

## The Doctors Laser Clinic Limited

# The Doctors Laser Clinic

### Inspection report

The Old Surgery  
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### Ratings

#### Overall rating for this service

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 September 2018 –services were provided in accordance with the relevant regulations).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Doctors Laser Clinic as part of our inspection programme to rate independent healthcare providers.

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

# Summary of findings

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.

## **Our key findings were:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the service was led and managed promoted the delivery of high-quality, person-centred care.

There was one where the service could improve and **should:**

- Continue to review and improve how the service assesses, monitors and improves the quality of the care provided to patients.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

# 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 and aesthetic laser clinic offering services including 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 also contracted by the NHS to provide laser hair removal for transgender patients.

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 and Saturdays 10am to 2pm, however pre-booked consultations and treatments are available outside of these times.

Before this inspection, we reviewed a range of information we hold about the service and asked the provider to send us information which we reviewed ahead of the inspection.

During our visit we:

- Spoke with a range of staff from the service including doctors, nurses, laser technicians and administrative and reception staff.
- 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?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### We rated safe as Good because:

#### 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. 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, however services were only provided to people 18 years of age or above, verified with identity checks where required.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The service provided information and signposted patients to relevant agencies to support patients and protect them from neglect and abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff in accordance with service policy. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control, including the risk of infection from legionella bacteria in water systems. There was a lead member of staff who was trained for the role and carried out regular and varied audits, checks and update training for staff.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. For example, laser

equipment was checked on a regular basis by those using the equipment and an annual assessment of the equipment and the working environment was carried out by a trained professional.

- There were systems for safely managing healthcare waste and ensuring adequate air filtration and respiratory protection.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service.

#### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The service held appropriate emergency medicines and had access to a defibrillator and oxygen through arrangements with a nearby NHS GP Practice.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

#### Information to deliver safe care and treatment

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

- 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.

# Are services safe?

## **Safe and appropriate use of medicines**

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## **Track record on safety and incidents**

### **The service had a good safety record.**

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## **Lessons learned and improvements made**

## **The service learned and made improvements when things went wrong.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and acted to improve safety in the service. For example, a patient presented at the clinic with a rare complication following a procedure at a different service. The patient was appropriately managed, and all staff were made aware of the incident at a learning event so that they could recognise the rare complication in the future and discuss the effective management of this type of case.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service had an effective mechanism in place to act on patient and medicine safety alerts and disseminate information to all members of the team.

# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated effective as Good because:

#### 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 provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards, for example from the British College of Aesthetic Medicine (BCAM).
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis or knew where to access further information.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The service kept up to date with improvements and innovations in technology and invested in equipment to improve existing services and introduce new services.

#### Monitoring care and treatment

**The service engaged in quality improvement activity.**

- The service primarily used patient feedback, which was wholly positive, to monitor and maintain the quality of services provided.
- The service used opportunities to share good practice and unusual cases with others in the team to ensure all staff were maintaining high quality care.
- The service had also submitted information to the British College of Aesthetic Medicine to undertake benchmarking against similar services, however this was the first cycle of this data and required regular submissions before becoming useable.

#### Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood, identified and encouraged the learning needs of staff and provided protected time and significant investment in training and development to meet them.
- Up to date records of skills, qualifications and training were maintained.
- Staff were encouraged, supported and given opportunities to develop. The provider expanded and adapted the service to accommodate developed and developing staff roles and new services.

#### Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the service would make referrals and recommendations to specialist consultants and communicate with the patients NHS GP where necessary.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

#### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

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

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, or could be better met by other services, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

## **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service had a comprehensive consent policy, with consent forms tailored to treatments and services.
- The process for seeking consent was monitored appropriately.

# Are services caring?

## Our findings

### We rated caring as Good because:

#### Kindness, respect and compassion

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

- Feedback from patients was wholly positive about the way staff treat people. We received 49 CQC comment cards demonstrating that service users felt staff were friendly, professional, caring and respectful. Service users felt the service was personal and thoughtful. The aftercare provided by the service was highlighted as exemplary.
- The service motivated and inspired staff to deliver kind and compassionate care through allowing staff to manage and build their own service user lists through reviews and recommendations and through incentivising performance.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. In particular the numbers of transgender patients using services was increasing based on patient feedback and recommendation.
- The service gave patients timely support and information, including direct access to clinicians at any time for follow up advice post treatment.
- The service collected their own patient feedback via SMS which was uploaded directly to the public facing website without filter. Between January and April 2019, services were used 982 times by 545 service users. Feedback was provided by 172 service users with an average rating value of 4.99 out of 5 and wholly positive reviews.

#### Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Information was available in easy read formats and different languages on a range of platforms, to help service users be involved in decisions about their care.
- Service users told us through comment cards, that they felt listened to and supported by staff.
- Service users were given a free of charge consultation with no commitment to use any services. Information was provided so that service users had enough time to make an informed decision about the choice of treatment available to them. Comment cards reflected that service users did not feel rushed or pressured into making any decisions.
- For service users enquiring about services that weren't suitable or appropriate for their needs, this was fully explained, and alternative treatments were offered and information about other services provided.

#### Privacy and Dignity

#### The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect, reflected in CQC Comment cards and service feedback.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. CQC comment cards showed examples from patients of how well the service responded to distressed patients and handled sensitive treatments.
- Service users felt cared for and valued their relationship with staff, reflected in the recommendations and comments.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated responsive as Good because:**

### **Responding to and meeting people's needs**

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, the service extended appointment times from 30 minutes to 45 minutes for certain services due to one patient feeling rushed.
- The facilities and premises were appropriate for the services delivered and the service continually improved the premises to enhance the patient experience. For example, the service replaced consultation room doors and adapted the acoustics of the waiting room area to eliminate the issue of consultations being overheard.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The service was fully accessible with ground floor consultation and treatment rooms and accessible facilities which were appropriately equipped.

### **Timely access to the service**

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

- Patients had timely access to initial assessment, diagnosis and treatment. Appointments were often available the same day and could be booked by mutual consent at evenings and weekends.

- Waiting times, delays and cancellations seldom occurred and were managed appropriately.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way, for example where cancer was suspected the patient was referred immediately and with the relevant information they needed.
- All patients were provided with the direct contact number of the clinician they were under the care of. This number was to be used whenever the patient had any cause to seek further help or advice post treatment. We were given examples of when the phone was answered when the service was closed, or the clinicians were not working. Patients told us they valued the aftercare service they received.

### **Listening and learning from concerns and complaints**

**The service had systems and processes in place to take complaints and concerns seriously and respond to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff told us they would treat patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint and were members of an independent arbitration service.
- The service had complaint policy and procedures in place but had not received any written complaints. The service told us their policy of offering a free 45 to 60 minute consultation, test treatment and cooling off period in line with guidelines meant that the service was able to set and deliver patient expectations.

# Are services well-led?

Good 

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

## Our findings

**We rated well-led as Good because:**

### Leadership capacity and capability

**Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders 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 of the service.

### Vision and strategy

**The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

### Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers had systems and processes in place to act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff told us they could raise concerns and were encouraged and supported to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals.
- Staff were supported to meet the requirements of professional revalidation where necessary. Staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally and were an active part of the business, receiving profit shares and having a financial interest in the business as part of their contract.
- There were positive relationships between all staff.

### Governance arrangements

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

- 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 and developed with staff proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### 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.

# Are services well-led?

Good 

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

- 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.
- 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 focussed on the views of patients.
- 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.

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

### **The service involved patients and staff to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture, including introducing new services.
- Staff could describe to us the systems in place to give feedback for staff and patients using formal and informal processes. Staff felt their ideas for improvement were listened to, discussed and actioned.

## **Continuous improvement and innovation**

### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of care and treatment. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual objectives, processes and performance.
- There was a culture of encouraging and supporting staff development, with the service adapting to meet the demands of new qualifications, experiences and demands.
- There were systems to support improvement and innovation work including attending external learning events and bringing back ideas to introduce new services.