

# Holderness Laser Clinic Limited - Hull Road Hessle

## Inspection report

Holderness Laser Clinic Limited  
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Date of inspection visit: 19/05/2021  
Date of publication: 27/07/2021

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.** The previous inspection was undertaken in January 2014 and was unrated.

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

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to 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. Holderness Laser Clinic Limited provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. One of the clinicians 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 people'. 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.

Holderness Laser Clinic is registered in respect of the provision of treatment of disease, disorder or injury and is in the process of registering for surgical procedures. Therefore, we were only able to inspect treatments relating to medical conditions, these were Botox for excessive sweating and sclerotherapy. The clinic offered other services such as laser treatments and Botox for aesthetic reasons, these services are exempt from regulation.

We carried out an announced comprehensive inspection at Holderness Laser Clinic Limited

as part of our inspection programme.

At the time of the inspection there were no patients attending or receiving regulated services due to COVID -19 and we were unable to ask them about the service.

## **Our key findings were:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm. However, we identified some areas requiring attention.
- Patients received effective care and treatment that met their needs.
- Risk assessments had been completed to assure the provider of the safety of the premises. We identified some risk areas that needed to be addressed.
- Staff were appropriately trained to carry out their roles.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording incidents.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff were up to date with current guidelines.

# Overall summary

- The provider was aware of, and complied with, the requirements of the Duty of Candour.
- The clinic made referrals to other relevant services in a timely manner.

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

- Complete a risk assessment to assess the risk of not stocking the full range of emergency medicines.
- Review and improve infection control monitoring.
- Review and develop the process for staff appraisals.
- Review and develop the system for completing clinical audit.
- Review and monitor the process for recording fridge temperatures
- Improve the storage of supplies
- Review and keep up to date and available staff records

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Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector.

## Background to Holderness Laser Clinic Limited - Hull Road Hessle

- we spoke with staff
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from
- reviewed a sample of treatment records.
- 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?

## **We rated safe as Good because:**

The practice provided care in a way that kept patients safe and protected them from avoidable harm.

## **Safety systems and processes**

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

- The service had systems to safeguard children and vulnerable adults from abuse. Contact numbers for the local authority safeguarding team were easily accessible and appropriate safeguarding policies were in place. Staff had attended safeguarding training appropriate to their role. They knew how to identify and report concerns.
- 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 where required. (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). We saw that the service had in place a contract with the local NHS occupational health department to screen new staff for, and to administer immunisations when required. However, the immunisation records were not available to view at the time of the inspection.
- The service had a process in place to monitor infection prevention and control using room check lists. There was an infection control policy in place and an infection control lead person for the service. We found treatment rooms and reception and waiting room areas were clean and hygienic. Staff followed infection control guidance and attended relevant training. Staff knew what to do if they sustained a needlestick injury. However, the service did not undertake regular infection prevention and control audits. We found several areas requiring attention. The cleaning of floors was not included in the cleaning schedule, this meant the colour coding of cleaning equipment required was not detailed. The service used the same steam cleaner for all areas. Household waste and burn bins were stored in the downstairs toilet area which prevented it from being used. We were told that this was because the service had been asked by the local council during COVID-19 to store waste for a further three days in the building. Following the inspection, the provider told us they had purchased some storage system to address this. The toilet areas were also used to store consumables. Areas around the toilets and sinks required attention and maintenance. Some of the staff and storage areas were cluttered with supplies making cleaning and storage of cleaning tools difficult. A deep clean of the premises took place each week. Following the inspection, the provider told us they were addressing the maintenance and cleaning issues.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. The service had risk assessments and procedures in place to monitor safety of the premises such as control of substances hazardous to health.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service.
- We identified some maintenance issues that required attention for example the upstairs toilet and seals around the sink areas.

## **Risks to patients**

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

# Are services safe?

- There were arrangements for planning and monitoring the number of staff needed. There were three clinicians working part-time at the service and appointments were spaced appropriately to ensure patient safety. The service did not provide appointments for services covered by regulated activities when the clinicians were not present. Staff felt that there were always enough staff on duty.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinicians knew how to identify and manage patients with severe infections including sepsis. To improve safety the provider decided to purchase oxygen, so it was available in an emergency. The public defibrillator could be accessed nearby.
- A fire risk assessment and fire procedure were in place and regular fire drills took place.
- 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.
- Systems were in place to check the identity of patients and to verify their age.
- The service had systems for the appropriate sharing of information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance.
- 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 ceased 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 systems and arrangements for managing medicines and emergency medicines were safe. The emergency medicines kept onsite were appropriate for the type of service offered to patients.
- Staff prescribed, administered 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. However, we saw that the monitoring of fridge temperatures showed gaps in 2020. When the service reopened after COVID-19 lock down the service had purchased a data logger and was downloading information weekly. We explained daily monitoring was required and the data logger should be used as a backup. We saw that daily temperatures were now being recorded. The data logger was checked, and no temperature incidents had been identified during this time.

## Track record on safety and incidents

### The service had a good safety record.

- There were 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.

# Are services safe?

## 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. Reporting processes were accessible to all staff. However, the service had been closed for the past year and there were no incidents recorded.
- We saw records that showed before the closure staff investigated events and the service had responded appropriately to events that had occurred. Incidents were discussed between staff at regular team meetings and more frequently if required.
- Staff were aware of and complied with the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty. This was apparent during the inspection when providing us with evidence.
- Alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) were received and dealt with. The registered manager reviewed the alerts and shared them with the other staff as appropriate.

Are services safe?

# Are services effective?

## **We rated effective as Good because:**

Patients received effective care and treatment that met their needs.

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

#### **The provider had systems to keep up to date with current evidence-based practice.**

- The clinicians assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate. Advice was given to patients on what to do if their pain got worse and when to request further help and support. The service offered a 24 hour telephone service to patients, provided by the nurse manager and doctor.

### **Monitoring care and treatment**

#### **The service was actively involved in quality improvement activity.**

- The service was not currently using audit to monitor performance through clinical audits. They regularly audited patients notes and stock levels. However, following the inspection the service told us they have identified a list of clinical audits for the coming year.

### **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.
- The clinicians were registered with the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC). They were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them.
- Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. However, we saw that staff appraisals had not been done. Following the inspection, we received a list of staff and dates for their forthcoming appraisal.

### **Coordinating patient care and information sharing**

#### **The provider worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, staff ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

# Are services effective?

- All patients were asked for consent before details of their consultation were shared with other professionals.

## **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.**

- Patients were assessed and given individually tailored advice, to support them to improve their own health and wellbeing.

## **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. A consent policy was in place.
- Costs were clearly explained before assessments and treatment commenced. Consent forms were used for all patients.
- Procedures did not usually take place at the first consultation appointment. They were carried out later to ensure that patients had time to consider their decision before going ahead with the procedure.

re services effective?

# Are services caring?

## **We rated caring as Good because:**

Patients were treated with respect and staff were kind and caring and involved them in decisions about their care. We saw that patients returned regularly to the service for treatment.

## **Kindness, respect and compassion**

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

- Due to the COVID -19 pandemic we were unable to use patient comment cards for completion for services we regulated.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff had completed equality and diversity training. An equality and diversity policy were in place.
- The service gave patients timely support and information. The service provided patients with a personal direct telephone number to answer any concerns and were available 24 hours.

## **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.

## **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear. Staff understood the importance of keeping information confidential. Patient records were stored securely.

Are services caring?

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

Services were tailored to meet the needs of individual patients and were accessible.

## **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.
- The facilities and premises were appropriate for the services delivered. Reception and waiting room areas were on the ground floor and accessible. Consultation rooms were on ground and first floors. Currently patients wait outside until staff collect them for treatment reducing the contact patients have with each other due to COVID-19 restrictions.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their appointment.

## **Timely access to the service**

### **Patients could access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients could book appointments by phone or face to face at the service.
- Referrals and transfers to other services were undertaken in a timely way.

## **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.**

- Information about how to make a complaint or raise concerns was available for patients. Due to COVID -19 restrictions they were not currently displayed in the waiting room.
- 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.
- The service had a complaint policy and procedure in place. The service had not received any formal complaints but acted upon all patient feedback to improve the quality of care.

Are services responsive to people's needs?

# Are services well-led?

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

The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

### **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. Staff felt leaders were approachable.
- The provider had effective processes to develop leadership capacity and skills.

### **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.
- 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 acted on behaviour and performance consistent 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 to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. However, at the time of the inspection staff were not receiving annual appraisals. We received assurance from the provider that this was being addressed.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- 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.
- There were positive relationships between staff. Staff felt the culture of the service was professional and approachable.

### **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.
- 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. We saw that clinical supervision was provided for the clinical staff.

## 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.
- A programme of clinical audit had not been implemented in the service. Following the inspection, the provider discussed a list of clinical audits and monitoring they would be implementing.
- The provider had plans in place and had trained staff to deal with 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 enough access to information. However, the recording of the minutes of meetings did not clearly list actions, responsibility for actions and ongoing monitoring.
- 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, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The annual patient survey feedback was positive. However, following the inspection, the provider told us that they would ask every patient who attended to complete a patient satisfaction questionnaire to assist in further development of the service.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

# Are services well-led?

## **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 reviews of incidents and complaints. Learning was shared and used to make improvements. However, the service had not received any over the past year.
- There were systems to support improvement and innovation work.
- The service were members of national and local support networks for aesthetic and cosmetic practitioners and met regularly with other local providers.