

# Laserase Newcastle Ltd

## Inspection report

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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.

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 Laserase Newcastle Ltd as part of our inspection programme. The service had not been inspected previously at this address.

Laserase Newcastle Ltd is a private clinically led service that helps those suffering from skin conditions and/or those who are looking for aesthetic enhancement.

The service treats adults and children between the ages of 13 and 18 years. All children are referred or initially treated by a doctor and all procedures are carried out by healthcare professionals.

This service is registered with CQC under the Health and Social Care Act 2008 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. Laserase Newcastle provides a range of non-surgical cosmetic interventions, for example botox, dermal fillers and laser hair removal which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The services offered that fall under registration include minor skin procedures such as medical treatment for acne, acne scarring, warts, verruca treatments and vascular lesions. The service receives NHS referrals from dermatologists for acne scarring.

The clinic director is the registered manager and an aesthetic medical practitioner. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

As part of this inspection we undertook remote interviews with staff members, a site visit where we reviewed the premises and we spoke to members of staff who were in the building on the day of the inspection. We obtained patient feedback about the service from 17 completed CQC comment cards and by various other means, such as internet search engine reviews and patient surveys.

**Our key findings were:**

# Overall summary

- There were policies and procedures in place for safeguarding patients from the risk of abuse. Staff had received training in safeguarding at an appropriate level to their role and knew who to go to for further advice.
- Recruitment policies and procedures were in place. There were enough staff to meet the demand of the service and appropriate recruitment checks for all staff were in place.
- Staff felt supported and had access to appropriate training for their jobs.
- The premises was clean, and systems and practices were in place for the prevention and control of infection to ensure risks of infection were minimised. Personal protective equipment (PPE) was available.
- Opening times of the service were displayed on the website.
- We saw evidence that staff were aware of and complied with the duty of candour.
- Patients' needs were assessed, and treatment was discussed and planned with the patient and written consent obtained prior to treatment being given.
- Patients were given verbal information, an information fact sheet pre-procedure and a post-procedure information sheet.
- There was a system in place to manage complaints. There were systems in place to monitor and improve quality and identify risk. Patient satisfaction views were obtained.
- There was a clear vision to provide a safe and high-quality service. Staff felt very supported by management and worked well together as a team.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

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

## Background to Laserase Newcastle Ltd

Laserase Newcastle Limited is a private clinically-led service that helps those suffering from skin conditions and/or those looking for aesthetic enhancement. It is located at;

1 Cartington Terrace

Newcastle-upon-Tyne

NE6 5RS

<https://www.laserasenewcastle.co.uk/>

The clinic is open on Monday: 4pm - 8:30pm; Tuesday: 9am - 8:30pm; Wednesday: 9am - 4pm, Thursday: 9am - 8:30pm; Friday 9am - 4pm; One Saturday and One Sunday a month: 9:30-5pm.

The services offered that fall under CQC registration include minor skin procedures including treatment for warts, verruca's, vascular lesions and medical acne treatment. The service is registered with CQC for the regulated activity of treatment of disease disorder or injury. It was originally set up in 1991 in the Freeman Hospital, Newcastle-upon-Tyne and due to expansion in 2018 the service moved to the present address in Cartington Terrace. People can access appointments via the clinic, by email or telephone.

There is one female doctor and two female registered nurses who carry out CQC registered procedures at the site. The doctor is also a GP. There is also a facial aesthetics practitioner, a facial aesthetics assistant, an advanced electrolysis specialist, an administrator and two reception staff.

The service treats adults and children between the ages of 13 and 18 years. All children are referred by a doctor and treated by a doctor and all procedures are carried out by accredited healthcare professionals.

### How we inspected this service

Before the inspection, we asked the provider to send us some information, which was reviewed prior to the inspection day. We also reviewed information held by CQC on our internal systems. During the inspection we spoke with the clinic manager and a member of the reception and administration team. We gathered feedback from people using the service.

We made observations of the facilities and service provision and reviewed documents, records and information held by the service. We also sent questionnaires out to non-clinical staff.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

# Are services safe?

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

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

### **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. 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.
- The service had systems in place to assure that an adult accompanying a child had parental responsibility. Children required a referral from their GP before they could be treated.
- 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).
- All staff received 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. We saw evidence that the service was following up to date advice from Public Health England.
- 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 was a small clinic with staff working on a part-time basis. This allowed them to cover holidays and sickness. They did not normally work bank holidays. The service only employed senior doctors and nurses to carry out the CQC regulated procedures and they worked as autonomous practitioners.
- The service had completed hand washing audits and donning and doffing observations of personal protective equipment to monitor infection prevention and control compliance.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The service did not see patients who were 'unwell'. All treatments offered posed minimal side effects and would not be undertaken if a patient was in poor health. If a patient who was receiving treatment deteriorated, staff would take appropriate steps, monitor and if needed call an ambulance. There was always a medically trained practitioner present during clinics.
- When there were changes to services or staff, the service assessed and monitored the impact on safety.
- We saw evidence that there were appropriate indemnity arrangements in place (dated October 2021 to October 2022).
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

# Are services safe?

## 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. Clinical records were in paper format and stored in locked metal filing cabinets. Patients had a consultation prior to any treatment – this was offered as a free service and not limited to one session so that patients were able to ask about the procedure and not feel under any pressure. Patients notes were completed by the clinician at every treatment session and also documented any concerns, queries or questions made by patients via emails or phone calls. All treatment plans were discussed and agreed by the patient. Documentation was audited regularly.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. NHS referrals, for example from dermatology departments, were managed through postal letters and emails. Patients were referred to their GP if necessary.
- 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.

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing emergency medicines and equipment minimised risks.
- The clinic did not hold any patients' medication or provide prescriptions.

## 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 had systems in place to enable them to learn and make 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 if they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service told us that they would learn and share lessons, identify themes and take action to improve safety in the service. There had been no significant events reported.
- 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:

- The service had not had any incidents but said they would give affected people reasonable support, truthful information and a verbal and written apology

# Are services safe?

- They kept written records of verbal interactions as well as written correspondence.
- The service said they would act on and learn 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. We saw evidence of a recent Medicines and Healthcare products Regulatory Agency (MHRA) alert dated February 2022.

# Are services effective?

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

The provider reviewed and monitored care and treatment to ensure it provided effective services. They carried out audits to assess and improve quality, including those on consent and completeness of clinical records. Staff received training appropriate to their roles.

### **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. Staff regularly attend courses, both online and in person. They liaised with colleagues in other centres, kept up to date with evidence-based journal articles and work closely with the clinical trainers from the laser companies. They also attended aesthetic exhibitions.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.
- Patients had a minimum of one free consultation prior to any procedure being performed which included a needs assessment. During the consultation with a medical practitioner they discussed all aspects of care, past medical history, contraindications etc and gave advice on managing the conditions if the patient felt treatment was not what they wanted. This ensured the patient had adequate time to reflect on the procedure and ask any questions to fully understand the procedure. There was also a "cooling off" period and patients were able to change their minds.
- The service offered consultations to all prospective patients and did not discriminate against any client group. However, we were told that the service was on occasions selective who they were able to offer a service to based on certain criteria in the best interest of the patient and clinical judgement. For example, if a treatment was not suitable for a patient due to their age. It was evident the service would reject treatment that would be unsafe or unreasonable for a patient. A full explanation was given if the service deemed they were unable to perform the procedure, or if they thought the procedure was unsuitable for the patient.
- Patients were given a verbal explanation of the procedure and were involved in the decision-making process. Feedback from patients confirmed this. In addition, patients were given a fact sheet detailing the procedure and written post procedure instructions.
- Patients could self-refer, or in the case of a minor required a letter of referral from their consultant or GP practitioner before they were seen.

### **Monitoring care and treatment**

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

- The service used information about care and treatment to make improvements, for example by using up-to-date research in the area of expertise. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. Patient questionnaires following treatments were completed and the service had no history of any issues such as infections. They used the questionnaires to ensure that this was the case and to monitor patient satisfaction scores.



# Are services effective?

## 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) or the 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. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Changes to practice were made following masterclasses and up-to-date evidence-based training.

## 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, such as with a referring NHS service.
- 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 were told that patients would be signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- Patients were asked for consent to share details of their consultation if appropriate with their registered GP.
- The provider had risk assessed the treatments they offered.
- 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support, for example if the patient had a mole that needed further investigation.
- Where patients' 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 found that this service was providing a caring service in accordance with the relevant regulations.

### **Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients 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.**

- Patient information about the service and the procedures available were on the website and information was available in the reception area.
- Clear information was given to patients both pre and post procedures. Written, informed consent was obtained. During the consultation/treatment session staff discussed the treatment, care and side effects and any concerns the patient may have. Patients were able access the clinic at any time it was open via telephone or online if they had any concerns. The patient was advised to make their next appointment on a recommended timescale.
- Interpretation services were not available for patients who did not have English as a first language. However, staff told us they could seek help from accompanying people but gave regard to safeguarding the patient.
- We obtained feedback through 17 completed CQC comment cards, the comments were all positive and patients stated that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- We reviewed patient feedback on internet search engines and found that patients had scored the service 4.3 out of five stars (six reviews) and 4.8 out of five stars (15 reviews). Social media reviews were also positive scoring the service 4.2 out of five stars (five reviews).
- We saw the last patient satisfaction audit (October 2021) showed that 90% of patients indicated that the service was excellent, the standard set by the service was always to achieve over 80% as an excellent score.

### **Privacy and Dignity**

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

- Staff recognised the importance of peoples' 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.

# Are services responsive to people's needs?

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

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

### **Responding to and meeting peoples' 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 premises and facilities at the service were appropriate for the services delivered. The service was in a building which was accessible to people with impaired mobility.
- We saw the service was culturally sensitive and lesbian, gay, bisexual, and transgender (LGBT) aware. The service received NHS referrals for members of the transgender community.
- Free consultations were offered to patients who requested the service and did not discriminate against any patient group.
- The information available made it clear to the patient what procedures were available to them.
- The website contained information about the qualifications and experience of all healthcare professionals who carried out all the procedures.

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

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

- Patients had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The service offered immediate appointments in extenuating services to meet the needs of patients who had travelled a long way, for example those referred from Whitehaven, Cumbria.
- Patients reported that the appointment system was easy to use.
- The service was open; Monday: 4pm - 8:30pm; Tuesday: 9am - 8:30pm; Wednesday: 9am - 4pm, Thursday: 9am - 8:30pm; Friday 9am - 4pm; one Saturday and one Sunday a month: 9:30am - 5pm.
- Patients could send appointment requests via the website, but all appointments were booked through reception to ensure the correct service was offered.
- Patients had choice regarding which practitioner they would like to see. The patient would then normally stay with the same clinician for continuity of care. If the practitioner was on holiday or off sick, they would inform the patient accordingly to give them the option to change to a later date if they preferred.

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

#### **The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- The service had a complaints' policy and procedure in place. The policy contained appropriate timescales for dealing with a complaint. Staff treated patients who made complaints compassionately.

# Are services responsive to people's needs?

- Information about how to make a complaint was available in the statement of purpose that was available in reception for patients to access. They were in the process of adding it to the website.
- The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. We saw that learning from the two verbal complaints received reinforced and reassured staff and patients that the service had the correct procedures in place as advised by Public Health England and the service's consent policy.
- 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.

# Are services well-led?

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

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

### **Leadership capacity and capability;**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### **Vision and strategy**

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

- 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 and were all long-term employees.
- The service focused on the needs of patients.
- Leaders and managers would act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Patient expectations that were unrealistic were managed well to ensure the best outcomes for patients. 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 need. This included appraisal and career development conversations. All staff had received annual appraisals in the last year. We saw evidence that the latest non-clinical staff appraisal was on 17th February 2022 and the latest clinical staff appraisal was on 18th January 2022. 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.
- 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 and were booked for an update. Staff felt they were treated equally.

# Are services well-led?

- There were positive relationships between staff and teams. The team were all longstanding employees and staff we spoke with stated they worked very well together and respected each other.

## 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.
- 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 robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and regular discussions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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

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

# Are services well-led?

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture. Everyone was encouraged to give any form of feedback whether positive or negative. All patients were asked at each treatment session if they were happy with the treatment and whether they had any concerns they wished to discuss.
- The service had monthly meetings and one to one informal sessions weekly. We saw evidence of minutes of meetings for all staff and minutes of meetings for clinical staff. The latest staff meeting had been held on 3rd February 2022 and clinical meeting in December 2021.
- There were systems to support improvement and innovation work. The service had increased clinic hours in order to accommodate short notice appointments.
- Staff could describe to us the systems in place to give feedback, for example during appraisals and informally. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### **There was evidence of 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 incidents and complaints. Learning was shared and used to make improvements.