

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

Sk:n - Leicester Gallowtree Gate

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Date of Inspection: 25 June 2013

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

Respecting and involving people who use services ✓ Met this standard

Cooperating with other providers ✓ Met this standard

Safety, availability and suitability of equipment ✓ Met this standard

Supporting workers ✓ Met this standard

Notifications – notice of changes ✓ Met this standard

Details about this location

Registered Provider	Lasercare Clinics (Harrogate) Limited
Overview of the service	Sk:n Leicester provides a range of cosmetic treatments including laser hair removal, acne treatment, tattoo removal and treatment of broken veins. The provider holds a contract to provide NHS treatments at this location as well as providing private treatments. Care and treatment is provided by doctors, nurses and therapists qualified to provide specific treatments.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 25 June 2013, 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

We spoke with three people using the service and we sat with one person during their consultation. We saw how staff interacted with people using the service when they came to reception to ask for advice, make appointments or present for treatment. People were treated non-judgementally and staff made reasonable adjustments to meet people's needs. The people we spoke with felt they had been given enough information so they understood their treatment choices. One person commented: "They tweaked it for me. It felt specific to me." Another commented: "Nice and clean here. Very professional. I'm happy to go ahead with the treatment." And "We worked it out between us. I felt as though I was in control."

People told us staff were well trained and knowledgeable. One person commented about the staff person treating them: "She's kept me very calm. Not only professional – she's also very friendly – it helped me."

We found the provider worked in co-operation with other providers to ensure people were treated safely. Laser equipment was safely maintained and used. There was enough laser equipment of the right type to meet the needs of people using the service.

The provider had failed to notify the Care Quality Commission of a change to management arrangements at this service. Managers agreed to take immediate action to address this.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We sat with one person during their consultation and we spoke with three people using the service. People who use the service understood the care and treatment choices available to them. We saw the staff member explain how the treatment they were offering worked. They talked to the person about alternative treatments and the risks and benefits of each option. We also saw the staff member show the person written information, including the cost of different treatment options. The people we spoke with felt they had been given enough information so they understood their choices. One person commented: "They tweaked it for me. It felt specific to me."

People expressed their views and were involved in making decisions about their care and treatment. We saw that during the consultation, the person using the service was able to ask questions and make comments about the assessments staff carried out. For example, the person asked for advice about where on their body to have treatment. The staff member responded by agreeing to do a thorough assessment as part of the consultation. Comments from people we spoke with included: "Nice and clean here. Very professional. I'm happy to go ahead with the treatment." And "We worked it out between us. I felt as though I was in control."

People who use the service were given appropriate information and support regarding their care or treatment. One person requested not to wear protective goggles during treatment. Staff told us how they had explained why the goggles were necessary for their safety. We saw the staff member recorded in the person's notes that they would need support because they did not like wearing the goggles. This meant other staff providing treatment to the person would be aware they may need specific support with this.

People's diversity, values and human rights were respected. We saw that all staff responded to people's requests for advice and treatment, non-judgementally. During the consultation, the staff member asked relevant questions and where they needed different

or more precise information, they probed sensitively. Staff working in the reception area were welcoming to everyone. One man seeking advice about treatment was concerned about whether the treatments offered were appropriate for men. The staff person reassured him and provided appropriate advice and information. When an older person arrived and did not hear an initial greeting, the staff member immediately approached the person and repeated their greeting so it was easier for the person to hear them. This showed staff took account of people's diversity, including gender, age and disability and they made adjustments to meet people's needs.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. None of the people we spoke with had experience of using different providers, so they could not comment on this standard. We saw staff looking for information about other locations registered by the provider, because people using the service were moving to a different part of the country. Staff reassured people they would be able to continue their treatments and that their payments would be transferred for future treatments at the new location. Staff supported people to move between locations run by the same provider. This meant people could continue their treatment when they moved within England.

We talked with three staff about how they worked with other providers. They described how they would signpost people to other providers if they were unable to offer treatment. We heard a staff member giving advice about treatment to a person who was planning to use a different provider for their treatment. This showed the provider supported people to access other services, even where they did not have a formal agreement with the other provider.

The provider holds a contract with the NHS to provide some treatments. We saw the service had new contractual documents to reflect that a new NHS organisation, the local Clinical Commissioning Group had been responsible for arranging health services since April 2013. This showed the provider had appropriate formal arrangements for working with the NHS. Staff described how they received information about people's treatment either by direct referral from NHS consultants or through the Choose and Book system (an NHS computer system that supports people to choose where they want to have NHS treatment). Staff explained that information about people's treatment outcomes would not be sent to the NHS referrer unless it was requested. However, we saw that treatment records for people referred through the NHS were identifiable and were kept for an appropriate period, so the provider could provide information to other providers as necessary. Staff described how people needing more complex NHS funded treatment were treated at a local independent hospital. The provider had a formal agreement with the hospital to use their facilities. The provider had appropriate arrangements to ensure

people's safety and welfare was protected when they moved between services.

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 had systems for maintaining and checking the equipment. The provider uses laser machines for treatments including hair removal, acne, broken veins and tattoo removal. We checked two of the 10 laser machines used at the clinic. Both had labelling to remind staff using them of how to use them safely. They were kept in treatment rooms that had appropriate signage to warn people not to enter when the machines were in use. Each machine had a log book recording every occasion it was used. The provider had a laser protection advisor (LPA) who had produced local rules for each of the machines. These are the procedures that should be followed to ensure the machines are used safely. One staff member told us the LPA visited regularly to check compliance with the local rules and to provide support and advice. The provider had no other local arrangements to check proper procedures were followed. The provider may find it useful to note that there was no evidence of routine checks to ensure all staff using the machines were following the local rules.

We spoke with a nurse who was designated as the location's laser protection supervisor. This meant they were responsible for ensuring the laser machines were used safely. They gave support and advice to staff who were trained to use the machines. We spoke with two staff who provided treatment using the machines. They told us they had relevant training to use the machines. They had training to provide specific treatments using specific machines. One staff person explained that they had to complete a certain volume of treatment to maintain their competence. If they did not do enough treatments, they had to do refresher training before they could continue. This was updated regularly to reflect any changes in treatment methods and to keep their skills and knowledge up to date. This meant people were protected from the risks of unsafe treatment using laser machines, because staff were trained and competent and had access to support and advice.

We looked at audit records from the last three months. These showed whether staff had completed all the relevant safety checks and records when using the laser machines for treatment. Staff told us that issues raised by these audits were discussed at team meetings or were raised in staff memoranda. The provider may find it useful to note there was no evidence of action taken to address issues raised by the audits. Some issues were repeated in each of the three months' audits we looked at. This meant audits were not being used to ensure all staff were following procedures to protect people from harm.

There was enough equipment to promote the comfort of people who use the service. We

did not speak with people using the service about this standard, but we asked staff how long people had to wait for treatment. Two staff explained to us that the machines they had reflected the local population. The provider measured people's skin tone by using the Fitzpatrick scale which is a recognised tool. The provider had sufficient equipment for people with a range of skin tones. Staff told us they had enough equipment to provide treatments when people needed it. People could have treatment when they needed it and the most appropriate equipment was available to meet the needs of the local population.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We spoke with four staff about the support the provider gave them. They all told us they were well supported. They all told us they completed mandatory training either through face-to-face training or through e-learning. They told us how the manager checked their training records every month and reminded them if any of their training needed updating. All the staff we spoke with said they could request specific training and development and the provider responded to their requests. They told us they were also supported through team meetings, one-to-one supervision and appraisal and group supervision. We asked one person using the service if they felt staff were well trained and knowledgeable. They responded: "Absolutely" and went on to comment about the staff member who had treated them: "She's kept me very calm. Not only professional – she's also very friendly – it helped me." People using the service received a safe good quality service because staff could access appropriate training, support and advice.

Staff were able, from time to time, to obtain further relevant qualifications. All of the staff we spoke with had a relevant qualification. Two staff had been supported by the provider to obtain qualifications. All of the staff we spoke with felt strongly that they would be supported to do any further relevant qualifications as they wished. People received safe treatment because staff were able to develop their skills and knowledge.

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well. One of the staff members we spoke with was a registered nurse. They told us they were supported to maintain their professional skills. They told us about regular meetings between nurses employed by the provider. These meetings supported them to share learning and knowledge. The provider had supported the nurse to return to university to maintain their qualification and they were hoping to develop their professional qualification further. People received safe good quality care because professionals were supported to maintain and develop their skills and knowledge.

If the provider or manager of the service changes we must be told

Our judgement

The provider was meeting this standard.

People's safety was protected because when there were changes to the service, the provider managed the changes to ensure continued safety and quality. However, the provider had failed to notify CQC of their action.

Reasons for our judgement

The provider had not notified the Care Quality Commission (CQC) of changes to the service. The registered manager for this location applied to cancel their registration as manager in April 2013. The provider failed to notify CQC of the change to the management of the service. We spoke with staff at the service on 11 June 2013 and were advised of management arrangements for the location. We advised that the provider was required to send a formal notification to CQC confirming these arrangements. At the time of our inspection the provider had still not formally notified CQC of the change to the management arrangements. At our inspection, we spoke with a manager about this standard. They told us they thought an appropriate notification had been made. They agreed to arrange for CQC to be formally notified of changes as soon as possible. The provider may find it useful to note that they have failed to provide appropriate information to CQC about changes to the management of the service.

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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