

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

Elan Medical Skin Clinic

38A High Street, Rayleigh, SS6 7EF

Tel: 01268770660

Date of Inspection: 27 January 2014

Date of Publication: February 2014

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

Safeguarding people who use services from abuse

✓ Met this standard

Safety, availability and suitability of equipment

✓ Met this standard

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

Registered Provider	Elan Beauty Limited
Registered Manager	Mrs. Sureyya Ibrahim
Overview of the service	Elan Medical Skin Clinic is located in Rayleigh town centre and provides a selection of therapies via light heat energy (LHE) equipment, such as hair removal, treatments for psoriasis, acne, facial telangiectasia and skin rejuvenation. The treatments are provided by a registered nurse.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activity	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 announced 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 27 January 2014, talked with staff and reviewed information given to us by the provider.

We also looked at the provider's customer survey results.

What people told us and what we found

There were no people present at the time of our inspection for us to speak with about their experiences at Elan. However, the provider had patient feedback forms available. Each patient was asked to complete feedback at suitable times throughout their course of treatment. We noted that every person that had provided feedback had rated the service 'exceeded expectations' or 'met expectations'. We saw one case where the person had commented about the price of the treatment and that they had been disappointed with the results, but the provider had followed this up with the person and discussed their concerns with them. We saw that Elan had won a customer service award in 2013 following an independent survey of its patients by an internet clinical advice organisation. Elan had also recently set up an app for the clinic that allowed people to provide feedback via their smart phones.

We found that the provider treated people with respect and provided good information about the service and treatments available. There were suitable safeguarding arrangements in place. Machinery and medical devices were properly installed, serviced and maintained, and the quality of the service was assessed and monitored on an ongoing basis.

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

The reception area was open and was small. In order to protect people's confidentiality a separate room was available where consultations and treatments were carried out in private.

There was very good information available for people about the practice, treatments available and general health matters. These included an informative practice guide and website, which covered the range of treatments available and their prices. The guide also covered consent, complaints, safeguarding and a copy of the latest CQC report. The provider had developed different ways for people to provide feedback. This included feedback forms, a third-party company survey of Elan patients, and the development of smart phone app for customer comments. These helped to involve people in their care, make informed choices in relation to their needs, and provide their views on the service.

All patients received a private consultation where their suitability for the treatment was assessed and costs explained before they made a decision whether or not to proceed.

Elan is based in first floor premises and is accessed via stairs. There was no lift available and so treatments could not be provided to people that could not use the stairs. We noted that this was explained in the patient information and that other clinics were recommended that could better accommodate people with disabilities. Information could be made available in other formats, if required. This showed that people's diverse needs were taken into consideration.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Elan had a safeguarding policy in place for staff reference. Staff had received annual safeguarding of children and vulnerable adults training. There had been no safeguarding concerns raised or referrals made by the provider.

Safeguarding information was available for quick reference and referral. All staff had up-to-date Criminal Records Bureau checks in place.

A thorough pre-treatment consultation process was carried out with the person where their general health and well-being, and any other needs or concerns, were discussed.

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

Procedures were in place to ensure that the light heat energy (LHE) machine was properly secured when not in use and that the key was not left in the machine. We saw an up-to-date risk assessment and local rules were in place for the safe operation of the machine that had been drawn up by a qualified and accredited laser protection advisor. The provider was the laser protection supervisor. The machine also contained the proper labels. We saw that the machine had been serviced at the required intervals. The provider had been fully trained to operate the machine.

The provider also used a diathermy machine during minor surgery. This had also been serviced at required intervals to ensure that it was fully functioning. The provider was a member of the Primary Care Dermatological Society and received training and awareness in the use of diathermy in minor surgery.

All portable appliances that were used as part of the provider's regulated activities had been tested annually.

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 to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had a good governance system in place.

The provider was a member of various professional bodies in which developments in dermatology were discussed, guidance obtained and good practice shared. These included the Royal College of Nursing, the British Association of Cosmetic Nurses and the Primary Care Dermatological Society.

The practice had an audit framework in place and audits and actions were seen to include prescribing, treatment outcomes and patient feedback. Reports were produced on the audits to focus on areas for improvement, which were then followed up and addressed.

There was a process in place for reporting and investigating serious untoward incidents and adverse events. Risk assessments and health and safety checks were carried out on the environment to ensure that the premises were fit to provide skin treatments.

Views of the people using the service were regularly sought and showed a high level of satisfaction. Policies were regularly reviewed to ensure they were kept up to date and reflected current legislation and best practice.

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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