

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

Laserase Croydon

Brigstock Medical Practice, 141 Brigstock Road,
Thornton Heath, CR7 7JN

Tel: 02086659380

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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
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mary Anne Whitehead
Registered Manager	Dr. Dev Malhotra
Overview of the service	Laserase Croydon is a private clinic located within a general practitioners surgery situated in a busy area of Thornton Heath. The service offers laser and intense pulsed light treatments for hair removal, tattoo removal, acne treatment and thread vein removal. Information on the service can be found in the clinic's statement of purpose and on their website.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Surgical procedures 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

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 30 January 2014, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

Laserase Croydon is a private clinic and has eight clinicians all of whom can provide a range of services that the clinic offers. On the day we visited the service there were no consultations or treatments taking place. This meant that we were not able to speak to any of the people who had used the service. We gathered evidence of people's experiences of the service by reviewing recent patient satisfaction surveys. We were not able to speak with staff who worked in the clinic other than the lead clinician who was also the registered manager.

We toured the clinic environment and observed it to be visibly clean, thoroughly maintained and well lit. Cleaning and infection control procedures were in place to ensure staff were aware of their responsibilities. The clinic had disabled person's access including wide doorways for wheelchair use and a disabled toilet. We saw that facilities within the clinic enabled people's dignity to be respected during consultations and treatments and their safety maintained.

We look at records and documentation that the service had in place. Records provided evidence to show that staff were appropriately trained and qualified to ensure people were cared for by competent and experienced staff. We saw evidence to indicate the majority of recruitment checks were undertaken before staff began work. Systems had been put in place to gain feedback from people about their experience and this informed future service provision.

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

People who use the service understood the care and treatment choices available to them. The people who used this service had made a choice to do so. We spoke with the lead clinician and registered manager who informed us that the majority of people who used the service contacted them either by telephone or via the clinic's website. After initial contact a consultation in person would be carried out by one of the clinicians. People were able to be seen at a time that was convenient to them.

People who use the service were given appropriate information and support regarding their care or treatment. We saw that the clinic had a range of printed information for people using the service to take away and assist them in making choices and decisions. Information was available in different languages and on different procedures and treatments at people's request. The registered manager informed us that several clinicians working at the clinic spoke different languages, however if communication was an issue for people using the service they could also use an IT translation system. We saw that there was a clear pricing structure in place and a price list was readily available at the reception desk. We were told that anticipated costs would also be discussed at the time appointments were arranged.

We were able to access recent completed patient satisfaction surveys. The provider asked people whether they were satisfied with the information given, treatment received and the service provided amongst other questions. We saw that the completed surveys confirmed that people who used the service were very satisfied with the information and service provided rating the clinic high on the scores used. People who used the service were also able and encouraged to provide feedback on the clinic's website. Comments included, "Very happy with everything. Thanks" and "Very happy with the service I got and the results of my treatment".

People's diversity, values and human rights were respected. During our tour of the clinic

we observed there was a screen around the treatment area in the consulting and treatment rooms to protect people's privacy and dignity. We observed that all consulting and treatment rooms had signs that when switched on turn red to denote that rooms were in use and treatment was being given.

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 care and treatment was planned and delivered in line with their individual care plan. Although we were unable to observe a treatment or talk with people who used the service on the day of our inspection, we were able to observe and hear clinicians and reception staff talking to people on the telephone. We noted that staff communicated in a caring and professional manner.

People arriving at the clinic for the first time were given a client's guide to the service which included information about the services offered, terms and conditions of the service, consent form for treatment, clinical procedures pricing list, the services complaints procedure and clients feedback questionnaire. People visiting the clinic for the first time for treatment completed a health assessment questionnaire which provided the clinicians with people's medical history and general physical health.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We reviewed treatment records and saw that they contained detailed information about people's medical history, current medication and known allergies. We saw that health care plans were in place and identified people's needs and risks. Reviews of people's health care plans and treatments had been completed at each consultation attended. The provider used a computer based system that stored, recorded and updated peoples records accordingly. All forms and paper files were scanned and stored onto the clinics data base then destroyed appropriately. The registered manager told us that people's records were kept on the computer system which provided a more accurate and safer recording system which only clinicians had access to.

There were arrangements in place to deal with foreseeable emergencies. The provider had procedures in place for emergencies such as the risk of a fire and staff were aware of them. We saw that emergency equipment, first aid kit, and emergency drugs were kept in a central locked cabinet and were regularly checked to ensure they were in date. Training records that we looked at showed that staff had received training in basic life support and cardiopulmonary resuscitation (CPR) to ensure they were able to respond to emergencies appropriately.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. During our visit we observed the clinic and consultation and treatment rooms to be very clean and hygienically maintained. The consulting and treatment rooms had suitable hand washing facilities and there was personal protective equipment for staff such as liquid soaps, gloves and eye protection.

We found the provider had infection control procedures in place. These included policies on the safe management of sharps, clinical waste and cleaning schedules. These policies and procedures gave staff instructions and guidance about effective safe infection control within the clinic. A cleaning contract was in place to clean the premises six times a week. Procedures were in place to ensure the cleaning contractor undertook regular thorough cleans. We saw appropriately colour coded cleaning materials. Clinical waste was disposed of securely outside the premises and collected by an authorised clinical waste contractor.

Staff training records we examined confirmed that most members of staff had attended training in infection control. Training attended ensured that staff had the knowledge and skills to protect themselves and people using the service from the risk of health care associated infection. We spoke with the registered manager who explained that the clinic has a detailed staff induction period and an employee handbook which contains policies, procedures, information and guidance for staff on infection control and other compulsory knowledge sets. Records we looked at confirmed this.

We found people received care and treatment in a clean environment with infection control measures in place to minimise the risk of infection. We noted that the clinic facilities were well maintained throughout and the clinical areas were clean and tidy.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work. At the time of our inspection the clinic employed eight members of staff in total.

Appropriate checks were undertaken before staff began work. The provider had a staff induction procedure and programme in place which provided a consistent approach within the clinic and maintained a stable team of staff. We looked at staff records which showed that staff members had curriculum vitae and written references from previous employers. Records also included positive proof of people's identification and all staff members were subject to disclosure and barring checks (DBS) prior to their commencement of work.

We examined two staff files. These showed that copies of certificates were in place for the treatments that each member of staff was qualified to provide, along with evidence that staff had completed in house induction and other training, for example training in basic life support. We also saw that clinicians working at the clinic had up to date registration with the relevant professional bodies and that they were qualified to undertake the procedures provided by the service.

We spoke with the registered manager who told us that all staff employed by the service had an induction period at the commencement of employment. This was completed in house and consisted of both practical and class based training. The provider had a supervision and appraisal system in place for all members of staff and team meetings were conducted on a regular basis.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. The clinic had not received any formal complaints since our last inspection. We spoke with the registered manager who informed us that staff were focussed on ensuring patients received a high quality of service and encouraged people to make comments on all aspects of the service from initial consultation to their last treatment. The registered manager informed us that people were encouraged to give feedback about the service either through their feedback questionnaire or via their website. People had their comments listened to and acted on to their satisfaction.

The service had clear policies and procedures in place for dealing with complaints and a whistle blowing policy that all staff members had been made aware of.

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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