

Independent Healthcare Inspection Report (Announced)

Wales Laser Clinic

Inspection date: 25 April 2022

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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
Website: www.hiw.org.uk

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Wales Laser Clinic on 25 April 2022.

Our team for the inspection comprised of one HIW Inspectors.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

The registered manager told us that they worked on their own at the clinic and that the main door was locked when the clinic was open to patients.

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.

Patients were provided with sufficient information, pre and post treatment, to help them make an informed decision about their treatment.

Suitable arrangements were in place to protect the privacy and dignity of patients during consultation and treatments. However, the clinic must implement policies for lone-working and equality and diversity.

This is what we recommend the service can improve

- Writing policies for lone-working and equality and diversity
- Providing patients with the results of all feedback requested.

This is what the service did well:

- All patient questionnaire responses, across all areas, indicated a positive patient experience at this clinic.

Safe and Effective Care

Overall summary:

We were assured that patients were receiving focussed individualised care that had been documented in accurate and comprehensive patient records.

We found the clinic to be well run and meeting the relevant regulations to ensure the health, safety and welfare of staff and patients. Systems were in place to ensure patients were being treated as safely as possible. The laser machines were maintained in accordance with the manufacturer's guidelines, and the registered manager had up to date training on the use of the machines.

The treatment room was well equipped and visibly very clean and tidy.

This is what we recommend the service can improve

- Ensuring that the relevant five yearly wiring checks are completed in a timely manner
- Re-writing the safeguarding policy to reflect local actions and requirements.

This is what the service did well:

- The patient records provided good information about the patient and their treatment.

Quality of Management and Leadership

Overall summary:

The registered manager had the appropriate training and relevant knowledge to deliver safe treatment to patients and demonstrated a commitment to providing a good service.

The complaints procedure in place at the clinic would enable patient complaints to be handled effectively and in a timely manner. The clinic had a range of policies and procedures some of which needed to be updated and include appropriate version control.

This is what we recommend the service can improve:

- Keeping all policies and procedures up to date.

This is what the service did well:

- The clinic is looking to employ an additional clinical nurse in the next year and also to employ one non-clinical staff member to help with marketing and project managing
- The clinic has acquired additional laser equipment to be able to provide additional treatments and are in the process of registering and training for these laser machines.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the clinic. In total, we received 22 completed questionnaires. All responses across all areas indicated a positive patient experience amongst those who completed questionnaires about this clinic.

Patients were asked in the questionnaire to rate their overall experience of the clinic. All 22 respondents to the questionnaire rated the clinic as 'very good'. Patients told us:

“Just amazing people and highly recommended.”

“Amazing service, friendly and made me feel comfortable.”

“Really happy with the brilliant service.”

“Excellent, setting always clean, extremely informative service, very helpful, nothing is too much trouble.”

Dignity and respect

The registered manager told us that patient consultations were always carried out in the treatment room and that all patients were seen on a strictly appointment only basis. The main door to the clinic was closed when patients were in the clinic. The registered manager told us that a patient could attend with a chaperone or relative for part or all of the treatment.

All patients who answered this question agreed that they had been treated with dignity and respect. They also agreed that measures were taken to protect their privacy and that procedures were explained throughout the treatment.

Communicating effectively

A copy of the patients' guide and statement of purpose was provided to us by the registered manager, which contained the information required by the regulations.

All patients that completed a questionnaire agreed that they felt listened to and their questions were answered.

Patient information and consent

We saw evidence that patients were provided with sufficient information to make an informed decision about their treatment. We saw evidence of consent to treatment forms that had been signed by the patient and countersigned by the intense pulse light (IPL) / laser operator. Patients also told us that the cost of any treatment was made clear to them before they received treatment.

The registered manager also confirmed to us that following treatment, all patients received verbal aftercare advice. All of the patients that completed a questionnaire told us that they had been given aftercare instructions.

Care planning and provision

We saw evidence to confirm that all patients received a face-to-face consultation prior to the start of any treatment. As part of this consultation, patient histories were collected. We reviewed a sample of patient notes and found evidence of good record keeping. Hard copies of the pre-treatment, consent and medical histories were kept. The records of patient treatment were kept online on a cloud based system. We were told that the system was a practice management software for clinics and allied health practitioners that met the requirements of general data protection regulations.

Equality, diversity and human rights

The registered manager stated that the clinic was open to everyone and patients were all treated equally. The clinic was located on the ground floor with a small step into the waiting area and treatment room. The registered manager advised us that the clinic ensured that patients were aware of this prior to them attending the premises. A ground floor toilet was available for patient use. However, there were not a policies in place for lone working nor for equality and diversity.

All respondents said they felt they could access the right healthcare at the right time. None of the patients who answered this question reported discrimination when accessing or using this clinic.

Citizen engagement and feedback

Patients could provide anonymous feedback about their treatment in the clinic. We were told that the feedback was used by the clinic to see how they were performing and how they could be improved. However, there were no general

feedback comments displayed in the clinic. We were also told that the registered manager would respond directly to any direct comments made by patients.

All patients, who answered this question, agreed they were given information on how the clinic would resolve any concerns or complaints post-treatment.

Delivery of Safe and Effective Care

Managing risk and health and safety

There was evidence of up-to-date portable appliance testing (PAT). There were risk assessments available that had been conducted by a Laser Protection Advisor (LPA), with evidence of an annual review. We saw evidence of several policies in place relating to health and safety. These included fire safety, hand hygiene and a machine safety policy. There were also health and safety executive risk assessments and COVID-19 risk assessments. In addition, there were arrangements in place for fire safety. However, the fire safety logbook needed to be updated for all fire safety checks that had taken place.

The building was visibly well maintained both internally and externally. All areas within the clinic appeared clean and free from trip hazards. The treatments rooms were modern in appearance and well equipped.

The registered manager described suitable procedures to follow in the event of an emergency, such as a patient collapse. The registered manager was also a practicing general practitioner and was up to date with basic life support training as part of this role. We saw that a first aid kit was available and that the items within the kit were in date.

The five yearly wiring check was overdue for completion and the registered manager told us that they were having difficulties in obtaining the services of a qualified person to complete the checks.

Infection prevention and control (IPC) and decontamination

The clinic had an infection prevention and control policy and a hand hygiene policy, which were both overdue for review. The registered manager stated that they cleaned the premises every day the practice was open. However, there was no evidence available to confirm that these cleaning checks had been undertaken. All 22 respondents rated the clinic as 'very clean' and agreed that COVID-19 infection control measures were being followed, where appropriate.

The specific changes that had been made due to COVID-19 were described by the registered manager. These included social distancing, cleaning, personal protective equipment (PPE) and pre-screening for COVID-19.

There were suitable arrangements in place for the storage and collection of waste.

Safeguarding children and safeguarding vulnerable adults

The clinic was registered to provide treatment to adults over the age of 18 only. The registered manager confirmed that this was complied with and that children were not allowed in the treatment room under any circumstances. There had been occasions where children of an appropriate age had been allowed to wait in the reception area.

We saw evidence that an appropriate level of safeguarding training had been completed by the registered manager. However, the safeguarding policy referred to the actions that would be taken by the Office of the Public Guardian as opposed to what to do in the clinic.

Medical devices, equipment and diagnostic systems

The IPL / laser machines had been regularly serviced and calibrated to help ensure they performed consistently and as expected. Medical treatment protocols were also in place.

A contract was in place with an LPA to provide expert safety advice on the day to day operational use of the IPL / laser machines. Local rules were also in place which had been reviewed by the LPA in keeping with the clinic's conditions of registration with HIW.

Safe and clinically effective care

We saw that eye protection was available for patients and the laser operator, this included eye block protection. The eye protection was in good condition and conformed to the local rules.

The treatment room was fitted with a lock and a 'do not enter' sign was on display to prevent unauthorised access whilst the machine was in use. We confirmed that keys for the laser machine were kept securely in a locked box when not in use.

Records management

We saw evidence that patients were asked to complete a signed medical history form prior to their initial treatment and that this was checked for changes at any subsequent appointment. All 22 respondents agreed that they completed a medical history form or had their medical history checked before undertaking any treatment.

There was a suitable system in place to ensure the security and confidentiality of patient records. We found that written patient information was kept securely in a locked cabinet. Cloud based patient records were kept on a data compliant system. Sufficient information was recorded to show the treatment received. Access to the records was limited to the registered manager

Quality of Management and Leadership

Governance and accountability framework

The clinic was run on a day-to-day basis by the registered manager who was the owner and solely authorised laser operator. We saw a current HIW certificate of registration on display and that the clinic had a current liability insurance certificate.

The clinic had a range of policies and procedures in place. However, some of these were not in-date and had not been reviewed on a regular basis. The appropriate version control and review dates were also not listed on all the procedures. From interviewing the registered manager it was clear they were committed to working with patients to achieve their desired outcomes and in managing expectations throughout the course of a patients' treatment.

Dealing with concerns and managing incidents

We saw that suitable systems were in place to record and manage any formal or informal complaints and concerns received by the clinic from patients. No concerns or complaints were noted in the various logbooks.

Workforce recruitment and employment practices

We saw evidence that the registered manager had an appropriate disclosure and barring service (DBS) check in place.

The registered manager described the induction process that would take place at the clinic when new members of staff would be recruited.

Workforce planning and training

We saw evidence that the registered manager had completed Core of Knowledge training and manufacturer training in the use of the laser machine.

We were also told that the registered manager in their role as a general practitioner had received mandatory training on basic life support, fire training, mental health and safeguarding. The registered manager also stated that they had been revalidated as a doctor in the last 12 months.

There was a recruitment and selection policy that the registered manager said was in place ready for the future recruitment plans. The clinic is considering employing

an additional clinical nurse in the next year and also one non-clinical staff member to help with marketing and project management.

Additional laser equipment had been recently purchased for use at the clinic. The clinic were in the process of registering this equipment with HIW and in ensuring the relevant training on the use of the equipment.

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

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 - Immediate improvement plan

Service: Wales Laser Clinic

Date of inspection: 25 April 2022

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurances identified during this inspection.				

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:

Appendix C - Improvement plan

Service: Wales Laser Clinic

Date of inspection: 25 April 2022

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	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager must ensure that policies are written for lone-working and equality and diversity.	Standard 8 Care Planning and Provision Standard 2 Equality, Diversity and Human Rights Independent Healthcare Regulations (IHR) 2011 Regulation (Reg) 9	Create the policies for lone-working and equality and diversity.	Dr S Gumery	31 August 2022
The registered manager must ensure that evidence of the actions taken following patient feedback are displayed at the clinic.	Standard 5 Citizen Engagement and Feedback	Actions taken after patient feedback displayed in the clinic.	Dr S Gumery	Completed
The registered manager must ensure that the five yearly	Standard 22 Managing Risk and Health	Five yearly wiring check completed and kept up to date.	Dr S Gumery	Completed

wiring checks are completed and kept up-to-date.	and Safety IHR Reg 26			
The registered manager must ensure that the fire safety log-book is updated and kept up-to-date for all fire safety checks.	Standard 22 Managing Risk and Health and Safety IHR Reg 26	Fire safety logbook and kept up to date for all safety checks.	Dr S Gumery	Completed
The registered manager must ensure that evidence of the cleaning carried out are recorded and kept on file.	Standard 13 Infection Prevention and Control (IPC) and Decontamination IHR Reg 15	Cleaning logbook in place to record cleaning schedule and this will be kept on file.	Dr S Gumery	Completed
The registered manager must ensure that the safeguarding policy is re-written to include the actions that need to be taken at the clinic and locally so it is clear what to do in the event of any safeguarding concern.	Standard 11 Safeguarding Children and Safeguarding Vulnerable Adults IHR Reg 16	Safeguarding Policy to be re-written to include actions that need to be taken in the clinic to reflect local needs in the event of any safeguarding issue.	Dr S Gumery	31 August 2022
The registered manager must ensure that all policies are in date, reviewed on a regular basis, with the appropriate	Standard 7 Safe and Clinically Effective Care IHR Reg 9	All policies are in date and reviewed on a regular basis with the appropriate version controls and review dates listed.	Dr S Gumery	Within 8 weeks

version control and review dates listed.				
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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 S Gumery
Job role: Registered Manager
Date: 4 July 2022

