

Inspection report 2005/2006

Cristianos Laser Clinic

London

Introduction

Independent healthcare providers in England must be registered with the Healthcare Commission. To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. The Healthcare Commission tests providers' compliance at least annually by assessing each registered establishment against a set of *National Minimum Standards*, which were published by the Government for that purpose and set out the expected standards for different types of independent health services.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance.

In addition to this report, the establishment has received fuller information about the basis for the inspection findings, which is available on request from the Healthcare Commission (Independent Healthcare), Finsbury Tower, 103-105 Bunhill Row, London EC1Y 8TG. The establishment's action plan, which sets out the steps it is taking in response to inspection findings, may be requested from Ms Sharon Fillingham, The Registered Manager, Flat C Langhan Mansions 10 Warwick Road London SW5 9UH.

Background and main findings

Background

Cristianos Laser Clinic is registered with the Healthcare Commission for; The removal of unwanted hair using a Class 4 Laser for person over the age of 18 years of age. The clinic operates 3 days a week.

The Clinic's laser room is located in a basement flat of a residential building nearby to Earls Court tube station and local transport. Street parking is in conjunction with the Local Authority regulations.

Access is via stairs leading to its basement door. There is a reception area and communal facilities are shared with other private consulting rooms within the building. Wheelchair access is available via the main entrance and lift if arranged with the clinic in advance.

The registered manager is Miss Sharon Fillingham, a Registered Nurse, who also works for an NHS trust as a senior registered nurse. There are a 3 other part time registered nurses all are trained laser operators

This inspection took place on 16 June 2005.

The Healthcare Commission carries out one third of its inspections in the independent sector without prior notice, and this inspection was announced.

Main findings

All requirements and recommendations made at the last inspection have been implemented. There was a high commitment demonstrated for patient safety and high standard of care. There was a strong desire to share best practice demonstrated by the staff present. The documented feedback from clients and an interview with one client undergoing treatment on the day of inspection demonstrated a high level of satisfaction from the clients. There were no requirements identified. Some development recommendations were made.

Achievements

There is a comprehensive training programme for staff that is accessible to external providers of laser services. The course content was seen. It is accredited at level 3 with the National Open College Network. It is evidenced based and covers 30 hours o CPD. The course is not only related to safe use of lasers but also covers basic life support and the relevance and understanding of the Care Standards Act 2000, regulation and the National Minimum Standards. This helps to ensure that staff are safe practitioners, understand their role in the maintenance of compliance to legislation, the continual improvements of standards and the promotion of best practice amongst registered providers of laser services.

The client treatment records have been developed to include performance indicators to improve monitoring of standards of care. There has been development of a GP feedback form and regular clinical governance meetings have been implemented as part of the Clinical Governance framework.

Assessments

The Healthcare Commission only makes assessments of standards where we do not have evidence that the establishment is likely to be achieving the required level of performance. Other standards are not assessed because we have been able to corroborate evidence from the establishment of satisfactory performance.

For each standard that we assess, we use a four point scale.

standard exceeded	Commendable: above the required levels of performance
standard met	No shortfalls: achieving the required levels of performance
standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity
standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance

The assessments are grouped under the following headings and each standard shows its reference number.

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?
- Service specific standards for the type of establishment inspected

Safety

Standard	Assessment
Children receiving treatment are protected effectively from abuse. (C13)	standard met
Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately. (C20)	standard met

Clinical and cost effectiveness

Standard	Assessment
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Governance

Standard	Assessment
Clients receive care from appropriately recruited, trained and qualified staff. (C9)	standard met

Patient focus

Standard	Assessment
Patients receive clear and accurate information about their treatment and its likely costs. (C1)	standard exceeded
The treatment and care provided are patient centred. (C2)	standard exceeded

Accessible and responsive care

Standard	Assessment
Patients' views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients. (C6)	standard met

Care environment and amenities

Standard	Assessment
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Service specific standards

Standard	Assessment
Patients receive treatment using lasers and intense pulsed lights from competent operators and in accordance with appropriate procedures. (P1)	standard met
Patients receive treatment from appropriately trained operators. (P2)	Standard exceeded
The environment in which lasers and intense pulsed lights are used is safe. (P3)	Standard exceeded

Conditions of registration

The establishment's registration is subject to the following conditions.

Condition of Registration:	Met/Not met:
PT(L) Class 3B/4 Lasers	Met

Requirements and recommendations

The requirements below address cases of non-compliance with the Private and Voluntary Healthcare Regulations 2001, that were found as a result of assessing the standards listed above. Requirements are the responsibility of the 'registered person' who, as set out in the legislation, may be either the registered manager of an establishment or, if day to day management is delegated from a head office, the designated responsible individual there. The Healthcare Commission will monitor action plans and, if necessary, take enforcement action to ensure compliance with the regulation shown. Recommendations relate to non-statutory aspects of government standards or national guidance, and are for establishments to consider.

Statutory requirements: areas of non-compliance identified in the inspection

No.	Regulation	Requirement	Time scale

Statutory requirements: areas of non-compliance outstanding from the last inspection

No.	Regulation	Requirement	Time scale

Recommendations

Standard	Recommendation
P3	It was noted that on service reports of the laser that the services engineer is currently ticking or striking through areas on the report to document satisfaction or indicating where checks not carried out. It is recommended that the engineers writes satisfactory or not checked for accuracy so that it is clear and to ensure a strike through is not misinterpreted as a satisfactory tick and it is clear evidence that element of the service has been carried out and found satisfactory.
P3	A Clinical Governance report is provided that summarises all the quality assurance and actions carried out in clinical care. Consideration should be given to enhance the report further to include all quality assurance currently carried out for all services associated with the establishment to develop a total Governance i.e. review of maintenance service level agreement, fire officer reports etc.

The action plan in response to these recommendations and requirements may be requested from the establishment at the address at the front of this report.

The Healthcare Commission exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

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