



## **Independent Healthcare Inspection (Announced)**

Blackwood and Caerphilly Laser  
Clinic at Studio 28

Inspection date: 17 January 2018

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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 Blackwood and Caerphilly Laser Clinic at Studio 28 on 17 January 2018.

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

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

We found that whilst the service strived to provide treatment in a safe and effective way, we found evidence that the service was not fully compliant with all regulations and the National Minimum Standards for Independent Health Care Services in Wales.

This is what we found the service did well:

- Patients were provided with detailed information 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
- The treatment room was clean and tidy
- The service is committed to providing a positive experience for patients.

This is what we recommend the service could improve:

- Updates to the patient guide, and statement of purpose is required
- The creation of, and updates to some policies and procedures
- Clarification of the servicing requirements of the Intense Pulsed Light (IPL) and laser machines
- Medical protocols needed to be created and signed by a relevant medical professional
- A programme of quality improvement activity.

We identified a number of significant issues during this inspection where the service was not compliant with the regulations. These are serious matters and resulted in the issue of a non compliance notice to the service. The non compliance notice was in regard to the following:

- Arrangements for the maintenance of fire safety equipment, namely fire extinguishers

- Arrangements for the support of a Laser Protection Adviser (LPA) and review of the local rules and risk assessment.

At the time of publication of this report, HIW has received sufficient assurance of the actions taken to address the non compliance improvements needed.

### 3. What we found

#### Background of the service

Blackwood and Caerphilly Laser Clinic at Studio 28 is registered as an independent hospital because it provides Intense Pulsed Light (IPL) and Class 3B/4 treatments at 20 Maindee Road, Cwmfelinfach, Blackwood, NP11 7HQ.

The service was first registered on 3 August 2016.

The service employs a staff team which includes the registered manager and one other laser/IPL operator.

The service is registered to use a Ranger IPL to provide the following treatments to patients over the age of 16:

- Active acne treatment

and the following treatments to patients over the age of 18:

- Hair removal
- Skin rejuvenation
- Vascular treatment
- Rosacea removal
- Pigment removal.

The service is also registered to use a Titan 3 Q-Switched ND:YAG laser to provide the following treatments to patients over the age of 16:

- Tattoo removal
- Temporary make-up removal

and the following treatments to patients over the age of 18:

- Carbon facial treatment.

## 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 the service was committed to providing a positive experience to patients.

The service had appropriate processes in place to ensure that consultations and treatments provided to patients were conducted in a dignified and private manner.

We found that patients were provided with enough information to be able to make an informed decision about their treatments.

Updates were required to the patient guide and statement of purpose.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. Unfortunately the service was unable to provide any completed questionnaires to HIW for inclusion within the report.

### Health promotion, protection and improvement

We saw that patients were asked to complete a medical history form prior to initial treatment, and this was checked for changes at each subsequent appointment to help ensure treatment is provided in a safe way. In order to ensure that the information recorded is clearly understood we recommended that the registered manager update the form so that the information is documented in a more orderly way.

### Dignity and respect

We saw that the door to the treatment room was able to be locked from the inside, and staff confirmed they did this during treatment. Patients were also provided with towels to protect their dignity if required, and patients were left alone to undress if necessary. Patients would be informed during the consultation process to wear appropriate clothes for treatment, in order to help protect their dignity.

Consultations with patients were carried out in a private room, to ensure that confidential and personal information could be discussed without being overheard.

### **Patient information and consent**

We found that patients were provided with enough information to make an informed decision about their treatment. This is because patients were provided with a face to face consultation prior to treatment with the registered manager. We were told that this discussion included the risks, benefits and likely outcome of the treatment offered. Details of the risks and benefits of treatments were also included in the patient consent form, which they were required to sign at each treatment session. In order to ensure that the information recorded is clearly understood we recommended that the registered manager update the form so that the information is documented in a more orderly way. The registered manager agreed to do this.

We were told that all patients were given a patch test prior to treatment starting to help determine their suitability for treatment, and the likelihood of any adverse reactions.

### **Communicating effectively**

A patient guide was available providing information about the service. We found that the patient guide was in need of updating to ensure compliance with the regulations. Updates were needed to include additional details regarding the service's complaints procedure, and the correct email address for HIW. In addition, reference within the patient guide to HIW authorising practitioners to provide treatment must be removed.

A statement of purpose was available, and we found this was also in need of updating to ensure compliance with the regulations. The registered manager must ensure that the additional laser/IPL operator details are provided, including their relevant qualifications and experience. The organisational structure must also be updated to include the additional laser/IPL operator. Additional details regarding the service's complaints procedure must also be included.

#### **Improvement needed**

The service must update the patient guide and statement of purpose in accordance with the regulations and copies provided to HIW.

## Care planning and provision

All patients received a consultation appointment prior to treatment being started, which included a skin type assessment and patch test to help determine suitability for treatment. We considered a sample of patient records, and noted that the outcome of the patch test was inconsistently recorded. The registered manager must ensure that patient records are updated to record the outcome of any pre-treatment assessments.

### Improvement needed

The registered manager must ensure that patient records fully document the outcome of all tests and assessments prior to treatment.

## Equality, diversity and human rights

The clinic was accessed via a ramp to the front door with the patient treatment area located on one floor therefore providing access to anyone with a mobility issue.

## Citizen engagement and feedback

We were told that patients were able to provide feedback on the services provided via social media outlets, and through a patient questionnaire. We were told that very few questionnaires had been completed, and most feedback came from social media. We suggested that the registered manager may wish to make the questionnaires more readily accessible to patients, to allow them to provide feedback more easily. The registered manager agreed to do this.

## Delivery of safe and effective care

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

We found that some arrangements were in place to protect patients, staff and those visiting the premises.

We found that improvements were required to some policies and procedures.

Improvements were needed to some fire safety arrangements, specifically the maintenance of fire extinguishers.

Significant improvements were required to the arrangements for the support of an LPA, including review of the local rules and risk assessments. The requirements of servicing the IPL machine also needed to be confirmed by the registered manager.

Staff training in adult and child safeguarding was required.

A quality improvement programme needed to be implemented.

## Managing risk and health and safety

We found most 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 safe to use.

Certification was provided to show that the five yearly wiring check for the building was up to date, and an annual service of the gas boiler had been undertaken.

We looked at some of the arrangements for fire safety. We examined the fire extinguishers during the inspection, and were unable to find dates confirming when the equipment had been installed or serviced. We discussed this with the registered manager who confirmed that they were installed in July 2016, but had not been aware of the requirement to maintain them on an annual basis.

As a consequence, the registered manager was unable to confirm that the fire extinguishers were safe and suitable to be used in the case of need. This was dealt with via a non-compliance notice.

A fire risk assessment was in place, which had been reviewed within the last year. We were told that whilst no formal fire training has been conducted, the service's policy sets out what staff need to do in the event of a fire. We were told that one fire drill has been undertaken, but not recorded. The registered manager must ensure that appropriate fire training is carried out for all staff, and that fire drills are undertaken regularly and documented. We saw that fire exits were signposted.

We were unable to see that the service had a first aid kit, however we were told that staff had access to some bandages. We recommended that advice should be sought from the Health and Safety Executive<sup>1</sup> on the need for first aiders and the appropriate training required. The registered manager agreed to do this.

#### Improvement needed

The registered manager must ensure that fire training is carried out for all staff, and that fire drills are undertaken regularly.

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

We found the premises to be visibly clean and tidy.

The registered manager described in detail the infection control arrangements at the service, including daily and weekly tasks, and cleaning arrangements between patients. We were unable, however, to see that this was documented within an infection control policy, neither were cleaning schedules maintained by the service. The registered manager agreed to implement these.

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<sup>1</sup> <http://www.hse.gov.uk/firstaid/>

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

#### Improvement needed

The registered manager must ensure an infection control policy is put in place which details the infection control arrangements for the service and the need to maintain cleaning schedules.

### Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients (for some treatments) from the age of 16 years.

We saw that the service had a child and adult safeguarding policy in place. The policy was required to be updated to include the contact details for the relevant safeguarding teams at the local council and also to include more detail about the service's own safeguarding process. The registered manager agreed to do this.

We were unable to see certificates to show that the registered manager and additional IPL/laser operator had completed training in safeguarding. The registered manager was reminded that training in both child and adult safeguarding should be undertaken. The registered manager agreed to do this.

#### Improvement needed

The registered manager must ensure that training in child and adult safeguarding is carried out and the safeguarding policies are updated.

### Medical devices, equipment and diagnostic systems

We found that the service's contract with a Laser Protection Adviser (LPA) expired in July 2017. We also found that the service's local rules, detailing the safe operation of the machines, had not been reviewed since their creation in July 2016, neither had a review of the risk assessment of hazards been carried out. This was discussed with the registered manager on the day of inspection, who told us they were unaware of the need to renew the contract with the LPA and have the local rules reviewed on an annual basis. This is a condition of registration with HIW, specifically listed within the certificated of registration. This was dealt with via a non-compliance notice.

We were unable to see certification to show that the laser or IPL machines had been serviced or calibrated since purchase. We discussed this with the registered manager who told us that the machines did not need to be serviced or calibrated until they reached a defined number of shots, which the registered manager told us they had not. The registered manager told us that he had been informed of this by the manufacturer. The registered manager must obtain and retain confirmation of the servicing and calibration requirements of both laser and IPL machines to ensure servicing and calibration is carried out appropriately.

We saw that there were treatment protocols in place for the laser and IPL machines, however they had not been signed by an appropriate medical professional. The registered manager must ensure that treatment protocols for the use of the laser and IPL machines have been produced and signed by an appropriate medical professional.

#### Improvement needed

The registered manager must obtain and retain confirmation of the servicing and calibration requirements of both the laser and IPL machines and take action where necessary.

The registered manager must ensure that treatment protocols for the laser and IPL machines are produced and signed by an appropriate medical professional.

#### Safe and clinically effective care

We were told that both laser/IPL operators had completed the Core of Knowledge training<sup>2</sup> and appropriate training on the use of the laser and IPL machines. We were however unable to see confirmation of this for one operator. The registered manager must send copies of missing certification to HIW, and was reminded to retain copies of certificates for all training completed.

We saw that eye protection was available for patients and the operators of the laser and IPL machines. We found that one pair of glasses had a small crack.

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<sup>2</sup> Training in the basics of the safe use of lasers and IPL systems

This was brought to the attention of the registered manager who immediately withdrew them from use. The remaining eye protection appeared in visibly good condition.

There was a sign and light 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. As mentioned earlier within the report, due to their being no contract in place with an LPA, the environmental risk assessment had not been reviewed since July 2016. This was dealt with via a non compliance notice.

#### Improvement needed

The registered manager must forward copies of relevant training certificates to HIW.

#### Participating in quality improvement activities

The service did not undertake any quality improvement activities to help identify areas for service improvement. The registered manager must introduce a programme of quality improvement activities, and to keep a record of these to demonstrate the work being undertaken.

#### Improvement needed

The registered manager must introduce a programme of quality improvement activities and develop action plans as a result of any improvements identified

#### Records management

We observed that there was good provision for safeguarding patient notes and data, which were being kept securely within a locked cabinet to prevent unauthorised access.

## 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 that improvements were required regarding the overall management of the service to ensure compliance with the regulations and standards was achieved.

The complaints process needed to be updated.

An appraisal process for staff needed to be implemented, and DBS checks for all staff needed to be obtained.

### Governance and accountability framework

Blackwood and Caerphilly Laser Clinic at Studio 28 is owned and managed by the registered manager. The registered manager is supported by an additional laser/ IPL operator on an infrequent basis.

The registered manager described that communication was frequent and informal with the laser/IPL operator. We saw that the service had a number of policies in place, some of which were in need of updating or creating as outlined earlier in the report.

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

Given the areas for improvement identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the service to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

### Dealing with concerns and managing incidents

We saw that the service had a complaints policy in place, which was in need of updating to include the correct email address for HIW. Whilst the service had

not received any complaints to date, an appropriate process was described for recording and managing any complaints received.

#### Improvement needed

The registered manager must update the complaints procedure.

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

Whilst the registered manager does not currently carry out appraisals, we were told that constant discussions are held between the registered manager and laser/IPL operator regarding personal development. The registered manager should formalise this process and introduce a system of formal appraisals.

#### Improvement needed

The registered manager must introduce an appraisal process for staff.

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

We were unable to see up to date Disclosure and Barring Service (DBS) checks for all users of the laser/IPL machines. The registered manager must ensure that DBS checks are in place for all laser/IPL operators.

#### Improvement needed

The manager must ensure that all laser and IPL operators have an appropriate DBS check in place.

## 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
On inspection, we found that one pair of protective glasses had a small crack.	Patients or laser/IPL operators may not be fully protected from the use of the laser/IPL machines.	This was brought to the attention of the registered manager immediately.	The registered manager immediately withdrew the protective glasses from use.

## Appendix B – Improvement plan

**Service:** Blackwood and Caerphilly Laser Clinic at Studio 28

**Date of inspection:** 17 January 2018

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 service must update the patient guide and statement of purpose in accordance with the regulations and copies provided to HIW.	18. Communicating effectively Regulation 7 (1) (d) (f) Regulation 6 (5) (6) (10)			
The registered manager must ensure that patient records fully document the outcome of all tests and assessments prior to treatment.	8. Care planning and provision Regulation 15 (1) (a) (b)			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
The registered manager must ensure that fire training is carried out for all staff, and that fire drills are undertaken regularly.	22. Managing risk and health and safety 12. Environment 4. Emergency Planning Arrangements Regulation 26 (4) (c) (d)			
The registered manager must ensure an infection control policy is put in place which details the infection control arrangements for the service and the need to maintain cleaning schedules.	13. Infection prevention and control (IPC) and decontamination Regulation 9 (1) (n)			
The registered manager must ensure that training in child and adult safeguarding is carried out and the safeguarding policies are updated.	Regulation 16 (1) (a) Regulation 20			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	(2) (a)  11. Safeguarding children and safeguarding vulnerable adults			
<p>The registered manager must obtain and retain confirmation of the servicing and calibration requirements of both the laser and IPL machines and take action where necessary.</p> <p>The registered manager must ensure that treatment protocols for the laser and IPL machines are produced and signed by an appropriate medical professional.</p>	<p>16. Medical devices, equipment and diagnostic systems</p> <p>Regulation 15 (2)</p> <p>Regulation 45 (1)</p>			
<p>The registered manager must forward copies of relevant training certificates to HIW.</p>	<p>7. Safe and clinically effective care</p> <p>Regulation 20 (1) (a) (2) (a)</p>			
<p>The registered manager must introduce a programme of quality improvement activities and</p>	<p>6. Participating in quality improvement</p>			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
develop action plans as a result of any improvements identified	activities 21. Research, Development and Innovation Regulation 19 (1) (a) (b)			
<b>Quality of management and leadership</b>				
The registered manager must update the complaints procedure.	23 Dealing with concerns and managing incidents			
The registered manager must introduce an appraisal process for staff.	25. Workforce planning, training and organisational development Regulation 20 (2) (a)			
The manager must ensure that all laser and IPL operators have an appropriate DBS check in place.	24. Workforce recruitment and employment			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	practices Regulation 21 (2) Schedule 2 (2) (b)			

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):**

**Job role:**

**Date:**