

Lasercare Clinics (Harrogate) Limited

Inspection report

Sk:n Chelmsford
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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 March 2014 – the provider was meeting all essential standards inspected.)

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 Lasercare Clinics (Harrogate) Limited on 10 March 2023 as part of our inspection programme and to provide a rating for this service.

Lasercare Clinics (Harrogate) Limited is a doctor-led clinic specialising in dermatology, providing a range of aesthetic and cosmetic treatments with some minor surgical procedures.

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 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. Lasercare Clinics (Harrogate) Limited provides a range of non-surgical cosmetic interventions, for example, microdermabrasion, skin peels and dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The clinic manager 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.

The only staff who were associated with the delivery of regulated activities were two clinicians, a nurse and the management team. There were other staff on the premises who provided the non-regulated activities. The provider holds a contract to provide some NHS treatments at this location.

We requested the service share a link to our 'Give Feedback on Care' form, however we did not receive any feedback via this.

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 service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

Overall summary

- The way the service was led and managed promoted the delivery of high-quality, person-centred care.

The areas where the provider should make improvements are:

- Continue to improve systems for maintaining staff related employment and training records.
- Take action to ensure that records kept show full details of anaesthetic used in minor operations, in accordance with organisational protocols.
- Seek feedback on the quality of clinical care received as well as customer satisfaction.
- Update information and signage to make sure it identifies arrangements relating to access to interpreters, including BSL.
- Improve the clinical oversight of quality improvement and audit activity.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and included a specialist adviser.

Background to Lasercare Clinics (Harrogate) Limited

This service is provided by Lasercare Clinics (Harrogate) Limited and is part of the sk:n brand clinics. Lasercare Clinics (Harrogate) Limited also known as sk:n Chelmsford, is a private clinic based at 1 Navigation Yard, Chelmsford, CM2 6HZ. The provider has around 50 locations registered with the CQC in England.

Lasercare Clinics (Harrogate) Limited is registered to treat patients aged 18 years and over. The services offered include those that fall under registration, such as mole removal, minor skin procedures involving a surgical procedure and medical acne treatment. Other procedures, that do not fall under scope of registration include lip fillers, skin peels, anti-ageing injectables, dermal fillers and laser hair removal.

A link to the clinic's website is below:

<https://www.sknclinics.co.uk/clinics/the-south/chelmsford-navigation-yard>

The service operates on Tuesdays to Thursdays 12pm to 8pm, on Fridays 9am to 5pm and on Saturdays 9am to 6pm and is closed on Mondays and Sundays. A service is not provided outside of these hours. Surgical procedures and the prescribing of medicines at the service is carried out by the clinical doctor. The service employs doctors, a nurse and reception staff, as well as a clinic manager who oversees appointments and administration for all patients.

The service is accessible by car, public transport, or foot. There are short and long stay car parks in the nearby vicinity and the nearest train station is a 10-minute walk.

How we inspected this service

Before visiting we reviewed a range of information we hold about the service and information provided pre-inspection by the service. This included:

- Key policies and protocols which related to regulated activities.
- The systems in place for the running of the service.

During our inspection we:

- Spoke with the registered manager.
- Observed the premises where services were delivered from.
- Checked the environment and infection control measures.
- Explored how clinical decisions were made.
- Spoke with staff involved in the regulated activities.
- Observed staff interactions with patients via telephone and in person.
- Reviewed patient feedback received by the provider.

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 provider had processes in place to keep patients and staff safe. There were improvements required in some systems, but the provider was aware of these and already implementing those improvements.

Safety systems and processes

The service had 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 training. The service had systems to safeguard vulnerable adults from abuse.
- Although the service did not treat patients under the age of 18, staff had received child safeguarding training at an appropriate level. There were signs in the clinic advising patients that children waiting in the clinic must be accompanied by an adult who is not the patient.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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).
- Staff files reviewed contain all expected recruitment checks, such as, references. They had not had any new staff starting that were responsible for the regulated aspects of the service.
- The provider had a programme in place to collect records of staff vaccination status as this had been identified as an issue at another location. New staff had been prioritised, followed by existing staff. They had a plan to contact all employees to gather this information so that the management team were assured that the staff who carried out regulated activities were up to date with vaccinations relevant to their role. This was in progress at this location.
- 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. A Legionella risk assessment had taken place and schedules were in place to maintain water safety.
- 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 provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

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.
- The service only used bank staff from within the organisation that were already aware of the organisation's policies and procedures and had completed mandatory training via an online system.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. In the event of an emergency, such as a patient presenting with sepsis, the procedure was to call emergency services.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

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 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 systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered, or supplied 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 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 had been no significant events involving the regulated activities at the service in the preceding 12 months.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- 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

When there were unexpected or unintended safety incidents:

Are services safe?

- There were systems in place for the service to give affected people reasonable support, truthful information, and a verbal and written apology. However, no incidents had occurred that related to the regulated activity in the preceding 12 months.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

Patients were provided with effective care, that followed latest guidance and met their needs. However, clinicians needed to check that they were fully recording details of any anaesthetic given.

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)

- Most patients attending the service were via self-referral.
- 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 identified that where local anaesthetic had been given for minor operations, the full details of the anaesthetic were not always recorded.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with patients requiring follow-up appointments. Patients usually had an initial consultation and then a follow-up for the treatment.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, they completed post-operative infection audits. Other audits such as medical records audits and histology audits were completed. Most audit activity observed at the service was completed by non-clinical staff. There was evidence of action to resolve concerns and improve quality.

Effective staffing

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

- All staff were appropriately qualified. The provider had not recruited any new staff recently to provide or support the regulated aspects of the service. Where additional staffing was required, cover was provided by trained bank staff who were familiar with the organisation, their policies and protocols.
- 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 the learning needs of staff and provided protected time and training to meet them. Records were kept of skills, qualifications and training but they were not complete as clinicians had not provided evidence of their completed training.
- Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated with, other services when appropriate.
- The service was working to improve its documentation. 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.
- 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.
- 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 via the 2-week wait pathway.
- Where patients were prescribed a medication that would need continuing, a letter would be sent to the patient's GP, on the patients discharge from the service, for them to continue with the prescribing and monitoring.
- The service monitored the process for seeking consent appropriately.

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.

- Where appropriate, staff gave people advice so they could self-care.
- Where patient's needs could not be met by the service, 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.

Are services caring?

We rated caring as Good because:

We observed positive interactions between staff and patients. Staff supported patients to access care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect, and compassion.

- The service sought feedback on customer satisfaction via online feedback mechanisms.
- Feedback seen on online feedback platforms was positive about the way staff treat people.
- 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.

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, however there was a charge for this.
- The service provided interpreters free for patients whose first language was British Sign Language (BSL).
- We did not see any signage within the clinic that interpreters were available.
- We did not receive any feedback from patients, via our 'Give Feedback on Care' forms, relating to their level of involvement in decisions about their care and treatment.

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. There was a sign in reception to make patients aware of this too.

Are services responsive to people's needs?

We rated responsive as Good because:

The service was responsive to feedback from staff and patients and provided timely access to patients.

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.
- The service had a new training module, which staff were in the process of completing, that related to Autistic people and those with a learning disability.
- The service had access to translators. There was an extra charge for translators, apart from BSL interpreters, which would be free to the patient.
- The service sought feedback from patients via online feedback platforms. This did not contain a focus on feedback regarding the quality of clinical care.

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, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised, such as, patients who may have reacted to previous treatments and needed to be reviewed by the clinician.

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.
- The service had a complaints policy and procedure in place. This was available on the clinic website and at the clinic. Patients could complain in person, by telephone, or in writing/via email.
- The service had not received any complaints relating to regulated activities in the preceding 12 months. The service had regular meetings where any complaints could be discussed.
- The service had systems in place to inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- Learning from outcomes of inspections of other locations held by the provider, was used to improve the service offered at this location.

Are services well-led?

We rated well-led as Good because:

The overall governance structures in place were effective and supported staff to provide high quality care. There were systems in place so that feedback from staff and patients, or through significant events, was used to review and improve the quality of care and the supporting systems and processes.

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 support and develop leaders.

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 and external partners (where relevant).
- 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.

- The service focused on the needs of patients.
- There were structures in place so that leaders and managers could act on behaviour and performance inconsistent with the vision and values.
- The systems in place for responding to complaints and incidents encouraged openness, honesty and transparency 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.
- There were systems in place for staff to raise concerns and staff were encouraged to do so.
- There were processes for providing all staff with the development they needed. 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 development and evaluation of their clinical work.
- The service actively promoted equality and diversity. As an organisation, it had identified and was working to address the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

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.
- 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 notifications to CQC as required.
- There were 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. Leaders had oversight of safety alerts, incidents, and complaints.
- 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. Most audit and quality improvement activity at the service did not have clinical oversight and was completed by non-clinical staff.
- 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 accessed via online platforms.
- 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 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. They used meetings and online feedback platforms to seek feedback.
- They used a framework called 'You said, we did' to ensure that they delivered the best patient journey. This was updated on a regular basis and displayed in the reception of the service.

Continuous improvement and innovation

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

Are services well-led?

- There was a focus on continuous learning and improvement.
- The service used learning from inspections of other clinics to improve systems and processes and the care provided at this service.

Where queries occurred during the inspection process these were resolved in a timely manner.