

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

Laserase Newcastle Limited

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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
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Laserase Newcastle Limited
Registered Manager	Sister Joanne Hanson
Overview of the service	Laserase Newcastle Limited is a private health clinic that provides therapeutic use of laser treatment that is carried out by qualified health care professionals.
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 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 10 October 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

We found there were robust arrangements that enabled people who used the service to give informed consent to their treatment.

People were provided with consistent support and treatment from appropriately skilled staff. All treatment was given safely in a clean and hygienic environment.

Systems were in place to keep check on the quality of the service that people received. The people we talked with told us they were satisfied with how they were treated. Their comments included, "The nurse went through everything step by step at each session"; "We were given good information and advice. The decision (to have treatment) was left entirely up to us"; and, "I'm 100% happy with it".

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 people 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 reviewed how people who used the service consented to their care and treatment. We discussed arrangements with the manager who told us treatment was only provided after valid consent had been obtained. She showed us staff followed clear policy guidance to make sure people were fully consulted about, and understood the implications of, their treatment. We saw people received written information about what they could expect from using the service and fact sheets on their proposed treatment. They were given further advice and explanation, and were able to ask questions about their treatment during 'no obligation' consultations. This meant that people were supported to make informed decisions before giving their consent to treatment.

The manager told us the service aimed to deliver treatment tailored to people's preferences. For instance, they could have an initial 'patch test' carried out, be chaperoned during treatment, and have phased or longer treatment sessions, if they wished. There were also clear protocols for treating people under the age of 18, which included referral from their GP or consultant, and, where necessary, obtaining consent from the person with parental responsibility. We were also told that, on occasions, the service would not accept people for treatment. For example, the manager said where there had been doubts around a person's understanding and capacity to give consent, treatment had been declined.

We saw evidence in patient records of detailed agreement documents with signed consent to treatment. These confirmed people had been given information and the opportunity to discuss their treatment; understood what it would entail, including possible effects and results; and the costs per session of treatment.

We talked with two people, and the parent of a young person, who had received treatment at the clinic. They told us they had been given plenty of information and staff had thoroughly explained all aspects of their treatment. They said they had consented to their treatment and been given a copy of their agreement. Their comments included, "She went through it all with me and I took information away. I knew I could query anything", and, "It was very thorough, everything was made clear so we knew exactly what to expect. There

was no hard sell".

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. The patient records we examined showed that comprehensive assessments and consultations were carried out before treatment was started. These included taking a full medical history, with details of any health conditions, medications, allergies, and previous treatments. Photographs were also taken, and repeated at each treatment session.

We saw that treatment plans were developed and agreed with the person. These set out the course and frequency of treatment. Records were kept of each treatment session, including the laser treatment delivered, the extent of the area treated, and comments from both the clinician and the person on the progress and effects. People were also given verbal and written aftercare advice.

The people we spoke with told us they were pleased with their treatment. They said, "I'm very happy so far and am booking in for another session"; "The treatment was gentle and I felt very at ease"; "It (the laser treatment) did make a difference, there was definite improvement"; and, "It has really improved my skin condition".

There were arrangements in place to deal with foreseeable emergencies. These included nurses trained to deal with medical emergencies, first aid supplies, and equipment to treat allergic reactions.

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

People were cared for in a clean, hygienic environment. The clinic was sited within NHS hospital premises and adhered to the same standards of hygiene and infection control.

We observed all areas of the clinic were clean and well maintained. Surfaces and equipment which were in regular use were designed to be easily cleaned, or were disposable. The clinic was cleaned by hospital domestic staff who worked to cleaning schedules. The clinic nurses had received appropriate training in infection control and followed cleaning routines in the treatment areas. There were suitable hand washing facilities and we saw that staff used protective equipment such as disposable gloves and aprons. These measures helped protect staff and patients from the risk of infection.

The people we talked with told us the clinic was always clean and felt they were treated safely.

The manager showed us suitable policies and procedures on infection control were in place. Audits of infection control were undertaken regularly to check compliance and ensure sound hygiene practices were followed. Advice was also being taken from a specialist infection control nurse based in the hospital. This meant there were effective systems in place to reduce the risk and spread of infection.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The clinic had a small staff team, led by the registered manager, and two nurses who carried out the regulated activity of laser treatment. There were also administrative and reception staff. All nurses were qualified and experienced and were trained in the use of the specific laser treatment. The manager had completed advanced training which enabled her to assess the nurses' competency.

The manager told us that, wherever possible, people were treated by the same nurse. They were able to have treatment sessions at times convenient to them, including in the evenings and at weekends. The nurses who delivered the laser treatment worked on a rota basis and provided cover for one another during absence. This meant there were suitable staffing arrangements to meet people's needs and provide them with continuity of care.

The people we spoke with described staff as "fantastic" and "very reassuring". They said they received consistent support and spoke positively of the way they were treated by the staff. They also confirmed they were able to contact staff at the clinic if they needed any advice or support. Their comments included, "She (the manager) is very good at what she does. I feel very comfortable with her", and, "I couldn't fault them, they've all been excellent".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service were asked for their views about their care and treatment. We saw people were given surveys to complete on their satisfaction with the service. They were asked about how they felt they were treated by the reception and clinical staff, and their views on the environment and overall service provided. The latest survey results showed people had rated the service very highly and would recommend it to others. We also saw that people contributed their views about their individual treatment and these were recorded in their treatment session notes.

The people we talked with told us they felt they had received a good quality service. Their comments included, "I wanted somewhere that had a track record and have been very pleased. I was most impressed with the manager", and, "We were always asked for our comments, and had no complaints".

The quality of the service was also monitored through a range of audits. These included standards of records and areas of patient care such as side effects of treatment. We saw corrective action was taken where improvements were identified, and followed up by a further audit to review the outcomes.

The provider took account of complaints and comments to improve the service. The manager told us all patient feedback was shared with the team and said any negative comments were acted on to develop staff practice. She showed us that complaints and untoward incidents were thoroughly investigated, and, wherever possible, were resolved to people's satisfaction.

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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