



# Independent Healthcare Inspection (Announced)

Wales Laser Clinic

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2017

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Wales Laser Clinic on the 18 December 2017.

Our team, for the inspection comprised of two HIW inspectors, one of whom led the inspection.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found the Wales Laser Clinic was committed to providing an effective service for their patients. Systems were in place to ensure that the laser and intense pulsed light<sup>1</sup> (IPL) machines were maintained in accordance with the manufacturer's guidelines and all operators were up to date with their training, to enable them to use the machines safely.

The environment was clean and well maintained and this was supported by the patient feedback HIW received from questionnaires.

Patient records were comprehensive and were kept safe and secure.

We have made a few recommendations that we have asked the setting to consider and/or implement to be fully compliant with all standards and regulations.

This is what we found the service did well:

- Patients were provided with detailed information prior to treatment and post treatment advice
- The service is committed to providing a positive experience for patients, seeking feedback to improve services where applicable

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<sup>1</sup> Intense pulsed light (IPL) is a technology used by cosmetic and medical practitioners to perform various skin treatments for aesthetic and therapeutic purposes, including hair removal, photorejuvenation (e.g. the treatment of skin pigmentation, sun damage, and thread veins) as well as to alleviate dermatologic diseases such as acne.

- The service was clean, tidy and well maintained
- There were contracts in place to ensure the laser and IPL machines are serviced in line with manufacturer's guidelines

This is what we recommend the service could improve:

- Update all documents with HIW's new email address
- Consider implementing an appraisal system specific for staff at Wales Laser Clinic

There were no areas of non compliance identified at this inspection.

### 3. What we found

#### **Background of the service**

Wales Laser Clinic is registered as an independent hospital at 23 Charles Street, Newport, NP20 1JT.

The service was first registered on 13 January 2016.

The service employs a staff team which includes the registered manager and laser operator, plus two additional laser operators.

The service is registered to provide treatments to patients over the age of 18 years using the following:

Q Plus C ND: YAG and Ruby Laser Systems for the following treatment:

- Tattoo removal

Excelight IPL for the following treatments:

- Hair reduction
- Skin rejuvenation
- Vascular lesions
- Pigmented lesions
- Rosacea and acne

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

We found that patients were very happy with the service provided, and the team were committed to providing a positive experience for patients.

The service ensures that patients are provided with detailed information pre and post treatment to help them make an informed decision about their treatment.

The service had appropriate processes in place to ensure that consultations with patients were held in a dignified and private manner.

We have recommended that HIW's email address is updated in all documents so patients have the correct details if required. In addition, we have asked the registered manager to consider having copies of the patient guide and statement of purpose at the setting for anyone who may not be able to access these via the website.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain their views on the services provided. A total of four questionnaires were completed. Patient comments included the following:

*"Polite staff and clean clinic"*

### Health promotion, protection and improvement

We saw that patients were asked to complete a medical history form prior to initial treatment, which was signed by the patient and operator. This is checked at subsequent appointments and recorded electronically on the patient record. This ensures that treatment is provided in a safe way.

## **Dignity and respect**

Prior to any treatment, discussions with patients take place to ensure they understand how the treatment will be performed. This includes information about the type of clothing a patient might consider wearing and/or if clothing will need to be removed. Where applicable, dignity towels are provided to respect and protect patients' privacy and dignity.

Discussions prior to treatment ensure that an appropriate member of staff is assigned to undertake the procedure. Where applicable, the service uses chaperones for some treatments.

The door to the treatment room is locked internally and this ensures that no-one can access the room when treatments are being carried out. Patients are left alone to undress if necessary.

The treatment room, we were told, was soundproofed. This ensures that conversations are private and personal information can be discussed without being overheard.

## **Patient information and consent**

All patients receive a consultation before starting any treatment so the process and outcome/s can be fully explained. In addition, risks and aftercare advice is also discussed before a patient is asked to sign the consent form confirming their understanding and agreement to treatment. We saw evidence of completed consent forms which evidenced ticked sections, ensuring all areas were covered and signatures of patients and staff were present.

We saw that consent to treatment was recorded electronically on the patient record at every treatment.

## **Communicating effectively**

The patient's guide is published on the clinic's website, which provides information about the service. The information contained in the patient's guide is compliant with the regulations; however, the document needs to be updated to include HIW's correct email address.

A statement of purpose was provided and contained the information required; however the document needs to be updated to reflect the correct email address for HIW.

The website instructs patients to email the clinic for a full copy of the patient guide, but it is recommended having hard copies at the clinic to ensure any

patient without access to a computer, receives full information about the service.

#### Improvement needed

The patient guide and statement of purpose need to be updated to reflect the correct email address of HIW in accordance with the regulations and copies provided to HIW.

#### Care planning and provision

Consultations were provided for all patients prior to receiving any treatment. These were documented on paper forms which were signed and dated. All subsequent checks completed by staff, were recorded electronically.

All patient records were electronic and we noted the detailed entries made, which included the area treated, progress photographs and the number of shots.

#### Equality, diversity and human rights

The clinic was accessed by one step and all patient areas were located on one floor, providing easy access to anyone with a mobility issue.

#### Citizen engagement and feedback

The clinic has a facility on their website for patients to submit feedback as well as providing paper questionnaires at the clinic. We were told that very little feedback is submitted, but what was collected six months ago has been analysed and published on the website.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

There were systems in place which ensured that patients were being treated as safely as possible. We found the laser and IPL machine were maintained in accordance with the manufacturers' guidelines and staff had up to date training on the use of the machines.

The treatment room was visibly clean and tidy and there were cleaning schedules in place to ensure that daily and weekly tasks were completed.

We found the service had taken steps to protect the health, safety and welfare of staff and patients.

## Managing risk and health and safety

We found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

We looked at a selection of maintenance arrangements for the premises. We saw evidence that Portable Appliance Testing (PAT) was up to date, to help ensure that small electrical appliances were fit for purpose and safe to use.

Certification was provided to show that the five yearly electrical wiring checks for the building were up to date.

We looked at some of the arrangements in place with regard to fire safety. Fire risk assessments were in place and we saw evidence that these had been reviewed. The registered manager confirmed they had conducted fire safety training. Servicing labels on the fire extinguishers showed they were serviced annually and fire exits were signposted. We were told that no fire drills are carried out, but staff are aware of what to do in an emergency situation.

All staff were trained in immediate life support and a first aid kit was available. Materials within the first aid kit are checked to ensure they are within their expiry date and therefore safe to use.

### **Infection prevention and control (IPC) and decontamination**

We found the premises to be visibly clean and tidy. There were no concerns raised by patients over the cleanliness of the setting. In addition, all of the patients who completed a questionnaire strongly agreed or agreed that the environment was clean and tidy.

Staff described in detail the infection control arrangements at the service. We also saw that a cleaning schedule was maintained regarding daily and weekly cleaning tasks.

We found that suitable arrangements were in place for the collection of clinical waste.

### **Safeguarding children and safeguarding vulnerable adults**

The service is registered to treat patients over the age of 18 years only. The registered manager confirmed that this was complied with.

The registered manager described how they would deal with any adult safeguarding issues. A safeguarding policy was in place which contained clear written procedures for staff to follow in the event of any safeguarding concerns. The registered manager had been trained in the protection of vulnerable adults and any issues or concerns other staff may have, are reported to the manager to deal with.

### **Medical devices, equipment and diagnostic systems**

We saw evidence that the laser and IPL machines had been regularly calibrated<sup>2</sup> and serviced in line with the manufacturers' guidelines.

We saw that there were treatment protocols in place for the laser and IPL machines and these had been overseen by an expert medical practitioner.

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<sup>2</sup> Regular calibration can help insure the laser machine's performance stays consistent over time, ensuring top performance and output quality.

We saw that there was a contract in place with a Laser Protection Adviser<sup>3</sup> (LPA) and there were local rules<sup>4</sup> detailing the safe operation of the machines. These rules had been recently reviewed by the LPA and we saw that they had been signed by staff that operates the laser/IPL machines which indicated their awareness and agreement to follow these rules.

### Safe and clinically effective care

We saw certificates showing that all operators of the laser and IPL machines had completed Core of Knowledge<sup>5</sup> training and training in the use of the IPL machine.

We saw that eye protection was available for patients and the operators of the laser and IPL machines. The eye protection appeared in visibly good condition and the registered manager confirmed that glasses were checked regularly for any damage.

There was a sign on the outside of the treatment room which indicated when the laser/IPL machine was in use. We were told that the machines are kept secure at all times. The activation keys for both machines are stored securely when not in use, preventing unauthorised access.

We reviewed the documentation relating to the environmental risk assessment. We saw that the LPA had recently visited the premises and had completed an updated risk assessment. No issues for improvement were identified.

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<sup>3</sup> The Laser Protection Adviser is someone having sufficient skill in, and knowledge and experience of, relevant matters of laser safety, and able to provide appropriate professional assistance in determining hazards, in assessing risks, and in proposing any necessary protective controls and procedures. Many Laser Protection Advisers also provide training in laser safety.

<sup>4</sup> Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/474136/Laser\\_guidance\\_Oct\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf)

<sup>5</sup> Core of Knowledge training is intended for operators using lasers and IPL systems for various skin treatments. The training includes information and guidance on the safe use of lasers and IPL systems.

### **Participating in quality improvement activities**

We found evidence that the clinic had suitable systems in place to regularly assess and monitor the quality of service provided. For example, the clinic regularly sought the view of patients as a way of informing care, conducted audits of records to ensure consistency of information and assessed risks in relation to health and safety matters.

### **Records management**

We found that patient information was kept securely, both paper and electronic notes. We examined a sample of patient records and found evidence that patient notes were maintained to a high standard.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.*

We found Wales Laser Clinic to be a small, effective team with an effective management structure in place. Staff clearly understood their roles and responsibilities.

Systems were in place to ensure any formal or informal comments or complaints were logged and responded to in a timely way.

Staff were up to date in their training on how to use the laser and IPL machine competently.

We have recommended that the registered manager consider implementing an appraisal system specific for staff at the Wales Laser Clinic.

### Governance and accountability framework

Wales Laser Clinic is owned and managed by the registered manager. The registered manager is supported by two laser/IPL operators.

We saw the service had a number of policies in place which we were told were updated annually. However, there were no review or version dates to evidence this, so we recommended these details are recorded to evidence that the policies and procedures are updated regularly.

We were told that staff would be verbally informed of any changes to policies or procedures to ensure they are kept informed about the most up to date working practices.

We were told that team meetings were held regularly, but on an informal basis. We recommended that the registered manager may wish to formally document the minutes for those who may not be present, and/or for future reference.

We saw that the service had an up to date liability insurance certificate in place.

### **Dealing with concerns and managing incidents**

We saw that the service had a complaints policy in place and it provided the correct contact details of HIW in line with the regulatory requirements. Details of the complaints procedure had also been included within the statement of purpose.

We saw evidence that the practice had a system in place to log formal and informal complaints and concerns. At the point of inspection, only one complaint had been received at the service, which had been dealt with appropriately.

All patients who completed a HIW questionnaire told us that they knew how to make a complaint if they needed to do so.

### **Workforce planning, training and organisational development**

As mentioned earlier within the report, we saw certificates showing that all authorised users who operated the laser and IPL machines had completed the Core of Knowledge training and had also completed training on how to use the lasers via the manufacturers guidelines.

### **Workforce recruitment and employment practices**

The registered manager informed us that the current staff team is well established. Authorised users would not use the laser and IPL machines prior to appropriate supervised training being undertaken. All staff had a disclosure barring service (DBS) certificate in place.

Staff appraisals are not conducted by the registered manager; instead they submit their current appraisals conducted by their NHS healthcare employers. We therefore recommended that a formal appraisal process is established for all staff at the Wales Laser Clinic.

#### **Improvement needed**

The registered manager should introduce an appraisal process for staff.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

## Appendix B – Improvement plan

**Service:** Wales Laser Clinic

**Date of inspection:** 18 December 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The patient guide and statement of purpose need to be updated to reflect the correct email address for HIW, in accordance with the regulations and copies provided to HIW.	Regulation 6 (1) & 7(1) (f)	Completed 11th January 2018	Dr Alun Davies	Completed 11/01/2018
<b>Delivery of safe and effective care</b>				
No recommendations identified				
<b>Quality of management and leadership</b>				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered manager should introduce an appraisal process for staff.	Regulation 20 (2) (a)	Continuing professional development to enable staff to keep up to date and undergo formal appraisal in line with NMC guidelines.	Dr Alun Davies	On-going: as per NMC guidelines Review planned 11th December 2018

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

### Service representative

**Name (print): Dr Alun Davies**

**Job role: Registered manager/Owner/clinical director**

**Date: 11th January 2018**