



Independent Healthcare Inspection (Announced) Cosmeticlinic

5 August 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of patient experience
- Delivery of safe and effective care
- Quality of staffing, management and leadership.

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

2. Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patient's guide and website (where applicable)
- HIW patient questionnaires completed prior to inspection.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice². Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

² As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

3. Context

Cosmeticclinic is registered with HIW as an independent hospital to provide treatments using a Class 4 Laser at Bedwas Health Centre, East Avenue, Bedwas, Caerphilly. The service was registered in February 2012.

At the time of inspection, laser treatments were provided by the registered manager only. The clinic is located within a general practice (GP) health centre and aspects of the maintenance of the clinic are conducted through the health centre.

The clinic is registered to provide the following treatments using the Fotona QX Max to patients over the age of 18 years:

- Hair removal
- Skin rejuvenation
- Tattoo removal
- Vascular treatments.
- Skin pigmentation.

HIW completed an announced inspection to the service on 5 August 2015.

4. Summary

Responses to the HIW questionnaires indicated patients were satisfied with the service provided at the clinic. We saw evidence that sufficient treatment information was provided to patients, but we advised the clinic to provide further written information to patients. We found that the clinic had not regularly obtained the views and feedback of patients and we advised this was sought, in order to monitor the quality of the service provided.

Overall, we found evidence that laser treatments were provided safely to patients at the clinic. Staff had received appropriate training on use of the laser equipment. We also saw evidence that a contract with a Laser Protection Advisor was in place. However, records of the last visit were not available and we requested copies to be sent to HIW. We noticed that the date on the local rules indicated that it had not been reviewed in the last year and we advised the clinic to review this with the Laser Protection Advisor.

The clinic was visibly clean and tidy. We noticed that fire exits were not signposted from the clinic and we highlighted this to the registered manager on the day of inspection.

Cosmetic clinic is run by the registered manager and laser treatments are performed by the registered manager only, who is also a practising GP. The clinic had a range of policies and procedures in place, but we found they needed to be reviewed. We also found that while the registered manager had an understanding of the national minimum standards, the awareness of the Independent Health Care Regulations concerning the provision of the Class 3B/4 laser services needed to be improved.

The following areas for improvement were identified during this inspection – patient's guide, statement of purpose, fitness of premises and manager, policies and procedures, and monitoring the quality of service. Further details of required improvements are provided in Appendix A. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

5. Findings

Quality of patient experience

Responses to the HIW questionnaires indicated patients were satisfied with the service provided at the clinic. We saw evidence that sufficient treatment information was provided to patients, but we advised the clinic to provide further written information to patients. We found that the clinic had not regularly obtained the views and feedback of patients and we advised this was sought, in order to monitor the quality of the service provided.

Before the inspection, the clinic was asked to give out HIW questionnaires to obtain patient views of the services provided. Six patient questionnaires were completed prior to the date of inspection. Overall, patient feedback was very positive. All patients either indicated they agreed or strongly agreed with statements that the clinic was clean, tidy and that staff were polite, caring, listened to patients and provided enough information about their treatment. All patients indicated a high level of satisfaction with the service provided.

A copy of the patient's guide was available in the reception. The information provided in the guide was clear, but it did not include a summary of the views/feedback on the service from patients.

Improvement needed

The service must update the patient's guide to include a summary of the views/feedback on the service from patients.

We saw that appropriate patient and treatment information was recorded. We also saw a record which indicated that patients had completed initial medical history forms. We were told that any changes to medical histories were checked verbally at each treatment, but we advised the clinic to ask patients to sign to confirm this. Patients were also asked to sign a written consent to treatment. A treatment register was maintained for the laser machine and this included the relevant patient and treatment information.

The registered manager told us that all patients were provided with a consultation prior to treatment and we saw that information on the possible risk of treatment was provided on the written consent form. Treatment and aftercare advice was explained verbally to patients, but we advised the clinic to provide written information so that patients could review this information after their appointment.

We found that the clinic had not regularly obtained the views and feedback of patients, such as by conducting annual questionnaires as stated in the clinic's

statement of purpose. We advised the clinic to ensure that patient questionnaires were conducted regularly and analysed, in order to monitor the quality of the service provided in accordance with regulatory requirements.

Improvement needed

The clinic must regularly seek the views and feedback of patients as a way of monitoring the quality of the service provided.

The registered manager demonstrated they understood the need to respect and observe patient's privacy and dignity. There were arrangements for patients to change in private, doors were kept closed during treatment and patients were able to have a chaperone during treatment.

Delivery of safe and effective care

Overall, we found evidence that laser treatments were provided safely to patients at the clinic. Staff had received appropriate training on use of the laser equipment. We also saw evidence that a contract with a Laser Protection Advisor was in place. However, records of the last visit were not available and we requested copies to be sent to HIW. We noticed that the date on the local rules indicated that it had not been reviewed in the last year and we advised the clinic to review this with the Laser Protection Advisor.

The clinic was visibly clean and tidy. We noticed that fire exits were not signposted from the clinic and we highlighted this to the registered manager on the day of inspection.

We looked at the arrangements and documents relating to the laser machine. We saw evidence the registered manager had completed training on use of the laser machine. We also saw evidence that Core of Knowledge³ training had been completed and the registered manager had completed a detailed course on laser therapies in 2013.

We saw evidence to indicate a current contract with a Laser Protection Advisor, who provides expert guidance in relation to the laser equipment, was in place. We were told that the laser protection advisor was due to visit the premises again in September 2015. However, records of the last Laser Protection Advisor visit were not available on the day of inspection.

Improvement needed

Records of contact with the Laser Protection Advisor regarding assessment and inspection of the premises must be maintained.

A copy of the latest report from the Laser Protection Advisor must be sent to HIW.

We saw that there were local rules in place, which detail the safe operation of the equipment, which were signed by the registered manager and Laser Protection

³ 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.

Advisor. We saw the rules had a date of 2012 and we advised the clinic to review the rules with their Laser Protection Advisor, which should be done annually.

Improvement needed

The local rules must be updated annually.

We saw certificates to show that the laser machine had been last serviced in May 2014 to help ensure it was safe to use. This service should be conducted annually, and as the service was overdue, we advised the clinic to make arrangements for this as soon as possible. We were told that there been issues in arranging for the service engineer to return to the clinic.

Improvement needed

The laser machine must have an up-to-date calibration service.

We saw the treatment room had a combination lock to enter and was locked during treatment with a sign and light outside to indicate the laser machine is in use. We saw eye protection was available, including for any chaperones and we were told this was regularly checked for any damage. The registered manager confirmed that the designated activation key for the laser machine was removed when not in use and stored securely to prevent unauthorised use of the machine.

We looked at maintenance arrangements for the premises. We were told that a five yearly wiring check of the building was conducted through the health centre. We saw that Portable Appliance Testing (PAT) testing to check that small electrical appliances were fit for purpose and safe to use, had not been recently conducted. While PAT testing is not a legal requirement, The Electricity at Work Regulations 1989 requires that electrical equipment is maintained in a safe condition. The best way of meeting this requirement is to conduct PAT testing and a risk-based approach should be taken regarding the frequency, considering the type of equipment and what it is being used for.

Improvement needed

All electrical equipment must be maintained in a safe condition and to achieve this, PAT testing should be conducted. A risk-based approach should be taken regarding the frequency of PAT testing.

We saw evidence to show that fire extinguishers had been serviced. As the registered manager is the only person working at the clinic, regular fire drills were not completed. We saw that fire exits had not been signposted from the upstairs area. We highlighted this to the registered manager on the day of inspection, who agreed to address this. We also found that a fire risk assessment had not been completed.

Improvement needed

All appropriate measures and precautions must be in place to protect patients and staff from the risk of fire, specifically the following:

- ***Fire exits must be signposted***
- ***A fire risk assessment must be completed.***

We found the clinic was visibly clean and tidy. We were told that all waste was collected and disposed of through the health centre. There was an infection control policy in place, but cleaning schedules were not maintained.

Improvement needed

Cleaning schedules at the clinic should be maintained.

We discussed the emergency arrangements with the registered manager who confirmed they were aware of the procedure to follow in the event of a medical emergency. We also saw evidence the registered manager had completed recent training in cardiopulmonary resuscitation. We were told that emergency resuscitation equipment was available downstairs at the health centre.

Quality of management and leadership

Cosmeticclinic is run by the registered manager and laser treatments are performed by the registered manager only, who is also a practising GP. The clinic had a range of policies and procedures in place, but we found they needed to be reviewed. We also found that while the registered manager had an understanding of the national minimum standards, the awareness of the Independent Health Care Regulations concerning the provision of the Class 3B/4 laser services needed to be improved.

Cosmeticclinic is run by the registered manager and laser treatments are performed by the registered manager only, who is also a practising GP. It was evident from discussions that the clinic placed importance on providing high levels of care and compassion to patients.

There was a statement of purpose in place which provided clear information about the clinic and was compliant with the regulations. We noticed that the HIW address needed to be updated.

Improvement needed

The address of HIW should be updated on the clinic's statement of purpose.

We looked at the clinic's policies and procedures and found they had not been reviewed in the last three years in accordance with regulatory requirements. We advised the clinic to include a clearer audit record of when policies had been reviewed and updated. We also found that the clinic had an environmental risk assessment, but this also needed to be reviewed.

Improvement needed

Policies and procedures must be reviewed and updated as required. The review should take place at intervals of no more than three years.

The environmental risk assessment must be reviewed.

The registered manager confirmed they had attended recent training in the Protection of Vulnerable Adults (POVA) and the Protection of Vulnerable Children (POCA). We were told that children are not treated at the clinic.

We saw that patient records and information relating to laser treatments were kept confidential and secure in a locked filing cabinet, to ensure patient confidentiality.

At the time of our inspection, the registered manager did not have Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations. The registered manager agreed to address this.

Improvement needed

The registered manager must have a DBS certificate dated within the last three years.

The clinic had a complaints policy, but this needed to include the current address and contact details of HIW.

Improvement needed

The complaints policy must be updated to include the current contact details of HIW.

We were told that the clinic had not received a written or verbal complaint. We advised the clinic to ensure they record any verbal complaints that may be received so that any themes emerging could be identified.

We found that while the registered manager had an understanding of the national minimum standards, the awareness of the Independent Health Care Regulations concerning the provision of the Class 3B/4 laser services needed to be improved. We advised the clinic to familiarise themselves standards and regulations prior to reviewing the policies and procedures, so they could ensure these were fully compliant.

Improvement needed

Knowledge and awareness of the Independent Health Care Regulations must be improved.

The registered manager must ensure that there are systems and processes in place to assure, patients, service users, regulators and other stakeholders, that they are meeting the relevant national minimum standards and complying with regulations.

6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan in respect of improvements identified in this report. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at Cosmeticlinic will be addressed, including timescales.

The actions taken by Cosmeticlinic in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timely. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

Appendix A

Improvement Plan

Service: **Cosmeticclinic**

Date of Inspection: **5 August 2015**

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
6	The service must update the patient's guide to include a summary of the views/feedback on the service from patients.	Regulation 7	The patient's guide will be updated to include the summary.	Dr Kaushal	30/09/2015
7	The clinic must regularly seek the views and feedback of patients as a way of monitoring the quality of the service provided.	Regulation 19 (e)	An annual survey will be undertaken on a selection of patients. We will also provide a comments book in the waiting area so that patients can make comments or suggestions outside of the annual survey.	Dr Kaushal	30/09/2015
Delivery of Safe and Effective Care					
8	Records of contact with the Laser Protection Advisor regarding	Regulation 9 (1) (e)	The LPA audit has been scheduled and a copy of the report will be	Dr Kaushal	30/09/2015

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	<p>assessment and inspection of the premises must be maintained.</p> <p>A copy of the latest report from the Laser Protection Advisor must be sent to HIW.</p>		<p>forwarded on to the HIW as soon as it is received.</p> <p>We keep a log of when the Laser Risk Assessment is due for renewal and will keep a log of all contact made with the LPA during the course of the year. If no contact has been needed, we will make a note in the log accordingly.</p>		
9	The local rules must be updated annually.	Standard 16 NMS	We have a contract in place with Lasermet Ltd. Our Laser Protection Advisor will visit us annually to update the Local Rules. Our next annual review is due on the 02/10/2016.	Dr Kaushal	30/09/2015
9	The laser machine must have an up-to-date calibration service.	Regulation 45 (3)(d)	This was calibrated on the 29/09/2015	Dr Kaushal	30/09/2015
9	All electrical equipment must be maintained in a safe condition and to achieve this, PAT testing should be conducted. A risk-based approach should be taken regarding the frequency of PAT testing.	Regulation 26(2)(a)	<p>A request has been sent and we are waiting for an engineer to come out to the Clinic to PAT test.</p> <p>Advice will be sought by the engineer on their recommended frequency and the Clinic will review and implement a PAT test schedule</p>	Dr Kaushal	30/09/2015

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			accordingly.		
10	All appropriate measures and precautions must be in place to protect patients and staff from the risk of fire, specifically the following: Fire exits must be signposted A fire risk assessment must be completed.	Regulation 26(5)(b)	A Fire Assessment has been completed. We have ordered Fire Exit signs and are currently awaiting delivery.	Dr Kaushal	30/09/2015
10	Cleaning schedules at the clinic should be maintained.	Regulation 9 (n)	These have been introduced and will be reviewed on an on-going basis.	Dr Kaushal	30/09/2015
Quality of Staffing, Management and Leadership					
11	The address of HIW should be updated on the clinic's statement of purpose.	Regulation 8	This previously had an incorrect telephone number. This has been updated and now includes the correct contact details.	Dr Kaushal	16/09/2015
11	Policies and procedures must be reviewed and updated as required. The review should take place at intervals of no more than three years. The environmental risk assessment	Regulation 9 (6)	These have been reviewed and updated. A Policy and Procedure Review Sheet has been completed to show where changes have been made. We have set an annual date of review of Policies and Procedures	Dr Kaushal	16/09/2015

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	must be reviewed.		with our LPA. The Laser Controlled Area will be risk assessed during the site visit with our LPA.		
12	The registered manager must have a DBS certificate dated within the last three years.	Regulation 12(2) (c) and Schedule 2	It has been applied for and will be in place shortly.	Dr Kaushal	30/09/2015
12	The complaints policy must be updated to include the current contact details of HIW.	Regulation 24 (4)(a-b)	This previously had an incorrect telephone number. This has been updated and now includes the correct contact details.	Dr Kaushal	16/09/2015
12	Knowledge and awareness of the Independent Health Care Regulations must be improved. The registered manager must ensure that there are systems and processes in place to assure, patients, service users, regulators and other stakeholders, that they are meeting the relevant national minimum standards and complying with regulations.	Regulation 19 (1)(a)	We have set up a new folder in which to store all the evidence we have to illustrate how we comply with the National Minimum Standards. The folder outlines what each standard is and specifies what evidence and/or policy we have in place to support that standard. This folder will be used to assure our staff, patients and the HIW that we have effective and safe systems and	Dr Kaushal	16/09/2015

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			<p>processes in place.</p> <p>We have also arranged a meeting with our Laser Protection Advisor (to be held on the 02/10/2015 who will advise us on any additional measures that he thinks may be needed to improve our awareness of the Regulations.</p>		

Service Representative:

Name (print): **Dr Subhash Kaushal**

Title: **Registered Manager**

Date: **30/09/2015**