

Independent Healthcare Inspection (Announced)

Freyja Medical Clinic

Inspection date: 22 November
2018

Publication date: 25 February
2019

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	12
	Quality of management and leadership	16
4.	What next?	18
5.	How we inspect independent services	19
	Appendix A – Summary of concerns resolved during the inspection	20
	Appendix B – Improvement plan	21

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 Freyja Medical Clinic on the 22 November 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

Overall, we found evidence that Freyja Medical Clinic was providing safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

We found the clinic to be well run and meeting the relevant regulations to ensure the health, safety and welfare of staff and patients.

We saw evidence that various maintenance contracts were in place to ensure the environment and facilities were safe and well maintained.

We found the practice to have good leadership and clear lines of accountability.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Clinic facilities were well-equipped, visibly clean, tidy and well organised
- Appropriate arrangements were in place for infection prevention and control
- Excellent clinical records are being maintained.

There were no areas of non compliance or recommendations for improvement identified at this inspection.

3. What we found

Background of the service

Freyja Medical Clinic is registered as an independent hospital because it provides Intense Pulsed Light Technology (IPL)¹ treatments, dermatology, skin surgery and private general practice services, as well as minimally-invasive cosmetic treatments at 25 Chester Street, Wrexham, LL13 8BG. The clinic was first registered with HIW on 13 December 2017.

At the time of inspection, the staff team included three laser operators and a dedicated receptionist. The clinic is registered to provide the following treatments to patients over the age of 18 years old:

Lynton Excelight system for the following treatments:

- Hair removal
- Skin rejuvenation
- Pigmentation removal
- Vascular lesions
- Skin pigmentation
- Acne scarring

¹ IPL is a broad spectrum light source technology and is used by cosmetic and medical practitioners to perform various skin treatments for aesthetic and therapeutic uses

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.

Overall, we found evidence that Freyja Medical Clinic provides safe and effective care to their patients in a very pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the clinic to distribute HIW questionnaires to patients to obtain views on the services provided. A total of eight questionnaires were completed. The majority of completed questionnaires were from patients who had been attending the clinic for less than 12 months.

Overall, patient feedback was very positive, and all patients rated the care and treatment that they were provided with as excellent. Patient comments praising the service provided at the clinic included the following:

"All the staff I have come into contact with have given me the best services and support I have ever needed. I have been to a few different places for my Intense Pulsed Light (IPL) treatment and I've got to say that this place is definitely the best I've come to and will remain a patient here until my treatment is no longer needed. The prices of the treatments are extremely reasonable considering others I've been to. I would definitely recommend this place to others"

"The staff are always professional, competent in all aspects of treatment that I have received"

Patients were asked on the questionnaires how the clinic could improve the service it provides; comments provided by patients included:

"There is nothing at all I can recommend as I have always received excellent service"

"Just continue excellent service"

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.

Dignity and respect

We saw that the door to the treatment rooms was lockable and staff confirmed they did this during treatment. Patients were provided with towels to protect their dignity if required and patients were left alone to undress if necessary.

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

Each patient that completed a questionnaire strongly agreed that staff are always polite, kind and sensitive when carrying out care and treatment.

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 thorough face to face consultation prior to receiving any treatment. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered. We also saw examples of detailed patient information leaflets were available.

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. A treatment register was maintained and treatment information was also recorded within individual patient files.

All patients who completed a questionnaire told us that they had been given enough information about their treatment, including the risks, different treatment options, the costs and after care services. They also told us staff listened to them during their appointment and that they always sign a consent form prior to receiving any treatment.

Communicating effectively

A statement of purpose and a patient's guide was available for patients to take away. Both the statement of purpose and patient's guide included the relevant information about the services being offered.

All patients who completed a questionnaire told us that their preferred language was English and confirmed that they were always able to speak to staff in their preferred language.

All patients who completed a questionnaire also told us that staff listened to them during their appointment and felt that they had been involved (as much as they wanted to be) in decisions about their treatment.

The clinic has a website and its own information leaflets which provide information on available treatments and aftercare.

We looked at a sample of patients' records and found evidence that there was a clear and transparent approach to treatment planning and pricing.

Care planning and provision

All patients receive a consultation appointment prior to treatment being started, which includes a skin type assessment. We saw examples of good information and aftercare documents given to patients, which included detail of the risks and benefits.

There were detailed individual patient notes available, with evidence of excellent record keeping processes. There were good document formats in place covering skin type, consent to treatment and medical history.

All patients who completed questionnaire confirmed that they had been given a patch test before they received any treatment.

Equality, diversity and human rights

The service is located on the ground floor with disabled access into the waiting area, reception and one consultation room. Two further consultation rooms are accessible via steps leading off the waiting area.

Citizen engagement and feedback

We found that the clinic had a system in place for seeking patient feedback, as a way of monitoring the quality of service provided. We saw the latest survey results which were extremely positive and an analysis was clearly on display in

the waiting room and published on their website. Patients are also able to leave feedback anonymously via the practice 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.

We found the clinic to be well run and meeting the relevant regulations to ensure the health, safety and welfare of staff and patients.

We saw evidence that various maintenance contracts were in place to ensure the environment and facilities were safe and well maintained.

The treatment rooms were well equipped and visibly very clean and tidy.

Excellent record keeping.

Managing risk and health and safety

We saw evidence that Portable Appliance Testing (PAT) had been conducted, to help ensure that small electrical appliances were safe to use. We also saw evidence that there had been a building electrical wiring check within the last five years.

We looked at some of the arrangements for fire safety. The registered manager² confirmed they had conducted internal fire safety training. Servicing labels on the fire extinguishers showed they were serviced annually and fire exits were clearly signposted.

There was an emergency first aid kit available and three members of staff were trained in first-aid.

² "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

Infection prevention and control (IPC) and decontamination

We saw that the service was visibly very clean, tidy and well organised. We discussed the infection control arrangements in place with the registered manager and considered these to be appropriate to protect patients from cross infection.

There were no concerns expressed by patients over the cleanliness of the service; all of the patients who completed a questionnaire felt that, in their opinion, the environment was very clean and tidy.

Clinical waste was disposed of appropriately and we saw that the service had a contract in place with an approved waste carrier.

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 with clear procedures to follow in the event of an adult safeguarding concern and included the local safeguarding referral team contact details. We saw evidence that all clinical staff had received training in safeguarding.

Medical devices, equipment and diagnostic systems

We saw evidence that the IPL machine had an annual service and calibration certificate which was in date. We saw that there were treatment protocols in place for the IPL machine and these had been overseen by an expert medical practitioner.

We saw that there was a contract in place with a Laser Protection Adviser (LPA) and local rules³ detailing the safe operation of the machine. The local rules had been regularly reviewed by the LPA and signed by all operators.

³ 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

The clinic had a range of policies and procedures in place which included details on how the clinic would continue to offer services in case of equipment failure or other disaster.

Safe and clinically effective care

We saw certificates showing that all relevant staff had completed Core of Knowledge⁴ training and training in the use of the IPL machine.

We saw that eye protection was available for patients and the operators. The eye protection was visibly in 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 IPL machine is in use. The registered manager also confirmed that the treatment room door is locked when the machine is in use in order to prevent unauthorised access. We were told that the machine is kept secure at all times.

A risk management policy was available for us to view on the day of inspection.

The environmental risk assessments had recently been reviewed by the Laser Protection Adviser.

The clinic had a range of policies and procedures in place relating to all aspects of clinical care and safety.

Participating in quality improvement activities

We found evidence that the clinic had ample and suitable systems in place to regularly assess and monitor the quality of service provided. This is because, in accordance with the regulations, the clinic regularly sought the view of patients as a way of informing care, conducts regular audits of records to ensure consistency of information and assesses risks in relation to health and safety. We also saw evidence that the service holds regular quarterly clinical governance meetings with all staff.

⁴ 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.

Records management

We found that patient information was kept securely at the service.

We examined a sample of patient records and found evidence that patient notes were maintained to a high standard.

A sample of patient records was reviewed and there was evidence that the clinic is keeping excellent records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing.

In all cases, the records we reviewed were individualised for that patient and contained appropriate patient identifiers. The records were very clear, legible and of excellent quality.

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 the clinic to have good leadership and clear lines of accountability.

The staff team appeared very happy in their roles and were competent in carrying out their duties and responsibilities. Staff said they felt supported and worked well together.

We saw that staff had completed training in a number of areas which helped to ensure they had up-to-date skills and knowledge to assist them with their work.

We saw that the clinic had a range of policies and procedures in place.

Governance and accountability framework

We looked at a sample of policies and procedures the clinic had in place and saw that these had been reviewed regularly. The policies and procedures contained version and / or review dates. Any changes to policies or procedures are brought to the attention of staff.

We were informed by the registered manager that there were clear lines of accountability at the clinic, and staff were very clear of their roles and responsibilities.

Dealing with concerns and managing incidents

We saw that the clinic 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 has a system in place to log formal and informal complaints and concerns. At the point of inspection no complaints had been received at the clinic.

Workforce planning, training and organisational development

We saw certificates showing that all authorised users who operate the IPL machine had completed the Core of Knowledge training and had also completed training on how to use the IPL machine.

We also saw that staff had completed a variety of multiple in-house, external and online training modules and we saw evidence that all staff had received an appraisal, which included a professional development plan.

Workforce recruitment and employment practices

The registered manager stated that the current staff team is well established and described the recruitment processes. Authorised users would not use the IPL machine prior to appropriate training being undertaken and Disclosure and Barring Service (DBS) checks undertaken.

The clinic employs an external Human Resources (HR) company to deal with recruitment issues and there were detailed recruitment and induction policies and procedures 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, measurable, 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
There were no immediate concerns identified during this inspection.			

Appendix B – Improvement plan

Service: Freyja Medical Clinic

Date of inspection: 22 November 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
Quality of the patient experience				
There were no areas for improvement identified during this inspection.				
Delivery of safe and effective care				
N/A				
Quality of management and leadership				
N/A				

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: