

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Laser and Light Ltd

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Tel: 01509266882

Date of Inspections: 21 November 2014  
13 November 2014

Date of Publication: January  
2015

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Safeguarding people who use services from abuse**

✓ Met this standard

**Management of medicines**

✗ Action needed

**Supporting workers**

✗ Action needed

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | Laser and Light Ltd  |
| Registered Manager      | Dr Tahera Khatun Bhojani-Lynch   |
| Overview of the service | Laser and Light Ltd provides hair removal and treatment of skin conditions such as acne and thread veins, using a laser. These treatments are offered as part of a range of other cosmetic services that do not need to be registered. |
| Type of service         | Acute services without overnight beds / listed acute services with or without overnight beds   |
| Regulated activities    | Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury   |

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Laser and Light Ltd had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse
- Management of medicines
- Supporting workers

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 November 2014 and 21 November 2014, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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During the inspections we did not see anyone using the service

We completed our inspection by reviewing documents supplied by the provider and by talking with the provider and staff.

We completed this inspection to check what action the provider had taken following our previous inspections in February and October 2013.

We ask five key questions of services we inspect. Are they safe, are they effective, are they responsive, are they caring, are they well-led? This inspection focused on two of those five questions; are they safe and are they effective?

Is the service safe?

We found that people were protected from the risk of abuse because the staff were trained and were aware of how to identify and report abuse.

When we inspected in February and October 2013, we asked the provider to take action to improve their medicines management. Although they had taken some action, at this inspection, we found systems for management of medicines did not protect staff, people using the service and others from risks associated with medicines.

Is the service effective?

We found that staff felt well supported. Staff told us the registered provider was very approachable and supportive. The provider had an induction programme for staff who were new to the service and staff received training relevant to their role when they

requested it. We noted there was no formal training plan for staff currently in place.

We found staff had not attended first aid training and the registered provider had not completed basic life support training since 2006.

You can see our judgements on the front page of this report.

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 06 February 2015, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

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### Our judgement

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The provider was meeting this standard.

The provider was meeting this standard because, people who use the service were protected from the risk of abuse, as the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### Reasons for our judgement

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During this inspection we saw the provider's safeguarding and whistle blowing policy. We saw documentation that these policies were discussed at staff meetings such as staff appraisals and reviews. We spoke with three members of staff about safeguarding people from abuse. They knew what action to take in the event of suspected abuse, when to report concerns and who to report them to.

Staff told us they would report any concerns to the doctor at the clinic, who was also the registered provider. Staff told us they were confident the doctor would take appropriate action to protect people. Staff also told us they knew they could report any safeguarding concerns to other organisations such as the police or the regulator.

There was a policy that discouraged adults from bringing their children when they were having a consultation or treatment. We saw a notice in the waiting area to make people aware of this policy. Staff confirmed that they would remind people not to bring children when they were attending the clinic for a consultation or treatment. Staff told us children were rarely treated at the service. They told us that occasionally children had consultations, but they would only ever have appointments with the doctor and had their parent or significant adult present. This was confirmed by the doctor. This meant that on the few occasions that children attended the clinic, they were never left unsupervised by their parent or significant adult.

Since our last inspection, we saw that all members of staff had undertaken a child protection course. This meant people were protected from the risk of abuse because the staff were trained and had access to information about how to identify and report abuse.

Staff were aware of the provider's whistleblowing policy. One staff member said they would

report any concerns about staff to the provider. Staff told us they knew they could report concerns to external agencies and they could speak with regulators about concerns. This meant that staff were supported to report concerns appropriately.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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When we inspected the service on 03 October 2013, we found the provider was not meeting this standard. This was because the provider did not have effective systems in place to ensure medicines were kept safely.

At our last inspection we found the medicine cupboard was kept in the reception area and was unlocked. At this inspection, we found the provider had taken steps to secure medicines in a cupboard in the treatment room and the room was locked when not in use. However, we noted the cupboard was locked using a chain and padlock which did not safely secure medicines within the cupboard.

We found that medicines were also stored in a medicine's fridge at the side of the reception desk on top of a filing cabinet. The fridge had a key operated lock, however, on both days when we visited the location, the fridge was not locked. The provider told us the reception desk was staffed. However, there may be occasions when people who use the service or staff members who were not required to access medicines as part of their role could have access to the fridge. Fridge temperatures were being monitored on a daily basis and were found to be in range to ensure medicines were stored at the correct temperature. On the second inspection visit to the location, we discussed the medicines fridge next to the reception desk with the provider. The provider told us they intended to move the fridge into the treatment room.

The provider's medicine policy stated that lockable storage is provided for all medicines and devices. The keys of cupboards used for the storage of medicines are held by the doctor, who was also the registered provider, and another staff member who is a registered nurse. Medicines requiring cold storage were kept in a designated refrigerator. We found the temperature in the room where medicines were being stored was not being monitored. This meant that medicines requiring storage below 25 degrees Celsius were at risk of being compromised if the room got too warm.

The provider had a bag for the treatment of emergency situations in the treatment room. This bag was checked on a daily basis to ensure the contents had not been tampered with. When we looked at the contents of the bag we saw this contained general medicines which might not be appropriate for use in the event of a medical emergency.

The provider had arrangements in place for obtaining medicines; however there was no audit or stock control of medicines currently in stock. This meant the provider was unable to monitor stock levels or establish any potential discrepancies in medicine stock levels.

Staff responsible for administering medicines had received specific training to ensure medicines were handled and administered according to the relevant prescription for each person. This training had been undertaken prior to the staff commencing work at the clinic. Staff told us their certificates and training were checked by the doctor at the clinic.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was not meeting this standard.

The provider was not meeting this standard because, people were not cared for by staff who were appropriately trained

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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We looked at training records and found that none of the staff were trained in basic first aid or life support. The provider told us that the nurse who worked one session per week had received intermediate life support training. This training had been provided by the nurse's main employer. The provider told us if people required first aid or life support staff would always dial the emergency services. This meant that people may be at increased risk of harm if they had a severe reaction to their treatment, as staff had not received up to date training in basic life support or first aid.

The registered provider for the service, who was the doctor providing treatments and regulated activities, had last undertaken basic life support training in 2006 which included CPR (cardiopulmonary resuscitation). We saw the first aid certificate dated 2006 for first aid training undertaken by the doctor. The first aid training was out of date and the doctor told us they had not undertaken any first aid training since 2006.

We saw the provider's policy in the event of an emergency which stated if the doctor or nurse are not present when the emergency arises, then the staff are to call 999 and request an ambulance. Staff told us if there was a medical emergency, the doctor would deal with it, and if the doctor was not there, they would call the emergency services.

When we inspected this service on 03 October 2013 we saw evidence that showed the doctor was still registered with the General Medical Council (GMC). Staff told us they felt supported by the doctor who managed the service. Staff told us they attended training courses as they arose, and that they would approach the doctor if they wanted to undertake training. We saw that all training undertaken by staff as a part of their job role at the clinic was documented within their individual files.

Staff told us the doctor would talk to them during their reviews about any training they would be suitable to attend. There was a basic induction checklist for training, but it was not specific to individual staff members. We noted the checklist did not contain any names of individual staff members, dates of training or signatures of staff or the provider to confirm training had been completed.

There were regular review meetings for staff to talk about their preparation and developmental needs with the doctor. Staff told us they had consistent feedback on their performance through their communication with the doctor and at team meetings.

Staff told us the doctor was very approachable and they would speak with them on an informal basis about their training needs at any time. Although there were no formal systems to support staff, if individual staff members raised training and development issues, the provider responded to these. Staff told us they felt valued because the provider supported and encouraged them in their personal development. This included access to training when it was offered by external providers.

One staff member had been recruited within the last six months. They told us they had received an induction and we saw documents showing this.

We did not see any formal training system in place and when we asked the registered provider about this, we were informed there was no formal training plan for staff.

The doctor told us she delivered some of the training such as the infection control training. The doctor was not up to date with her own infection control training. The doctor told us she had not received any formal training to enable her to undertake this role as a trainer. This meant there was a risk that staff may not be receiving appropriate training to be able to provide a safe and effective service.

We saw the provider's infection control policy. We noted the infection control policy for the service did not mention how often staff would be trained on infection control policies and procedures. This meant the provider's infection control policy did not give relevant information in respect of infection control training. However, we noted the basic induction checklist included information on the completion of infection control training.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

**Compliance actions**

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

|  |  |
|--|--|
| Regulated activities                     | Regulation   |
| Diagnostic and screening procedures      | <b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b>   |
| Surgical procedures                      | <b>Management of medicines</b>   |
| Treatment of disease, disorder or injury | <b>How the regulation was not being met:</b><br>The provider had not made appropriate arrangements for the safe keeping of medicines used for the purpose of the regulated activity. Regulation 13.          |
| Regulated activities                     | Regulation   |
| Diagnostic and screening procedures      | <b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b>   |
| Surgical procedures                      | <b>Supporting workers</b>  |
| Treatment of disease, disorder or injury | <b>How the regulation was not being met:</b><br>The provider did not have suitable arrangements in place to ensure that staff receive appropriate training and professional development. Regulation 23(1)(a) |

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 06 February 2015.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will

**This section is primarily information for the provider**

report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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