

The Doctors Laser Clinic Limited

The Doctors Laser Clinic

Inspection report

The Old Surgery,
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Overall summary

We carried out an announced comprehensive inspection on 5 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.

The Doctors Laser Clinic Ltd is a medical skin laser and aesthetic clinic. They offer laser tattoo, hair and thread vein removal, laser treatment for stress urinary incontinence and genitourinary syndrome of menopause, dermal fillers, and Botulinum Toxin (Botox) treatments for cosmetic purposes and medical purposes for example, Hyperhidrosis (excessive sweating). The service is registered as an NHS provider for transgender laser hair removal.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment of patients suffering with a medical condition which can be treated with the use of a laser or Botulinum Toxin. The treatment of patients with Botulinum Toxin was undertaken by registered doctors and nurses. The treatment of patients with a laser for stress urinary incontinence and genitourinary syndrome of menopause was undertaken by a doctor. At The Doctors Laser Clinic Ltd the aesthetic cosmetic treatments, including the use of laser treatment for tattoo

Summary of findings

and hair removal and dermal fillers, are exempt by law from CQC regulation and were therefore not inspected. Regulated activities are not carried out on clients under the age of 18 years.

The service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures.

The Doctors Laser Clinic Ltd opened in 2010 and is run by three doctors of whom one 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection visit. We received 22 comment cards from patients who provided feedback about all aspects of the service. They were all very positive about the standard of care received. Comments included that the service provided excellent advice and support and that the staff were friendly, knowledgeable, kind and caring.

Our key findings were:

- There was an effective system in place for reporting and recording significant events and these were monitored to completion. There was a process for sharing the learning within the service, when appropriate.
- The service had systems in place for the receiving of and acting on, safety alerts regarding the monitoring of medicines or devices.
- The service had several policies and procedures which were in place to govern activity.
- Risks to patients were assessed and well managed. The service did not carry out fire drills however staff were aware of their duties, where the fire assembly point was situated, and the fire equipment checks were up to date. The service had a fire safety policy and a fire risk assessment. Following the inspection, the provider took some action in relation to this finding and carried out a fire drill and updated the risk assessment to ensure annual fire drills were undertaken.
- There was an in-depth infection prevention and control audit, risk assessment and policies and procedures were in place to reduce the risk and spread of infection.
- Medicines were safely managed. There was evidence that checks had been undertaken, there were records to demonstrate that medicines near to their expiry date had been ordered and supplied.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service provided an out-of-hours telephone service for patients with concerns post treatment and had a system in place to ensure a clinician was available in an emergency.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were listened to, treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about the service and how to complain was available and easy to understand.
- There was an effective system for responding to and learning from complaints.
- The service was aware of and complied with the requirements of the Duty of Candour.
- Systems were in place to ensure that all patient information was stored and kept confidential.
- There was a clear leadership structure and staff felt supported by management.
- The service proactively sought feedback from staff and patients, which it acted on.

The Doctors Laser Clinic

Detailed findings

Background to this inspection

The Doctors Laser Clinic Ltd is located at The Old Surgery, Stoke Road, Poringland, Norwich, NR14 7JL. The service is a medical skin laser and aesthetic clinic. They offer laser tattoo, hair and thread vein removal, laser treatment for stress urinary incontinence and genitourinary syndrome of menopause, dermal fillers, and Botulinum Toxin (Botox) treatments for cosmetic purposes and medical purposes for example, Hyperhidrosis (excessive sweating). The service is registered as an NHS provider for transgender laser hair removal.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment of patients suffering with a medical treatment which can be treated with the use of a laser or Botulinum Toxin. The treatment of patients with Botulinum Toxin was undertaken by registered doctors and nurses. The treatment of patients with a laser for stress urinary incontinence and genitourinary syndrome of menopause was undertaken by a doctor. At The Doctors Laser Clinic Ltd the aesthetic cosmetic treatments, including the use of laser treatment for tattoo and hair removal and dermal fillers, are exempt by law from CQC regulation and were therefore not inspected.

The Doctors Laser Clinic Ltd opened in 2010 and is run by three doctors. The service also has four nurses, three laser technicians, a receptionist and a book keeper. The service consists of the reception which incorporates the main waiting room, a disabled access toilet, a shower room, seven treatment rooms and a staff room with a kitchen area all on the ground floor. Appointments are offered on a mainly pre-bookable basis and there is on-site car parking.

The Clinic's opening hours are Monday to Friday 10am to 6pm, however consultations and treatments are provided additionally on evenings and weekends pre-booked in advance.

The Doctors Laser Clinic Ltd was inspected on 5 September 2018. The inspection was led by a Care Quality Commission (CQC) inspector, a second CQC inspector and a GP specialist advisor.

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our visit we:

- Spoke with a range of staff from the service including the three doctors, a nurse, a laser technician and the receptionist.
- Reviewed a sample of treatment records.
- Reviewed comment cards where patients had shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.

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?

Are services safe?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

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

- A doctor was the safeguarding lead at the service. The clinical staff had received training on vulnerable adult and child safeguarding to level three, non-clinical staff had received safeguarding training to level one. All staff we spoke with were knowledgeable about indicators of abuse and how to refer any concerns. Policies and procedures were in place.
- The service had a range of safety policies which were reviewed, communicated and accessible to all staff in a folder.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff (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). Appropriate recruitment checks were carried out prior to employment which included, references, qualifications, eligibility to work within the UK and photographic identification.
- Staff acted as chaperones and the service had a policy and procedure for the role, staff had received in house and online training and were DBS checked.
- Risk management processes were in place. We saw that portable appliance testing (PAT) had been undertaken. A fire risk assessment had been completed and fire equipment checks were regularly carried out. A Legionella risk assessment had also been undertaken which included how and when water temperatures were checked and recorded and what the level of risk was.
- The nurse independent prescriber was the infection prevention and control lead for the service. There was an infection prevention and control policy, procedure and risk assessment in place to reduce the risk and spread of infection and regular audits were carried out. We saw evidence of a weekly and daily cleaning

schedule and staff described cleaning they would undertake between patients. Staff had received annual in house and online training in infection prevention and control and were aware of the risks.

- We noted the service did not have a bio-hazard spill kit which are used for safe, effective cleaning and safe disposal following a spillage of bodily fluids however staff described the appropriate actions to take with the cleaning supplies they had. All clinical staff had been Hepatitis B vaccinated and we were assured a clinical member of staff would be requested to clean any spillage of bodily fluids.
- We saw personal protective equipment (PPE) such as gloves, aprons, wall mounted soap and hand sanitiser were available throughout the premises which helped reduce the risk of cross infection.
- Control of Substances Hazardous to health (COSHH) data sheets for the cleaning materials were stored on site (COSHH legislation requires employers to control substances that are hazardous to health and to ensure their safe use).
- Equipment was serviced in line with the manufacturers guidelines.
- We saw there was a clinical waste contract for the collection of all clinical waste. We saw sharps bins were appropriately stored and were collected in a timely manner for disposal by the clinical waste company. A sharps bin is a specially designed rigid box used to safely dispose of contaminated sharps, for example used needles and lancets.

Risks to patients

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

- There were enough staff to meet the demands for the service. We were told that appointments were only booked in line with the staffing levels in place to ensure all patient needs could be safely met.
- The service had CCTV installed to protect patients and staff and we were shown a lone worker policy. Panic alarms were installed which went direct to emergency services as the service offered out-of-hours consultations and treatments on evenings and weekends.
- There were systems in place to respond to a medical emergency. All staff had received training in basic life support.

Are services safe?

- Clinical staff had appropriate medical indemnity cover in place.
- Emergency equipment was available which included access to oxygen and a defibrillator a short distance away at the medical practice within the village. The service had completed a risk assessment and were assured that the appropriate checks on the defibrillator and oxygen were completed at the medical practice. Staff knew where the emergency equipment was stored and to dial the emergency services and seek further assistance.
- Emergency medicines were checked on a regular basis. We saw evidence of stock checks, an ordering system and looked at the supply kept within the service. All the medicines we checked were in date. Emergency medicines were limited to adrenaline (to treat an anaphylactic reaction), chlorphenamine (used in the prevention or treatment of allergic conditions) and Hyalase (helps break down dermal fillers where necessary). A risk assessment had been completed to ensure that the appropriate medicines for the services provided, were available in an emergency.

Information to deliver safe care and treatment

- Staff had the information they needed to deliver safe care and treatment to patients. Individual patient records were written and managed in a way that kept them safe.
- Health assessments were comprehensive and patients had a consultation prior to a procedure being performed. During the consultation patients were given information to look at and read and an opportunity to ask questions about the procedure to ensure they fully understood the procedure and any associated risks. The service also provided a detailed post treatment advice sheet and were offered a two week follow up consultation.
- We saw paper records were stored securely away from public access. Computer screens were locked when staff left their work area.

Safe and appropriate use of medicines

- The service did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The service stored minimal medicines on the premises. Medicines that were stored were in date. We found that medicines were stored securely and appropriately and

were only accessible to authorised staff. There was a clear audit trail for the ordering, receipt and disposal of medicines. There were processes in place to ensure that the medicines were safe to administer to patients.

- All prescriptions were issued on a private basis and were on company headed paper.
- There was an effective system in place for ensuring that medicines were kept at the appropriate temperature. The service had a built-in thermometer on their medicine fridge which saved temperatures and allowed them to be downloaded into a log. The service also completed a temperature check list daily for the fridge when it held stocks of medicines. There was a clear process to follow with actions to take if the temperatures fell outside of range. At the time of inspection, the service did not have any temperature controlled medicines.
- The service had a system for the checking and rotation of consumable items.
- The service had a sharps policy and displayed the procedure on a notice board for actions to take following a sharps injury.

Track record on safety

The service had a good safety record.

- A range of safety risk assessments had been carried out regarding the premises. These included fire safety, health and safety, security and legionella.
- There was a fire risk assessment and documented checks of fire equipment and lighting. The service did not carry out fire drills however staff were aware of their duties, where the fire assembly point was situated and the service had a fire safety policy. Following the inspection, the provider took some action in relation to this finding and carried out a fire drill and updated the risk assessment to ensure annual fire drills were commenced.
- The service had arrangements to ensure that equipment was safe and in good working order.
- Additional security measures were in place when staff were working alone and there was a lone worker policy.

Lessons learned and improvements made

The provider learned and made improvements when things went wrong.

- We were told that the service had one significant event occur in the previous 12 months and three in the

Are services safe?

previous three years. The incidents were recorded appropriately, staff ensured learning had taken place and was communicated within the service, with other providers and the manufacturers of equipment where appropriate. The service carried out an analysis of the significant events when applicable. The staff could provide a definition of a significant event and describe the actions taken. Additionally, there was an incident book which was kept in the reception area where incidents could be recorded by all staff and shared. The staff we spoke with highlighted there was a no blame culture within the service.

- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents, the service would give the affected people reasonable support, information and a verbal and written apology.
- The service had a system in place for knowing about and sharing notifiable safety incidents. The service received safety alerts regarding the monitoring of medicines or devices. For example, MHRA alerts (The Medicines and Healthcare Products Regulatory Agency).

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

- We saw no evidence of discrimination when making care and treatment decisions. Patients were given a full explanation of the procedure and were fully involved in the decision making process.
- The service had systems to keep clinicians up to date with current evidence-based practice. We saw that the clinician assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear pathways and protocols.
- Patients had a consultation prior to a procedure being performed. This ensured the patient had adequate time to reflect on the procedure and ask any questions to ensure they fully understood the procedure.
- Every patient received an email and text message 24 hours after each consultation, however some patients were advised to feedback after the effects of the treatment had been completely established. The replies were shared for all staff to review.
- The nurse independent prescriber was supported and supervised by the doctors within the service.

Monitoring care and treatment

- The service had systems and processes in place to drive quality improvement. We saw two audits completed in the last 12 months which included a consent and laser notes audit which showed some areas for improvement and the service shared the results with staff, and an audit which compared adverse events to the national average. For example; infections or excessive bruising. The audit showed the service was better than the national average.

Effective staffing

- The staff who were responsible for completing the assessments and treatments within the service had the appropriate qualifications to undertake the role. They had received specific training appropriate to their roles and could demonstrate how they stayed up to date. Staff were updated on The Laser and Light Core of Knowledge training annually. The laser technicians were trained to BTEC level five.

- The service provided staff with ongoing support. This included training, one-to-one meetings, quarterly staff meetings, a group mobile telephone messaging system and annual appraisals. Staff were given protected time to ensure training needs were met and the service would endeavour to facilitate any training needs identified in appraisals.
- The service had an induction programme for all newly appointed staff. It covered such topics as fire safety, health and safety and data protection.

Coordinating patient care and information sharing

- We were told if the service could not meet the care that a patient needed, the patient would be advised to seek further medical assistance. The issue would be discussed with the patient and documented on their record with the reason for the referral.
- The service clearly displayed which conditions they treated and the treatments they offered. The associated fees for each treatment were available upon request from the premises, via email and over the telephone.

Supporting patients to live healthier lives

- The service offered patch tests to ensure suitability of the intended treatment.
- During the consultation the service ensured that the patient understood what aftercare would be needed to prevent complications post treatment.

Consent to care and treatment

- During this inspection, we saw the various consent forms for treatments.
- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance.
- Patient identity checks were completed.
- We spoke with staff about patients consent to care and treatment and found this was sought. Before treatment was undertaken patients were informed of the main elements of the treatment proposed and any further treatment or follow up that would be needed. It included discussion around benefits, risks and any possible complications before any procedures were undertaken. Consent to share information and for clinical photography was recorded. Photos were kept secure on a password protected computer system and cameras were kept locked in a cupboard.

Are services caring?

Our findings

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

Kindness, respect and compassion

- We observed that members of staff were respectful, courteous and helpful to patients and treated them with dignity and respect.
- All the patient feedback we obtained was positive about the service they had experienced.
- We received 22 Care Quality Commission comments cards which highlighted that patients were treated with kindness, compassion and respect.
- The service continually sought feedback via email and text message. Results from 1 August 2017 to 1 August 2018 showed there were 785 new patients to the clinic and 641 patients responded to the request for feedback. 98% of patients who responded gave the service a five star rating. 494 patients wrote comments in addition to the star rating. The vast majority were very positive with unconditional praise for the standards of professionalism of the staff.

Involvement in decisions about care and treatment

- Comprehensive information was given about the patch tests and treatments available and the patients were involved in decisions relating to this. Written information was provided to describe the different treatment options available. Information about the services available were on the website and information was available in the reception and waiting room.

- The service told us that any treatment, including fees, was fully explained prior to the procedure and that patients then made informed decisions about their care.
- Patients told us that a full and clear explanation was given if the service felt their choice of treatment was not appropriate for them.
- Patient feedback in relation to listening, explaining treatment, involvement in decisions and being given enough time was positive. Patients told us they did not experience any problems with aftercare because, due to the explanations given, they were fully prepared and knew what to expect.

Privacy and Dignity

Staff at the service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of dignity and respect. Patients were seen in a private room to ensure privacy and dignity during consultations and treatments. We observed that doors were closed during the consultation and conversations could not be overheard. The service told us they had plans to further increase the sound proofing on some treatment rooms near the reception and waiting room area.
- The service complied with the Data Protection Act 1998.
- Staff complied with information governance and gave information to patients only.
- The Care Quality Commission comment cards we received were all positive about the service received. Patients said they felt the service offered a 'fantastic professional service with excellent advice and support' and staff were friendly, caring and respected their privacy and dignity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. The provider understood the needs of its population and tailored services in response to those needs.

- The service facilities were appropriate for the treatments delivered.
- Information was available on the website, informing prospective patients of the services provided. Patients were seen at a pre-procedure assessment consultation and options were discussed with them to achieve the most appropriate treatment for them.
- The provider offered consultations and treatments to patients who requested and paid the appropriate fee, and did not discriminate against any patient group. The fees were available on request over the telephone, via email over the website or within the premises.
- The service provided an out-of-hours telephone service for patients with concerns post treatment and patients were offered a two week follow up consultation.
- The service had a system in place to ensure another clinician was available in an emergency during holiday cover for any clinical staff.
- The reception, waiting room, toilet facilities and treatment rooms were all accessible to people with limited mobility and for people who used a wheel chair and were all on the ground floor. The service had disabled parking spaces.

- The service had a hearing loop available for patients who had difficulty hearing.

Timely access to the service

- The Clinic's opening hours were Monday to Friday 10am to 6pm, however consultations and treatments were provided additionally on evenings and weekends pre-booked in advance.
- Patients could book appointments in person at the premises, by telephone and via email.
- Patients could access treatment within an acceptable timescale for their needs.
- Consultations and treatments were available to anyone who chose to use it and paid the appropriate charges. This was identified on the providers website and when contacting the service direct, however the service had the right to not provide treatment if they felt it was in the patient's best interest.

Listening and learning from concerns and complaints

- Information about the service and how to complain was available and easy to understand. This was available upon request and in the patients guide leaflet in the reception area.
- The complaint policy and procedures were effective and in line with recognised guidance. The service had received four complaints in the previous 12 months. For example, the service received a complaint that the telephone number had been entered on the patient record incorrectly. All staff were notified to ensure additional care was taken when inputting patient details. There was a process in place for the service to learn lessons from individual concerns and complaints and complaints were discussed in the quarterly meetings where appropriate.

Are services well-led?

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

Our findings

We found that this service was providing well led care in accordance with the relevant regulations.

Leadership capacity and capability;

- There was a clear leadership structure and staff employed understood their roles and responsibilities.
- Policies and procedures were in place. Staff had access to these and used them to support the delivery of the service.
- We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessments and significant event recording.
- An understanding of the performance of the service was maintained.
- Staff we spoke with demonstrated they had the capacity and skills to deliver a high-quality service. They were knowledgeable about issues and priorities relating to the quality and future of the service, understood the challenges and were addressing them.
- Staff told us that the provider was supportive, approachable and there was an open culture.

Vision and strategy

The service told us they had a clear vision and ethos, these were:

- To understand and exceed the expectation of our patients, to both motivate and invest in the team and acknowledge their value.
- To encourage all the team members to better themselves and our business.
- To invest in property, equipment and technology and innovate processes.
- To be accountable for individual and team performance.
- To support each other in achieving patient expectations.
- Maintenance of the highest professional and ethical standards.
- Rapidly respond to the needs of the team and our patients.
- To encourage innovation, ambition, enterprise and continuous improvement.

Culture

- There was a clear management structure, with the directors holding responsibility for the service.

- The leadership was clear about the patient consultation and treatment process and the standard of care expected.
- The service had an open and transparent culture and we saw that staff had good relationships with each other.
- Team meetings were held quarterly and minutes were available for staff to review. The service used a mobile telephone messaging system to share support and information to each other.
- Staff were aware of their responsibility to comply with the requirements of the Duty of Candour. (This means that people who used the service were told when they were affected by something which had gone wrong, were given an apology and informed of any actions taken to prevent any recurrence).
- There were processes for providing all staff with the training and development they needed, which included appraisals.
- All staff within the service were offered a free eye test and flexible working arrangements.

Governance arrangements

- There was a clear organisational structure and staff were aware of their own roles, accountabilities and responsibilities.
- Structures, processes and systems to support good governance and management were in place. The service had established policies, procedures and activities to ensure safety which were available to all staff.

Managing risks, issues and performance

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

- We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessments and audits.
- There was an effective process to identify, understand, monitor and address current and future risks within the service. For example, the staff undertook a variety of checks to monitor the safety of the service.
- The doctors observed new laser technicians for a specified amount of time to assess competency and offer support and a buddy system was in place for staff to support each other.

Appropriate and accurate information

Are services well-led?

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

- Staff had signed a confidentiality agreement within their contract of employment.
- Staff followed information governance and security procedures. For example, the computer screen was put into privacy mode when a patient booked in at reception.
- Systems were in place to ensure that all patient information was stored and kept confidential. We saw all paper patient records were securely held and computer screens were locked when staff left their work area.

Engagement with patients, the public, staff and external partners

- The service contacted patients post procedure to obtain patient feedback.
- Patient feedback was published on the service's website and the service actively used social media as a platform to engage with patients.
- Staff were encouraged to provide feedback.

Continuous improvement and innovation

- There were systems and processes for learning, continuous improvement and innovation.
- There was a focus on continuous learning and improvement at all levels.
- We saw that quarterly monthly team meetings were held and we were told any improvement ideas could be raised and discussed at these meetings and by the use of the mobile telephone messaging system.
- Clinical staff attended regular aesthetic conferences three times per year to keep up to date with current evidence based pathways and followed the British College of Aesthetic Medicine guidelines.
- The provider organised staff away days to encourage socialising and reward effectiveness within the whole team.
- The service was announced as a finalist for the best clinic in south England at the Aesthetics Awards due to be held on 1 December 2018.