

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

Holderness Laser Clinic Limited - Hull Road Hessle

Holderness Laser Clinic Limited, 60 Hull Road,
Hessle, HU13 0AN

Tel: 01482654863

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Holderness Laser Clinic Limited
Registered Manager	Ms. Allison Smith
Overview of the service	<p>Holderness laser clinic uses non-surgical lasers for therapeutic treatment of people over the age of 18 years. The clinic is registered with the Care Quality Commission for the regulated activity treatment of disease, disorder or injury.</p> <p>The clinic has treatment rooms on both the ground floor and first floor and there is on street parking outside of the clinic.</p>
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activity	Treatment of disease, disorder or injury

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	5
Safety and suitability of premises	7
Safety, availability and suitability of equipment	8
Assessing and monitoring the quality of service provision	9
Records	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

On the day of our inspection we were able to speak to one person who attended the service for laser treatment. They told us "The service is very good and the staff are lovely. I have been coming here for repeat treatments for some time and I am very pleased with the results."

The service was designed to meet the needs of people who received laser treatments and the provider ensured equipment used to deliver treatments to people was regularly maintained, safe and fit for purpose.

The provider had an effective quality assurance system in place and people's views and opinions of the service were listened to and acted on where necessary.

Records about people who used the service enabled staff to plan appropriate treatment and support. The information needed for this was systematically recorded and kept safe and confidential.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan.

We spoke with the manager, one member of staff and one person who used the service about the treatment and support provided by the service. We also looked at treatment records and associated documents to find evidence that care and treatment needs had been met. We reviewed the systems used by the provider to capture feedback from people who used the service. This included satisfaction surveys which were sent out annually.

One person who spoke with us said "I have been coming here for repeat treatments for a number of months. I am really pleased with the results that I am getting and I find the staff are very supportive and answer any questions I may have in a straightforward way." We looked at 25 of the satisfaction surveys that were sent out in the last 12 months. Every response was extremely positive about the service and the treatment and support people had received. Comments included:

"Brilliant staff, amazing and so pleased with the results"

"Lovely, friendly staff"

"Would recommend to others for Laser Treatment"

"Great welcome every time, staff are very knowledgeable on systems and treatments, great experience."

The manager told us that the consultations and treatments were carried out in either of the treatment rooms located on the ground floor and the first floor, away from the general therapy areas. One of the laser technicians told us they received training and update sessions from the manufacturer of the laser equipment and the manager said that they

were able to contact the laser company's clinical specialists if they required specific information or clarification on any treatments. The manager also had contact with other medical specialists if they needed to seek further advice.

One person told us "Staff ask you every time you visit if you have been sunbathing or used a sun bed since the last session. They also ask if you have used a fake tan." Discussion with the manager about this indicated these questions were asked as part of the risk assessment process to reduce the risk of burns to people who received treatment. We saw that notices with these questions were on the lasers in both treatment rooms to remind staff to ask before starting treatment.

The clinic had written and computerised notes for people who received treatment. We saw that information about the people who used the service such as a medical history, current medications and any allergies had been obtained. Discussion with the manager indicated that information about costs of treatment was discussed with people at their consultation visit to the clinic. We also saw that information on costs was available in the treatment rooms and on the clinic's website. Discussion with one person who used the service confirmed that information on their health and wellbeing was updated at each treatment session and costs were fully explained to them at the consultation session.

The treatment records contained information about people's attendance and follow on visits and the laser treatment each person had received. Discussion with the manager and information we received indicated that at the consultation stage each person had a 'test patch' to ascertain treatment was appropriate. This was also confirmed to us during our conversation with the person who used the service. After the test patch people had to wait for between seven and twenty one days (depending on their skin type) prior to treatment to ensure there were no adverse reactions. Evidence was seen that before and after photographs of people were taken at the consultation visit and after treatment with the signed consent of people who used the service. The information form indicated the photographs would be kept in people's files and only used for assessing treatment results.

Discussion with one laser technician indicated they were responsible for reviewing people's notes to ensure all information within them was completed appropriately by the staff. We saw that they initialled each entry to identify that it had been checked. The technician said if there were any problems then these would be reported directly to the manager for action. We were told that the notes for each person who had attended for treatment were checked within seven days of their attendance.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The Holderness Laser Clinic was sited within a nail and beauty shop in Hessle. The clinic consisted of a treatment room on the ground and first floor of the shop with a staircase access to the upper floor. There was no lift within the building, so only people who were able bodied could access the first floor facilities.

Access to the clinic consisted of a flat walk way to the entrance of the shop and throughout the ground floor area and into the treatment room. This would make it possible for some people with mobility problems to use the service. However, wheelchair access would be limited due to the layout of the building. We saw that toilet and bathroom facilities were available to people who used the service.

We were informed that fire audits were carried out internally to ensure the service conformed to the provider's policies, and we observed that visitors to the premises were signed in and out on the appointment book (by the staff) for fire safety regulations.

We saw evidence of monthly checks of the fire equipment completed for 2013 and January 2014 and the manager had completed health and safety risk assessments for the building. The provider may find it useful to note that the risk assessments had not been reviewed to ensure they were still valid; it had been more than 12 months since they were last checked. The provider had a fire risk assessment that was completed in 2012, which the manager said would be reviewed in the next month along with the health and safety risk assessments.

On the whole we found the service was well maintained, bright, spacious and provided people with a comfortable and warm environment in which to receive their treatments. Information given to us by the local council's environmental health team indicated that they were satisfied with the service and had no health and safety concerns at the time of our visit.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider ensured the equipment used in the service was serviced and maintained and service certificates were available for inspection.

We saw that people were satisfied with the service and staff were able to give us detailed explanations of the treatments available and the equipment used. One person told us "I have every confidence in the staff and their competency with the equipment. They tell you what to expect and are always professional during the treatments."

We were shown the six monthly service certificates for the Ellipse equipment used to deliver the laser treatments for hair removal and skin rejuvenation. The last service had been completed in November 2013 and the certificate stated all equipment was in good working order.

Contracts were in place with the local council for the collection of sharps waste and general waste. We saw invoices from 2013 that indicated waste was disposed of in a safe and approved manner.

Any electrical items provided by the service had to pass a portable appliance test (PAT). This test ensured that equipment was safe for people who used the service and did not put them in any danger. We saw the paperwork for the completion of the tests in August 2013 and each piece of equipment had a dated 'pass' label attached to it.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

People who used the service and staff were asked for their views about their care and treatment and they were acted on.

Feedback from people who used the service and staff was obtained through the use of satisfaction questionnaires and regular staff meetings. This information was analysed by the provider and where necessary action was taken to make changes or improvements to the service. The staff who spoke with us said they could discuss any work issues as a team and that there was good support offered by the manager.

The manager told us that as they were such a small staff group they met regularly to discuss people's treatment, changes within the service and to talk about any issues or worries. However, these meetings were informal and were not recorded. The provider may find it useful to note that without these meeting minutes the provider may find it difficult to evidence how staff opinions and views of the service were gathered and/or what information about changes/improvements to the service was passed onto the staff.

We spoke with one person who used the service during this visit and gathered the views of other people by looking at their comments in 25 satisfaction questionnaires completed in 2013. People had written that they were satisfied with the treatments they received and the majority had rated as excellent the arranging of appointments, explanation of the treatments available, the treatment itself, the efficiency and courtesy of the staff and their overall impression of the service. One person told us "I would not go anywhere else for my treatments, I am thoroughly satisfied here."

Our observations of the service found that the environment was clean, tidy and hygienic. We saw that the service had emergency and business continuity plans in place for dealing with emergencies which were reasonably expected to arise from time to time, such as a power outage or loss of water supply.

One technician had completed audits over the last six months for record keeping and any issues were noted and left with the manager to take action. The provider may find it useful

to note that there was no written evidence of the issues raised and how they were dealt with. Without this documented evidence the provider may find it difficult to demonstrate how quality and working practice within the service was monitored and appropriate action taken to improve the service.

We found that people had access to the complaints policy and procedure in the consultation guide. It informed people about how they could raise any concerns they might have and who to address their complaints in writing to. We saw that the clinic had a formal complaints form for people to complete if needed.

Checks of the complaints record within the service and information we hold about the service indicated that no complaints had been received about the service in the last 12 months.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

Reasons for our judgement

Records were kept securely and could be located promptly when needed.

The provider kept accurate and personalised records for each person who used the service. We looked at the treatment records for people who used the service. We noted that risk assessments were carried out each time a person attended the service to ensure they were fit and able to undergo the laser treatments. Discussion with the manager indicated that the computerised files and photographs were backed up daily. The computers were password protected and only the qualified staff could access people's treatment records. This ensured people's data was kept safe and confidential.

We did not look at staff records during this inspection. However, the manager said these were stored securely off the premises. The provider may find it useful to note that staff records may be reviewed on any of our visits and should be readily available for inspection.

We saw that there were policies and procedures in place with regard to confidentiality and data protection. Discussion with the manager indicated that records which were no longer in use were archived for a specific length of time and then disposed of in accordance with current legislation such as the Data Protection Act 1998.

We were told that the records were checked twice a year and if anyone had not attended for treatment within the last six months then they were sent a letter. On the next check if the person was still not receiving treatments then their record would be archived. Once the timescales were reached where information could be destroyed, the provider told us that they would use a reputable means to dispose of the records.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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