

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

## Laser and Light Ltd

1 Church Gate Mews, Loughborough, LE11 1TZ

Tel: 01509266882

Date of Inspection: 03 October 2013

Date of Publication: October 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✗ Action needed
<b>Management of medicines</b>	✗ Action needed
<b>Supporting workers</b>	✗ Action needed
<b>Complaints</b>	✓ 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.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and took advice from our pharmacist.

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### What people told us and what we found

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On the day of our inspection, no-one was using the service. We spoke with one person over the telephone. They told us everything was always explained to them, so they did not have any outstanding questions or concerns. The person we spoke with said they were always treated with respect. They had complained about their treatment and were "very satisfied" with the provider's response. We found the provider had effective systems for dealing with complaints.

We found that people were not protected from the risk of abuse because the staff were not trained and did not have access to information about how to identify and report abuse.

When we inspected in February 2013, we asked the provider to take action to improve their medicines management. Although they had taken some action, at this inspection, we found systems for management of medicines did not protect staff, people using the service and others from risks associated with medicines.

We found staff felt well supported but the provider did not have effective systems to ensure staff had access to adequate relevant training and support.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 02 November 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.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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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.

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### Reasons for our judgement

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People who use the service understood the care and treatment choices available to them. On the day of our inspection, no-one was using the service. We spoke with one person over the telephone. They told us everything was always explained to them, so they did not have any outstanding questions or concerns. We looked at treatment records for none people using the service. They showed that people were given the opportunity to discuss any concerns or reservations. Records showed that people were supported to decide not to have treatment once they had received advice. Signed consent forms showed people were asked to confirm they had understood the information they were given. This meant the provider did not put pressure on people to accept or continue with treatment.

People expressed their views and were involved in making decisions about their care and treatment. The person we spoke with told us they were always asked for their views before and after treatment. Patient records showed people's views were taken into account. Of the nine records we looked at, only one did not record the person's views about their treatment. People were asked for their views every time they attended for a consultation or treatment. People's views were used to decide what further treatment was appropriate.

People who use the service were given appropriate information and support regarding their care or treatment. All of the records we looked at included consent forms and after care information. These included detailed information and advice about the specific treatments the person was having. This showed people were given appropriate information before agreeing to treatment and after treatment. Treatment records showed that staff sought advice from the doctor when there were any concerns or significant changes in treatment plans. Any advice from the doctor was recorded in notes and often the person was seen by the doctor before continuing with treatment. This meant people had advice from qualified professionals. People received appropriate support and advice because staff recognised when to seek further advice from a doctor.

People's diversity, values and human rights were respected. The person we spoke with said they were always treated with respect. The provider's policies and procedures reflected a non-discriminatory approach and the language used in written information was respectful. Staff spoke with and about people using the service respectfully. Where relevant people's records recorded their ethnic background and treatment was provided as appropriate. For example laser treatment was provided safely after an assessment of skin tone using the Fitzpatrick Scale, a recognised screening tool.

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

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**Our judgement**

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The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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.

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**Reasons for our judgement**

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There was a policy of not allowing children to accompany adults when they were having a consultation or treatment. There was a notice in the waiting area to make people aware of this policy. Staff confirmed that they would never allow someone to attend for a consultation or treatment with a child. Staff told us that children were not treated at the service. They told us that occasionally children had consultations, but they would only ever have appointments with the doctor. This showed staff were aware of the provider's policies for the protection of children.

People who use the service were not protected from the risk of abuse because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke with two staff about their understanding of safeguarding children and vulnerable adults. They were able to describe what they might consider to be indicators of abuse and they understood they had a responsibility to report any concerns. They had no access to information about how to identify or report concerns and they had had no training. People may not be protected from abuse because staff were not trained to identify and report abuse. They did not have information available to support them in safeguarding people from abuse.

The provider did not support staff to respond appropriately to any allegation of abuse. Staff said they would report any concerns to the doctor at the practice, who was also the registered provider. They were confident she would take appropriate action to protect people. They said they were aware the doctor made phone calls regarding the care of some people, but they did not know exactly who she reported concerns to.

We saw that the provider's staff handbook included a whistleblowing policy. It described the legislative framework which protects staff who report concerns about their employers. The staff we spoke with were not aware of the provider's whistleblowing policy. One staff person said they would report any concerns about staff to the provider. They knew they could report concerns to external agencies and they were aware they could speak to

regulators about concerns.

There was no guidance for staff about how to report concerns. The whistleblowing did not provide details about who staff should report concerns to either within the organisation or externally. This meant staff were not supported to report concerns appropriately.

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

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## **Our judgement**

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The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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

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## **Reasons for our judgement**

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When we inspected the service on 19 February 2013, we found the provider was not meeting this standard. This was because the provider did not have effective systems to ensure medicines were safely obtained, recorded and stored. The provider wrote to us to tell us what they would do to ensure they had safe systems. At this inspection, we checked what the provider had done.

Appropriate arrangements were in place in relation to obtaining medicine. Arrangements for obtaining medicines had been reviewed since our last inspection. Staff described how they obtained medicines either when they were prescribed for individual people, or when they were requested to keep as stock items by the doctor. We found that staff were following the provider's written procedures for obtaining medicines. People were protected from the risks associated with obtaining medicines because the provider had effective systems.

Appropriate arrangements were in place in relation to the recording of medicine. We looked at treatment records for nine people using the service. Where people had been given medicines, this was clearly recorded in their records. The batch number and expiry date for the medicines administered was recorded. This meant if a problem with a medicine was reported, people who had received the medicine could be identified.

Medicines were prescribed to people appropriately. We spoke with staff and the doctor about the process for prescribing medicines. Staff showed us how they requested prescriptions from the doctor and recorded this in people's treatment records. The provider's procedures ensured medicines were prescribed safely.

Medicines were not kept safely. At our last inspection, we found medicines were stored in an unlocked cupboard in a treatment room that was sometimes left unlocked. The provider told us they would ensure the cupboard was kept locked. At this inspection, we found the cupboard was unlocked. The provider told us the lock had only recently been removed because the cupboard door had broken. There was no record of any action taken by the

provider to reduce the risk of medicines being accessed by unauthorised people whilst the door was unlocked.

We also found there were medicines stored in an unlocked cupboard in the waiting area. This included medicines pre-packed in syringes with needles. This meant there was a risk of people using the service or other people accessing medicines or sustaining injuries from sharp needles.

We found that the provider's emergency medicines were kept in a bag in a treatment room. This meant they were easily accessible in an emergency. However there was no system for checking the bag and its contents had not been tampered with. The provider told us she was solely responsible for checking the bag, including the expiry dates on the medicines. There was no record of any checks done on the emergency medicines. On the day of our inspection, the EpiPen kept in the emergency bag had passed its expiry date. An EpiPen is used to anaphylaxis – a severe allergic reaction which can result in death. This meant there was a risk people using the service would not have access to effective emergency medical treatment.

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

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## Our judgement

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The provider was not meeting this standard.

People were not cared for by staff who were supported in their roles.

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.

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## Reasons for our judgement

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Staff did not receive appropriate professional development. Staff told us they were well supported by the doctor who managed the service. They told us they attended training courses as they arose. They told us it was difficult to plan such training because it tended to be offered in response to new treatments or evidence becoming available. There was no record of how training needs of individual staff members or roles were assessed. There were no regular meetings for staff to discuss their training and development needs with a manager, although staff told us they had regular feedback on their performance through their informal daily contact with the provider and at team meetings.

One staff member had been recruited within the last three months. They said they had had a formal induction. Unfortunately, the provider told us they had taken the documentation home to prepare for a probation meeting with the staff member. Although staff felt well supported and had some access to training when it was offered by external providers, there were no formal arrangements for supporting staff in their roles and in their development. This meant staff were not properly supported in their roles.

Staff were able, from time to time, to obtain further relevant qualifications. Staff told us they were supported to pursue their interests including professional qualifications. They gave examples of two staff members who were supported to undertake professional qualifications. The provider supported staff, both financially and through encouragement to pursue further qualifications. Although there were few formal systems to support staff, if individual staff members raised training and development issues, the provider responded to these. Staff felt valued because the provider supported and encouraged them in their personal development.

The provider was a registered doctor. We saw training records that showed she maintained her clinical knowledge and skills in accordance with guidance from the professional regulator, the General Medical Council. The provider employed two other registered health care professionals. We saw training records for one of these professionals, showing they had received some relevant training in the previous year. There were no training certificates or records for the other professional since 2008.

Because there were no formal systems for planning and recording training for staff including health professionals, the provider had no evidence to support that health professionals maintained their clinical and non-clinical skills.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People were made aware of the complaints system. This was provided in a format that met their needs. We found that staff knew how to respond to complaints. There was an up to date complaints policy which all staff had signed to confirm they had read and understood. There were comments forms available in the waiting room. The forms did not include an explanation of the provider's procedure for dealing with complaints. The provider explained to us that any person wishing to make a formal complaint would be given a different complaints form. We saw that this form included more detail about what people should expect if they made a complaint, but it was only available on request. The provider may find it useful to note that the information available to people using the service did not include information about how to make a formal complaint.

People were given support by the provider to make a comment or complaint where they needed assistance. We found from speaking to staff and to the provider that all comments from people using the service were taken seriously. Everyone wanting to comment was offered the opportunity to speak with the provider. This meant that people who could not or did not want to put their comments in writing could still express their views.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We saw from the complaints register that the provider had responded to most of the complainants by providing what they wanted. This meant most complainants were satisfied with the resolution. Staff told us most comments were dealt with informally therefore not recorded as formal complaints. However, we saw patient records showing that all comments were recorded. These records demonstrated that people's views about their treatment and any complaints were taken into account. They also showed how learning was identified through discussion between all staff involved. Staff told us any wider learning points were shared with the whole staff team at team meetings. We spoke with one person who had been unhappy with their treatment. They told us the provider took appropriate action to resolve their complaint. They described themselves as "very satisfied." People using the service could be confident any comments or complaints would be resolved.

We asked for and received a summary of complaints people had made and the providers response. We saw a register of complaints dating back to 2003. There had been no

complaints recorded since November 2006. Staff told us this was a true reflection as most peoples' concerns were dealt with effectively through their informal processes. People using the service were supported to resolve any complaints informally, but also had access to a formal complaints process.

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	<b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Surgical procedures	<b>Safeguarding people who use services from abuse</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> The provider had not made suitable arrangements to ensure people were safeguarded against the risk of abuse. Regulation 11(1)(a)(b)
Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Surgical procedures	<b>Management of medicines</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> The provider had not made appropriate arrangements for the safe keeping of medicines used for the purposes of the regulated activity. Regulation 13.
Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Surgical procedures	<b>Supporting workers</b>
	<b>How the regulation was not being met:</b>

**This section is primarily information for the provider**

Treatment of disease, disorder or injury	<p>The provider did not have suitable arrangements in place in order to ensure that staff receive appropriate training, professional development, supervision and appraisal. Regulation 23(1)(a)</p> <p>The provider did not have a system of clinical governance and audit to ensure that healthcare professionals continued to meet the professional standards of their professional body. Regulation 23(2)</p>
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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 02 November 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 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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