not intended for use by patients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place so the emergency services could be called.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- Staff received basic life support training and paediatric basic life support. A first aid kit was available and emergency medicine for anaphylaxis was available. These were regularly checked for expiry dates and were seen to be in date.

Are services safe?

- There were appropriate indemnity arrangements in place and the nurses and GPs PIN numbers, training, appraisal and revalidations were monitored.
- The service was registered with the Information Commissioner's Office (ICO) and were able to demonstrate that data protection was appropriately managed.

Information to deliver safe care and treatment

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

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.
- 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.
- 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.
- 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 service stored minimal medications and we saw the arrangements for managing medicines kept patients safe, they were stored safely and checked to ensure they did not pass their expiry date.
- The service did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The fridge temperature was appropriately monitored and recorded on a daily basis.

Track record on safety and incidents

The service had a good safety record.

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

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

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

Are services effective?

We rated effective as Good because:

The service had systems in place to provide effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The service offered consultations to all prospective patients and did not discriminate against any client group. However we were told that the service were on occasions selective who they were able to offer a service based on certain criteria in the best interest of the patient. For example, if the laser treatment would not be compatible with the patient's skin type. It was evident the service would reject treatment that would be unsafe or unreasonable for any patient.
- A full explanation was given if the service deemed they were unable to perform the procedure or if they thought the procedure was unsuitable for the patient.
- Patients had a minimum of one consultation prior to any procedure being performed which included a needs assessment. This ensured the patient had adequate time to reflect on the procedure and ask any questions to ensure they fully understood the procedure. There was also a "cooling off" period and patients were able to change their minds.
- Patients were given a verbal explanation of the procedure and were involved in the decision making process. Feedback from patients confirmed this. In addition patients were given a fact sheet detailing the procedure and written post procedure instructions.
- Audits were undertaken regularly to monitor the quality of service being delivered.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

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

Effective staffing

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

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

Are services effective?

- We saw a record was kept of staff training to demonstrate the training undertaken by staff.
- All staff received annual appraisals.
- The doctor and the registered nurses were on the appropriate specialist registers and were qualified to undertake the scope of their work.

Coordinating patient care and information sharing

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

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

Supporting patients to live healthier lives

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

- The service offered advice and support appropriate to the condition treated, including healthy lifestyle advice where relevant.
- There was written information for patients for care post procedure to help aid recovery and achieve the best results.

Consent to care and treatment

The service obtained/did not obtain consent to care and treatment in line with legislation and guidance.

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

Are services caring?

We rated caring as Good because:

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service carried out its own annual survey by giving patients a feedback form to complete and following any new treatments an audit of the treatment would be undertaken. The feedback forms asked questions about the quality of care received. The results were then reviewed by the medical director and the results were shared with all staff.
- Feedback from patients was positive about the way staff treat people which we saw from website reviews.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- We observed that members of staff were courteous and helpful to patients.

Involvement in decisions about care and treatment

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

- Patient information about the service and the procedures available were on the website and information booklets were available in the reception area.
- Clear information was given to patients both pre and post procedures. Written, informed consent was obtained.
- Interpretation services were not available for patients who did not have English as a first language. However, staff told us they could seek help from accompanying people in this regard but with safeguarding in mind at all times.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Patients were seen in the privacy of the consulting room to maintain privacy and dignity during consultations or treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Chaperone procedures could be reviewed to increase flexibility of appointments for those people who may need a chaperone at short notice.

Are services responsive to people's needs?

We rated responsive as Good because:

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

Responding to and meeting people's needs

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

- The premises and facilities at the service were appropriate for the services delivered. The service was located in a shared building which was accessible to people with impaired mobility.
- We saw the service was culturally sensitive and lesbian, gay, bisexual, and transgender (LGBT) aware.
- Consultations were offered to patients who requested and paid the appropriate fee and did not discriminate against any patient group.
- The information available made it clear to the patient what procedures were available to them.
- The website contained information about the qualifications and experience of all healthcare professionals who carried out all of the procedures.

Timely access to the service

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

- The service reception was open on Mondays and Wednesday from 9am until 6pm, Tuesdays from 9am until 9pm, Thursdays from 9am until 8pm and Fridays from 9am until 5pm.
- Clinics were available on Mondays from 9am till 2pm, Tuesdays from 5pm till 9pm, Thursdays from 5pm till 8pm and alternate Saturdays and Sundays from 10am till 3pm.
- Patients could send appointment requests via the website but all appointments were booked through reception.
- The service had been closed for a length of time because of COVID-19. They had recently re-opened on a phased schedule since April 2021 and were currently increasing appointments and treatments.
- We saw that patients had been kept up to date during COVID-19 via the website and through social media.

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.

- The service had a complaints policy and procedure. The policy contained appropriate timescales for dealing with a complaint.
- Information about how to make a complaint was available in the statement of purpose that was available in reception for patients to access.
- One formal complaint had been received in the past year and a full and thorough investigation had been undertaken. Although the complaint was in regard to patient expectation, the service had provided an apology and offered a refund for their treatment.
- We saw a written log was kept of complaints, concerns, comments or issues raised by any patients. These had been few, but had been addressed and reviewed and learned from. We saw patients received a satisfactory response and appropriate action had been taken.

Are services well-led?

We rated well-led as Choose a rating because:

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

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.
- 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.

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

Culture

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

- There was an open and transparent culture and we saw that staff had good relationships with each other. The culture encouraged candour, openness and honesty and there was no blame.
- The leadership was clear about the patient consultation process and the standard of care expected.
- Staff were all long-term and told us they felt respected, supported and valued and proud to work for the service which focused on the needs of patients.
- 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. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

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

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- 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.
- The service used performance information which was reported and monitored, and management and staff were held to account
- 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.

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.

- 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.

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

Continuous improvement and innovation

Are services well-led?

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

- The staff team worked well together and worked towards continuous improvement. Staff were encouraged to identify opportunities to improve the service delivered. Staff told us they enjoyed working for the service and felt valued and listened to.
- We saw that team meetings were held, and we were told any issues or concerns could be raised and discussed at these meetings or at any time with the management who encouraged staff to raise issues. We saw minutes were taken of the meetings.
- Audits were undertaken and the results were shared with staff. There was evidence of change in practice and improvements made following audits.