

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

Lincoln Laser Skincare Limited

3 Beaumont Fee, Lincoln, LN1 1UH

Tel: 01522575756

Date of Inspection: 10 January 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
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Lincoln Laser Skincare Limited
Registered Manager	Miss Deborah Crafts
Overview of the service	Lincoln Laser Skincare Limited is a private laser skin clinic situated in the town of Lincoln and provides a laser and cosmetic skin therapy for cosmetic and medical skin complaints. They provide a service to people over 18 years of age.
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 10 January 2013, talked with people who use the service and talked with staff.

What people told us and what we found

Prior to our visit we reviewed all the information we had received from the provider. During the visit we spoke with three patients who attend the clinic and asked them for their views. We spoke with the receptionist, both nurse practitioners, one of who is the registered manager. We also looked at some of the records held in the service including the treatment records for three patients.

We found patients gave consent to their care and treatment. One patient told us, "I gave written consent. I knew what I was signing, I had it all explained."

We found patients received care and support that met their needs. A patient told us, "They have achieved what they hoped for I couldn't be happier."

We found the premises were kept clean and there were infection control procedures in place. A patient said, "Everywhere is always spotless."

We found the staff team were suitably trained. A patient told us, "They seem to know exactly what they are doing."

We found the provider assessed and monitored the quality of the service. A patient told us, "I always give feedback and it is good feedback."

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

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

Reasons for our judgement

We found patients gave their consent for their treatment having received all the information they needed to make an informed choice. Prior to any treatment each patient was required to go through the consultation process used at the clinic to determine the treatment the patient needed.

Patients were required to sign the consultation form to confirm the treatment they were to receive had been explained to them. This included what they could expect following the treatment in terms of results and any possible side effects. The patient and nurse practitioner also signed and dated the treatment plan after the treatment to confirm what treatment had been provided and when.

A nurse practitioner told us, "That is what informed consent is. It is all about making sure they (the patient) knows what is happening. It stops them being worried." The manager told us if a patient had more than one treatment they would be required to give their written consent to each treatment.

Patients told us everything about their treatment had been explained to them and they had given their consent. One patient told us, "I gave written consent. I knew what I was signing, I had it all explained." Another patient said, "Everything was well explained, they used some diagrams. I have never had anything I did not agree to." The receptionist told us if a patient came for a treatment they had received previously they received a fresh consultation and give their consent again.

The manager told us they had not treated anyone who did not have the capacity to give their consent to any treatment. The manager and nurse practitioner told us of occasions where a patient had been accompanied by someone to support them to ensure they fully understood everything to do with the treatment. The manager also said where someone's first language was not English they could bring an interpreter with them to ensure they understood everything.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We found patients' needs were assessed through a consultation with a nurse practitioner where their treatment was planned. We saw there were seven different consultation forms in use, one for each of the treatments provided at the clinic. The manager told us they would not provide any treatment without completing the consultation even if the patient had undergone a previous consultation at this or any other clinic. A patient told us, "I came for an assessment meeting before my treatment."

We saw a potential patient came to the clinic to ask for information about a treatment. The receptionist answered questions the person asked in a knowledgeable and informative way. They explained the process that would be followed if the potential patient came to the clinic and gave them information about the costs of the treatment they were asking about. We also saw the receptionist making an appointment with a new patient at a time to suit them.

The manager told us any prospective patient could request an estimated cost of any treatment. The patient would receive a quote for each session of treatment following their consultation. The manager said they could only approximate the number of sessions a patient would need as there were many factors which could influence how someone reacted to their treatment. A long standing patient told us, "There have never been any surprises with the cost."

The manager told us they always checked for any changes in a patient's consultation between appointments. This would identify any changes such as the medication the patient was taking. A nurse practitioner told us they had a patient coming to see them that had not been for several months. The nurse practitioner said they would go through their initial consultation with them before giving any treatment to make sure their circumstances had not changed.

The manager said they carried out a sample test prior to any treatment to make sure there was no adverse reaction to it. The nurse practitioner said they always checked to see if the patient had any type of reaction following their treatment no matter how minor. They told us this information helped to inform them about any further or future treatment.

The manager and nurse practitioner both described how they treated patients and said

they made sure they were kept fully informed throughout their treatment of what was happening. A patient told us, "I was given a progress update. I felt very comfortable with everything." Another patient said, "The settings of the equipment are recorded so they know what they used."

A patient told us, "I was cynical, I didn't believe this would work. There were no promises made. I was told what the limitations of the treatment were and what they hoped they could achieve. They have achieved what they hoped for I couldn't be happier."

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

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

We found there were effective systems in place to reduce the risk and spread of infection. Each member of staff was responsible for cleaning areas of the clinic each day and we saw cleaning equipment for this. The manager showed us their infection control policy and there was the Department of Health's code of practice on the prevention and control of infections available.

The manager told us how they cleaned the equipment and prepared the treatment rooms between each patient. We saw everywhere was clean, however the provider may wish to note there was no cleaning schedule or checklist to show the frequency each area was cleaned and when it had been done. A patient told us, "Everywhere seems nice and clean." Another patient said, "Everywhere is always spotless."

There were suitable arrangements in place for the disposal and collection of waste, including any clinical waste. There were supplies of protective clothing available in each treatment room. A patient told us, "I used goggles when having laser treatment. There are different strength ones for different lasers. They are proper ones, not cheap and nasty ones."

The manager told us there were procedures in place to ensure staff did not travel to and from work with any part of their uniform exposed to ensure there was no risk of contamination.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The manager told us the two nurse practitioners who provided treatment to patients had received more than the minimum training required to provide their services including operating the lasers. Both nurse practitioners were registered general nurses and maintained their registration through their work at the clinic.

The nurse practitioner told us the manufacturer who supplied the lasers also provided them with comprehensive training in their use. The manager told us they also kept up to date with practice issues through reading articles and said they subscribed to relevant professional journals. The manager also told us they and the nurse practitioner were members of the British Association of Cosmetic Nurses (BACN) and they attended relevant conferences including the one promoted by the British Medical Laser Association (BLMA).

We saw there were professional qualification and training certificates displayed around the walls of the clinic showing the training they had undertaken and achieved. A patient told us, "They seem to know exactly what they are doing. They explained everything so I didn't have any questions" Another patient said, "They have never pretended they can do things they can't do."

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 patients received. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients using the service and others.

Reasons for our judgement

The manager told us all the equipment used at the clinic, including the lasers had maintenance contracts in place. The nurse practitioner told us they also had access to a laser protection advisor whose role is to ensure that high safety standards are maintained for the protection of patients as well as staff.

The nurse practitioner told us they had a book to record any adverse incident in and they could identify and lessons to be learnt to improve the service. The nurse practitioner said although they had not had any adverse incidents there had been one occasion where an event that happened outside of the clinic which they had not been informed of had led them to ask some additional questions. This was to ensure all relevant information about patients was available to the practitioners planning their treatment.

Patients were asked for their views about their care and treatment and they were acted on. The manager told us they tried to get as much feedback from patients as they could so they knew how their services had been received. .

The manager showed us results from two surveys they had sent out and these contained positive comments. One patient had commented they would like a water dispenser in the waiting room and one was now provided.

There was a suggestion box in the waiting room and the manger said only one comment had been received which was a compliment about the service. The manager told us the clinic is connected to a social media site and anyone can view this and leave messages and comments there. A patient told us, "I always give feedback and it is good feedback. I have even left a comment recommending them on their facebook page."

The nurse practitioner said they always asked patients when they returned for further treatment if they had been happy with their last treatment and if they had any questions. They also said patients were told if they had any concerns or worries when the clinic was closed they could send an email the clinic email address and a call would be returned to them. A patient told us, "I was given some paperwork telling me what to expect. I was

asked if I had any questions, I didn't as I felt everything had been explained. I was told I could contact later if there was anything I wanted to ask. They always say I can email them anytime or leave a phone message."

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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