

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

Laser and Light Ltd

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Tel: 01509266882

Date of Inspection: 19 February 2013

Date of Publication: March 2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✗	Action needed
Requirements relating to workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Laser and Light Ltd
Registered Manager	Dr. Tahera Khatun Bhojani-Lynch
Overview of the service	Laser and Light Ltd provides hair removal and treatment of skin conditions such as acne and thread veins, using a laser. These treatments are offered as part of a range of other cosmetic services that do not need to be registered. The provider has applied to cancel their registration for the regulated activity of Services in slimming clinics.
Type of services	Acute services without overnight beds / listed acute services with or without overnight beds Doctors consultation service Diagnostic and/or screening service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Services in slimming clinics 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 19 February 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

There was only one person using the service on the day of our inspection. They were very satisfied with the service and commented the service was: "Really professional. Make you feel at ease." By checking records and talking to staff, we found that people were treated safely. The person using the service told us they had been given enough information about the risks and benefits of treatment before giving their consent. They were aware they could withdraw their consent at any time and their questions had been answered so they felt confident giving their consent. They felt confident that staff treating them were qualified and experienced to do their job.

The person using the service was aware that records about their care were kept. They had seen these were kept securely. We found the provider had arrangements for retaining records for an appropriate time.

The person using the service had not been given any medicines by the provider. We checked arrangements for management of medicines. We found the provider was not meeting standards for medicines management because they had not assessed the risks associated with obtaining and storing medicines.

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

What we have told the provider to do

We have asked the provider to send us a report by 03 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

appeal processes. We will publish a further report on any action we take.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with one person using the service. They told us they had been given enough information about the risks and benefits of treatment before giving their consent. They were aware they could withdraw their consent at any time and their questions had been answered so they felt confident giving their consent.

We spoke with the provider and one staff member who provided treatment. We found that staff were aware of the provider's policies and procedures for gaining consent. They followed these procedures and recorded consent in people's records accordingly. We checked records and saw that consent decisions were recorded. Both staff told us they always asked people to take consent forms outside the treatment room to read and sign. This was so people did not feel any pressure to give their consent. It also meant they had time to consider whether they had any questions. The provider told us they would only offer treatment on the same day as a consultation under very exceptional circumstances. This was so people had time to take away and consider written information about treatments before deciding to have treatment.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The provider and staff person we spoke with were able to give examples of when they had assessed people as unable to give consent. Both described what they did to support the person to make an informed decision. They gave examples including asking a person to come back when they were not under the influence of alcohol and asking people's friends or relatives to help explain information in a way the person understood. Staff said they would refuse to treat someone if they did not have capacity to give informed consent. This meant people were supported to understand information. They were protected from agreeing to treatment when they did not understand. The provider

may find it useful to note that staff were not aware of the Mental Capacity Act 2005 and how they should assess capacity in accordance with this legislation.

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. The person we spoke with who was using the service told us they had had a full assessment before being offered treatment. We spoke with the provider and a staff member who provided assessment and treatment. Both competently described the provider's procedures for assessing and planning treatment. We saw that written records of assessments and treatments were kept, so that staff could see they were providing treatment in accordance with the plan of treatment. People received treatment in line with their assessed needs because staff followed the provider's procedures for assessing and delivering care.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The staff we spoke with told us how they checked what the risks associated with treatment were for each person. This included completing a medical history form and checking this at each appointment and doing patch tests to check skin sensitivity before providing laser treatments. Staff told us they checked written guidance about any medication people were taking before providing treatment, as well as asking for advice from the provider, a registered doctor. The provider confirmed that staff routinely asked her for advice about medication. People had safe treatment because staff assessed risks for each person.

People's care and treatment reflected relevant research and guidance. We saw that protocols for using laser machines were reviewed regularly and they referred to relevant guidance. One staff person had attended a conference to learn about new treatment methods. People were treated safely because staff had information about safe and effective treatment.

There were arrangements in place to deal with foreseeable emergencies. We asked one of the two staff working at the service on the day of our inspection about fire safety. They were able to describe how they would deal with a fire emergency. We also found that three out of the four staff at the service were qualified to provide first aid. The staff we spoke with were aware of the provider's policy to call emergency services immediately in any medical emergency. The provider told us there was an emergency drugs kit available to treat people who, for example had a severe allergic reaction. Staff knew where emergency drugs were kept, but only the provider, would administer emergency drugs. People using

the service were protected because the provider had suitable arrangements to manage foreseeable emergencies.

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

Our judgement

The provider was not meeting this standard.

The provider had records to show the safe administration of medicines. People were not protected from the risks of unsafe medicines management because the provider did not have effective systems to ensure medicines were safely obtained, recorded and stored.

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

Reasons for our judgement

Appropriate arrangements were not in place in relation to obtaining medicine. We spoke with the provider and a staff member who was responsible for receiving and storing medicines. Both were able to describe their systems for obtaining medicines. We did not see any written procedures for medicines management so we could not check whether staff were following a system that had been assessed as safe. The provider told us they had trained the staff person how to receive the medicines safely, but there was evidence this was not sufficient for them to understand the importance of having safe systems for obtaining medicines. Following our inspection, the provider sent us their staff handbook, including guidance for staff about how to order and record stock. The provider told us stock included medicines. Because the guidance was not explicit that stock included medicines and staff did not refer to this guidance during our inspection, we were unable to assess whether it was being used to ensure medicines were obtained safely.

Appropriate arrangements were in place in relation to the recording of medicine. We looked at treatment records for six people. We saw that where medicines were prescribed, there was a record of what had been prescribed and administered. Only the provider, a registered doctor, was able to prescribe and administer medicines. This meant people were protected from the risks of the unsafe use of medicines.

We asked the provider how they knew what medicines they had in stock. They were unable to tell us what quantities they had of each medicine. There were no records of what medicines had been obtained or stored. There was a risk that medicines could be misused, because the provider had no systems to identify if medicines went missing.

Medicines that needed to be refrigerated were stored in a fridge. We saw records showing that one staff person was responsible for recording the fridge temperatures. They showed us they knew the acceptable temperature range because this was written on a guidance document kept with the temperature recordings. The guidance also described what staff should do if temperatures were outside the acceptable range. This meant medicines that needed to be refrigerated were kept safely.

There was evidence that some medicines were not kept safely. Other medicines and needles used for injections were kept in an unlocked cupboard in a treatment room, to which the provider said there was restricted access so that only they could access the medicines. However, on the day of our inspection, we noted that the treatment room was unlocked and could be accessed by anyone on the premises. People using the service were at risk from unsafe management of medicines because the provider had failed to assess the risks associated with the storage of medicines.

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

Appropriate checks were undertaken before staff began work. We spoke with both staff employed at the service who were working on the day of our inspection. They told us what checks had been done before they started work. These included criminal record checks, obtaining references from previous employers and checking relevant qualifications. The staff had been working at the service for six or seven years and told us they never been asked to renew their criminal record checks. The provider confirmed they had no policy for checking criminal records after staff were employed. The provider agreed they would implement new regular checks. This meant that people using the service were protected from the risks of receiving treatment from people who were unsuitable.

There were effective recruitment and selection processes in place. We spoke with one person using the service. They felt confident that staff treating them were qualified and experienced to do their job. The provider told us they were recruiting to a vacant position. They described the recruitment and selection processes they were using. The process included observing candidates' practice as well as doing the pre-employment checks described above. People received safe treatment because people employed at the service were recruited effectively.

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 because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We looked at medical records for six people using the service. The records showed that a record of every appointment was made, whether the appointment was for assessment, treatment or solely for reassurance. Records showed people had been asked for their views about their course of treatment. They showed that staff providing the treatment made an assessment of the effectiveness of treatment at each appointment. This meant people received safe effective care because each visit was recorded and changes to treatment plans were made in accordance with their views. We found minor omissions in four of the six records we checked. The provider and a staff member told us the provider regularly checked treatment records. There was no written record of these audits so we could not see whether the omissions we had identified had been noted. The provider agreed they would introduce a system to record their checks and any action needed to improve the accuracy of medical records.

Records were kept securely and could be located promptly when needed. The person using the service was aware that records about their care were kept. They had seen these were kept securely. We saw that all medical records were kept in a lockable filing cabinet. We saw that a staff member had a key to the cabinet. They told us the cabinet was locked and the key stored safely at the end of every day. The records were kept in the reception area so the receptionist could check records when they took calls. This was also immediately outside the treatment rooms, so staff providing treatment could easily and promptly locate records. This meant people's personal and confidential information was kept securely, but was available to ensure they received safe treatment.

Records were kept for the appropriate period of time and then destroyed securely. We asked the provider how long records were kept for. They were aware how long medical records should be retained and they had systems to ensure records were not destroyed early. There was space to keep all the medical records, so the provider had not needed to make any arrangements for archiving or destroying records. People received safe treatment because their treatment records continued to be available to the provider after they had finished treatment.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

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

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010
Surgical procedures	Management of medicines
Treatment of disease, disorder or injury	How the regulation was not being met: The provider did not have appropriate arrangements for the obtaining, recording and safe keeping of medicines. Regulation 13.

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

The provider's report should be sent to us by 03 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

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

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

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

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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