



Independent Healthcare Inspection (Announced)

Cowell Street Skin Clinic

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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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

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 Cowell Street Skin Clinic on the 28 August 2019.

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

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 Cowell Street Skin Clinic was committed to providing an effective service to patients in an environment that was conducive to providing IPL/laser treatments.

Patient feedback we received was very positive with patients rating the care and treatment that they were provided with as excellent.

The registered manager had the appropriate skills and relevant knowledge to deliver safe treatment to patients.

However, there was no evidence available on the day of the inspection to confirm that the service had fully complied with its conditions of registration to review the local rules for the safe use of the IPL/laser machine at least annually.

This is what we found the service did well:

- Patients were able to make informed decisions about their treatment
- Patient notes and records were maintained to a high standard
- Good infection prevention and control arrangements were in place
- Documentation was available to show that the IPL/laser machine had been serviced and maintained
- The registered manager had up to date training on how to use the IPL/laser machine safely.

This is what we recommend the service could improve:

- Update its patients' guide with respect to how patients with mobility issues can access its facilities
- Increase the frequency of fire alarm testing and arrange for a full fire risk assessment of the building to be undertaken by a professional fire safety expert.

Whilst the regulatory breaches we identified during this inspection has not resulted in the issue of a non-compliance notice, the registered manager must ensure compliance at all times with the regulations and with the conditions of registration with HIW. The expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection. Further details can be found in Appendix A.

3. What we found

Background of the service

Cowell Street Skin Clinic is registered to provide an independent hospital at 10 Cowell Street, Llanelli, Carmarthenshire, SA15 1UU.

The service was first registered with HIW on 22 December 2017 and employs one IPL/laser operator who is also the registered manager.

A wide range of services are provided to patients using a Lynton Lumina IPL/Laser machine, which include:

- Acne
- Rosacea
- Hair reduction / removal
- Skin rejuvenation
- Pigmentation
- Vascular lesions
- Stretch marks
- Facial vessels
- Multi coloured tattoo removal.

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 by the clinic and the registered manager was committed to providing a positive experience for patients.

Suitable arrangements were in place to protect the privacy and dignity of patients during consultation and treatments.

Patients received detailed information pre and post treatment to help them make an informed decision about their treatment.

A minor update is needed to the patients' guide to inform people about potential accessibility issues since the clinic is located entirely on the first floor.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 19 questionnaires were completed.

Overall, patient feedback was very positive; all of patients who completed a HIW questionnaire rated the care and treatment that they were provided with as excellent. Patient comments included the following:

"Excellent service. Very professional and friendly"

"Always excellent service would recommend to family and friends"

"Always very informative, everything is explained clearly, including possible results and costings"

Health promotion, protection and improvement

We were told that patients must complete a medical history form at their initial consultation and sign a form at each subsequent treatment session confirming that there have or have not been any changes in their medical history. This

follows best practice guidance and helps to ensure treatment is safe and suitable for each patient.

We saw evidence of completed and signed medical history forms within patient records to confirm this approach. Each patient who completed a HIW questionnaire also confirmed that they completed a medical history form, or have their medical history checked, before undertaking any treatment.

Dignity and respect

Every patient who completed a HIW questionnaire agreed that they had been treated with dignity and respect at the clinic, and felt that they were always able to maintain their own privacy, dignity and modesty during their appointments.

The registered manager told us that patients are able to change in the lockable treatment room if necessary and confirmed that the door is locked during treatments in order to maintain the patient's dignity at all times. Consultations with patients take place in the treatment room to ensure that confidential and personal information can be disclosed without being overheard.

The registered manager confirmed that patients are entitled to have a family member, friend or a formal chaperone present for support during consultations and treatment sessions.

Patient information and consent

We were assured that patients were able to make an informed decision about their treatment. This is because patients are provided with a face-to-face consultation prior to receiving treatment and all patients that completed a HIW questionnaire agreed that they had been given enough information to help them understand the treatment options available to them and the risks and benefits associated with each treatment option. Patients also told us that the cost of any treatment was always made clear to them before they received the treatment.

Each patient who completed a HIW questionnaire confirmed that they were required to sign a consent form to evidence that they understood the associated benefits and risks before undertaking any treatment. We saw evidence of consent forms signed by the patient and countersigned by the IPL/laser operator within patient records to confirm this approach.

Communicating effectively

All of the patients who completed a HIW questionnaire said that they were always able to speak to staff in their preferred language. Patients also told us that they

felt listened to during their appointments and felt that they had been involved as much as they wanted to be in decisions about their treatment.

A patients' guide was available for patients and a statement of purpose¹ was provided to us by the registered manager. We found both documents contained the essential information required by the regulations.

Care planning and provision

We saw evidence that details of consultation appointments conducted with patients prior to treatment being started were documented on paper forms which had been signed and dated by the patient and countersigned by the IPL/laser operator.

The registered manager told us that patients are not allowed to receive treatment without first undergoing a patch test to determine a safe and effective setting of the IPL/laser for their skin and hair type. Patients that completed a HIW questionnaire confirmed that they had been given a patch test before they received treatment.

All of the patients that completed a HIW questionnaire told us that they had been given aftercare instructions about how to prevent infection and aid healing after their treatment.

We examined a sample of patient records and found evidence that patient notes were being maintained to a high standard meaning care was being planned and delivered with patients' safety and wellbeing in mind.

Equality, diversity and human rights

The waiting area, treatment room and patient toilets at Cowell Street Skin Clinic are all situated on the first floor and are therefore not easily accessible to patients with mobility issues. These accessibility issues are described in the statement of purpose however we recommend that these issues are also made clear to patients in the patients' guide.

¹ A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

Improvement needed

The service must update its patients' guide with respect to how patients with mobility issues can access its facilities, and provide a copy to HIW.

Citizen engagement and feedback

Patient satisfaction questionnaires were available in the waiting area for patients to provide feedback on their experience of care and treatment. The clinic has not yet received a significant amount of completed questionnaires to undertake meaningful analysis.

However, the registered manager explained that each patient is also verbally asked during each appointment for their suggestions on how the service could be improved and this feedback is predominantly used by the registered manager to monitor the quality of service provided.

All but one of the patients that completed a HIW questionnaire said that they were aware of being asked for their views about the service provided at the clinic, for example, through patient questionnaires.

Delivery of safe and effective care

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

Overall, we found evidence that patients received focussed individualised care documented in accurate and comprehensive patient records.

The treatment room was in excellent condition and the IPL/laser machine had been recently serviced to ensure it was safe to use.

An external fire safety risk assessment is required to provide assurance that the precautions against the risk of fire taken by the clinic are adequate.

Managing risk and health and safety

Overall, we found suitable maintenance arrangements were in place to protect the safety and well-being of the registered manager and people visiting the premises.

We saw certification that an electrical wiring and a gas safety check had recently been undertaken and Portable Appliance Testing (PAT) had been carried out the previous year to help ensure small electrical appliances were fit for purpose and safe to use.

The clinic had arrangements in place to protect the registered manager and people visiting the clinic in the event of a fire. Fire extinguishers were available that were in good condition as they had been newly purchased by the registered manager and fire exits were appropriately signposted. We saw evidence that fire alarms tests had been undertaken every three months and recorded in a logbook. However, we recommend that fire alarms are tested once a week as required by the 2005 Fire Order Safety Act.

The registered manager had undertaken their own risk assessment to identify potential fire hazards and sources of ignition. However, we recommend that an in depth fire safety risk assessment is undertaken by a professional fire safety expert to provide assurance that the precautions against the risk of fire taken by the clinic are adequate.

We saw that a first aid kit was available; all of its contents were within their expiry date and therefore fit for purpose. The registered manager described suitable procedures to follow in the event of an emergency such as patient collapse and told us that they were part way through achieving the Level 3 Award in First Aid at Work qualification².

Improvement needed

The service must ensure that any fire alarms are tested once a week to ensure the fire alarm system is operational.

The service must arrange for a full fire risk assessment of the building to be undertaken by a professional fire safety expert.

Infection prevention and control (IPC) and decontamination

We found the premises to be in excellent condition and the treatment rooms very clean and clutter free. There were no concerns given by patients over the cleanliness of the clinic; all of the patients that completed a HIW questionnaire felt that, in their opinion, the premises were very clean.

The registered manager described suitable infection control arrangements at the clinic which included maintaining good hand hygiene and thorough cleaning of the premises and IPL/laser equipment. We found these arrangements were consistent with those outlined in the clinic's infection control policy.

We saw evidence that a contract was in place for the safe transfer and disposal of hazardous (clinical) waste generated by the clinic.

Safeguarding children and safeguarding vulnerable adults

The registered manager confirmed that the service complies with their conditions of registration to only treat patients over the age of 18 years old. Any children

² The qualification ensures learners develop skills and knowledge needed to deal with a range of first aid situations, including: assessing an incident, managing an unresponsive casualty, CPR, heart attacks, choking, head and spinal injuries, fractures, anaphylaxis and more.

accompanying adults at appointments are not permitted into the treatment room when treatment is taking place.

A policy was in place that outlined how the capacity of patients to consent to treatment would be assessed by the registered manager during the initial consultation before providing any treatment.

We saw certification that the registered manager had recently undertaken level 3 safeguarding training to improve their knowledge and awareness relating to the protection of vulnerable adults who may be at risk.

The procedures to follow in the event of any safeguarding concerns the registered manager may have were detailed in a policy for the safeguarding of adults. However, we recommended to the registered manager that the policy should be updated to include the contact details of relevant local adult safeguarding agencies to ensure any concerns can be reported appropriately and in a timely manner. We received evidence immediately after the inspection that the policy had been updated accordingly.

Medical devices, equipment and diagnostic systems

During the inspection we looked at the arrangements that were in place at the clinic to protect the safety of patients when using the IPL/laser machine. We saw evidence that the IPL/laser machine had been serviced and calibrated within the last 12 months to help ensure it performs consistently and as expected. A current treatment protocol that set out the procedures to follow to ensure treatment is delivered safely to patients was also in place which had been overseen by an expert medical practitioner as required by the regulations.

The registered manager told us that he had an agreement in place with a Laser Protection Adviser (LPA) to provide the service with continuous and timely support on the safety of the IPL/laser machine and day to day operational use. However, on the day of the inspection the registered manager could not provide evidence that this agreement had been confirmed and documented in a written contract.

We also found during the inspection that the local rules³ in place at the service, which govern the safe use of the IPL/laser machine, had not been reviewed since originally being issued in 2017. This was a breach of the service's conditions of registration with HIW which require the local rules to be reviewed at least annually by a relevant expert in the field of laser or intense pulsed light (an LPA).

Our concerns over these issues were escalated during the inspection to the registered manager due to the potential impact on patient care and treatment. We received assurance during the evening of the inspection that the registered manager had subsequently taken sufficient actions to resolve these issues; further details can be found in Appendix A.

Safe and clinically effective care

We saw evidence that the registered manager met Medicines and Healthcare products Regulatory Agency (MHRA) requirements⁴ to be a competent user of the IPL/laser machine having completed both Core of Knowledge⁵ training and training by the IPL/laser machine manufacturer on how to operate it safely.

We saw that various eye protection glasses were available for patients and the IPL/laser operator to be used with the varying strengths of wavelengths provided by different attachments to the machine. The glasses were colour coded to help reduce the risk of incorrect glasses being used during treatments. We saw that the glasses were in a good condition and the registered manager confirmed that the glasses were checked regularly for any damage.

No patients received treatment on the day of the inspection, but the registered manager described the safety precautions taken when treatment is in progress; a warning sign on the outside of the treatment room door indicates that the IPL/laser machine is in use and the treatment room is locked to prevent any unauthorised persons from entering during treatments. We were told that the key

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.

⁴ [Lasers, intense light source systems and LEDs – guidance for safe use in medical, surgical, dental and aesthetic practices](#)

⁵ Training in the basics of the safe use of IPL/laser machines

to the IPL/laser machine is locked away after each appointment to ensure it is kept secure when not in use.

We saw evidence that the LPA had visited the clinic in November 2017 to complete an environmental risk assessment to identify and mitigate for any hazards associated with the use of the IPL/laser machine and the environment of the treatment room.

Participating in quality improvement activities

We found evidence that the service had suitable systems in place to regularly assess and monitor the quality of service provided. For example, we noted earlier in the report that the clinic provided the opportunity for patients to provide feedback verbally and through questionnaires. The registered manager also explained the importance of post treatment observations and discussions with patients to help provide improved individualised care throughout a course of treatment.

We saw examples of relevant training courses undertaken by the registered manager to develop their skills and knowledge, including a Level 4 certificate in laser and intense pulsed light treatments undertaken in April 2016. The registered manager is also a member of the British Medical Laser Association which provides opportunities to keep their knowledge up to date and help provide improved patient care.

Records management

We saw evidence that patient records were being maintained in line with best practice and professional guidelines and supported the service to deliver good quality patient care. Patient notes were detailed and of good quality and a comprehensive patient treatment register was being maintained.

We found that patient information was kept securely. Paper patient records were kept in a locked cabinet to prevent unauthorised access. The IPL/laser machine also kept its own electronic log of treatments administered to patients which would enable the clinic to quickly analyse patient records in the event of an incident.

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.

The registered manager had the appropriate skills and relevant knowledge to deliver safe and effective treatment to patients.

The service had a wide range of policies and procedures which were all updated on an annual basis.

We identified some improvements that needed to be made to the complaints policy to provide clarity to patients in the event of any complaints or concerns they may wish to raise with the clinic.

Governance and accountability framework

Cowell Street Skin Clinic is run by the registered manager who is responsible for the day to day management of the service and is the only IPL/laser operator.

We found that the service had a number of policies in place and saw evidence that they had been reviewed and updated annually.

We saw that the service had an up to date liability insurance certificate in place to protect against compensation claims and associated legal costs.

Dealing with concerns and managing incidents

The procedure for patients to raise a complaint or concern was outlined in a complaints policy and was summarised for patients within the statement of purpose and the patients' guide. We identified some improvements to be made to the complaints policy:

- The contact details for HIW need to be added to the policy in line with regulatory requirements and so that patients can contact HIW if they are not satisfied with how their complaint or concern was handled by the clinic

- The timescales for the clinic to respond to any complaints or concerns raised by patients need to be added to the policy for clarity.

We received evidence immediately after the inspection that these improvements had been made to the policy.

The registered manager confirmed that they had never received any complaints but we saw that suitable systems were in place to record and manage any formal or informal complaints and concerns should they be received by the clinic.

Workforce planning, training and organisational development

We were assured that the registered manager, as the only authorised operator of the IPL/laser machine, had the appropriate knowledge, skills and experience to provide safe and effective care to patients. As mentioned earlier within the report, the registered manager had completed the Core of Knowledge training and training on how to use the IPL/laser machine, and was committed to keeping their skills and knowledge up to date through continuing professional development⁶ (CPD).

Workforce recruitment and employment practices

A staff recruitment, induction and retention policy was in place that outlined the pre-employment checks that would be undertaken for any new members of staff before they joined the clinic. This includes obtaining references from previous employers and undertaking a Disclosure and Barring Service (DBS) check⁷ to ensure the person is fit to work in accordance with the regulations.

⁶ Continuing professional development (CPD) is the process of documenting skills, knowledge and experience gained formally and informally to help improve the safety and quality of care provided to patients.

⁷ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

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
<p>On the day of the inspection the registered manager could not provide evidence that a signed written contract was in place with a Laser Protection Adviser (LPA) to provide the service with continuous and timely support on the safety of the IPL/laser machine.</p> <p>The service was also in breach of their conditions of registration with HIW which require the local rules that govern the safe use of the IPL/laser machine to be reviewed at least annually by an LPA.</p>	<p>This meant we could not be assured on the day of inspection that treatments were being provided in accordance with professional guidelines to ensure the welfare and safety of patients.</p>	<p>We raised our concerns with the registered manager and explained that these issues needed to be addressed immediately due to the potential impact on patient care and treatment.</p>	<p>During the evening of the inspection we were provided with evidence of a signed written contract with a LPA and assurance that the existing local rules in place at the clinic had been reviewed and signed off by the LPA.</p>

Appendix B – Improvement plan

Service: Cowell Street Skin Clinic

Date of inspection: 28 August 2019

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				
The service must update its patients' guide with respect to how patients with mobility issues can access its facilities, and provide a copy to HIW.	Independent Health Care (Wales) Regulations 2011 Regulation 7	Updated patients' guide with respect to how patients with mobility issues can access the facilities on 28/08/19	Peter Hart	Completed
Delivery of safe and effective care				
The service must ensure that any fire alarms are tested once a week to ensure the fire alarm system is operational.	Independent Health Care (Wales)	Fire alarm tests to be carried out on a Weekly basis from 28/08/19	Peter Hart	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The service must arrange for a full fire risk assessment of the building to be undertaken by a professional fire safety expert.	Regulations 2011 Regulation 26(4a)	Arranged on 28/08/19 for full fire risk assessment of the property with relevant professional fire safety expert to be carried out on 19/09/19	Peter Hart	Completed
Quality of management and leadership				
No recommendations made.				

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): Peter Hart
Job role: Registered Manager
Date: 17 October 2019