

# **Independent Healthcare Inspection (Announced)**

## **New Skin Tattoo Laser Removal**

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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 Wales<sup>1</sup>.

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 management and leadership.

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<sup>1</sup> 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 notice<sup>2</sup>. 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.

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<sup>2</sup> 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

New Skin Tattoo Laser Removal is registered as an independent hospital because it provides Class 4 laser treatments at 51a Chester Street, Wrexham, LL13 8BA. The service was first registered in 2014.

At the time of inspection, the staff team included the registered manager and two laser operators. The service is registered to provide the following treatments to patients over the age of 18:

Q-Switched Nd: YAG Class 4 laser for

- Tattoo removal
- Carbon laser peel treatment

## 4. Summary

What the service does well:

- Patients were provided with enough information to make an informed decision about their treatment
- The service is committed to providing a positive experience for patients
- The service had a system for seeking the views of patients.

What needs to be done to improve the service:

- Updates to the patients' guide
- Policies and procedures need to be reviewed, specifically to capture review and version dates as well as staff signatures to ensure understanding
- All staff operating the laser must complete Safeguarding Vulnerable Adults training to ensure risks of inappropriate or unsafe treatment are minimised

Further details of these improvements are provided in Appendix A.

Given the findings from this inspection, some improvements are needed in the quality assurance and governance arrangements of this service to ensure compliance with the relevant regulations and standards. This is important to ensure the safety and effectiveness of the service provided.

Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered manager takes meaningful action to address these matters, as a failure to do so could result in HIW taking action for non-compliance with the regulations.

## 5. Findings

### *Quality of patient experience*

#### **Patient information and consent (Standard 9)**

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment.

We were told that patients were provided with a verbal consultation prior to treatment, which included discussion of the risks and benefits. Patients were asked to provide written consent to each treatment and we saw examples of information and aftercare guidance given to patients.

We saw that patients were asked to complete medical history forms and any updates or changes were checked at each appointment and signed by the patients. We noted this as good practice.

A treatment register was also maintained and this included all relevant information.

#### **Communicating effectively (Standard 18)**

A patients' guide document was available and included the required information. However, it was noted that the following updates were needed in accordance with the regulations:

- Details of the price range of treatments to be included
- Under the complaints heading, the statement that complaints can be sent to HIW should be removed and updated.
- A summary of the latest patients' feedback.

#### ***Improvement needed***

***The patients guide must be updated in accordance with the regulations.***

***A copy of the patients guide must be sent to HIW.***

A statement of purpose was available and we identified that the following updates are required:

- The relevant qualifications for all staff at the service
- Organisational structure



- Complaints process
- Creation and review date

Since our visit we have been provided with an updated statement of purpose which now complies with the regulations.

### **Citizen engagement and feedback (Standard 5)**

Before the inspection, the clinic was asked to give out HIW questionnaires to obtain patient views of the services provided. Sixteen questionnaires were completed prior to the inspection. The questionnaires were unanimously positive and all patients strongly agreed with the statements that the clinic was clean, tidy and that staff were polite, caring, listened and provided enough information about their treatment. All patients stated that they knew how to make a complaint and all patients rated the treatment received at the service as excellent. Patients' comments included the following:

*“Really pleased with the results of my laser treatment. Very professional and friendly. Brilliant results and no problems what so ever”*

*“Excellent and professional people to deal with – would recommend to anyone”*

*“Fab service, very friendly and welcoming. Would definitely recommend – 5\*”*

*“I felt very comfortable and at ease with the care given by the staff at New skin”*

We found that the clinic had a system in place for seeking patient feedback, as a way of monitoring the quality of service provided. Patients could provide feedback via patients' questionnaire or on social media. Comments and feedback could also be made anonymously. The clinic told us that they annually analysed patients' feedback and used the information gathered to improve services.

## *Delivery of safe and effective care*

### **Safe and clinically effective care (Standard 7) and medical devices, equipment and diagnostic systems (Standard 16)**

We saw evidence that all authorised operators had completed up-to-date training on the use of the laser machine and Core of Knowledge<sup>3</sup> training.

We saw that there was a current contract in place with a Laser Protection Adviser (LPA) and there were local rules detailing the safe operation of the machine, which had been signed by all laser operators to indicate their awareness and agreement to follow these rules. However, the local rules had not been updated annually which is a condition of registration. We advised the manager that the local rules must be updated and that the LPA needed to undertake a site visit. We also noted that HIW's details were not included within the local rules for reporting adverse effects under Regulation 30/31.

#### ***Improvement needed***

***The local rules must be reviewed annually and a site visit undertaken by the Laser Protection Advisor***

***A copy of the updated local rules must be sent to HIW***

We saw that eye protection was available for patients and the laser operators. The eye protection appeared in visibly suitable condition.

We were told that the machine is maintained internally by staff and that it is calibrated on a monthly basis.

There was a sign on the outside of the treatment room to indicate when the laser machine is in use and the door is lockable, in order to prevent unauthorised access.

The key to operate the laser machine is locked securely in a key safe when not in use.

There were medical protocols in place which had been signed by an expert medical practitioner and were reviewed in January 2016.

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<sup>3</sup> 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.

### **Safeguarding children and vulnerable adults (Standard 11)**

The service is registered to treat patients over the age of 18 years only. During our visit we reiterated the importance of adhering to this legal obligation under the conditions of registration.

The manager described to us how they would deal with any safeguarding issues and these were in line with their adult safeguarding policy and procedures. However, the laser operators had not undertaken any formal safeguarding training and we informed the manager that all laser operators needed to undertake this training.

#### ***Improvement needed***

***All laser operators must attend safeguarding training.***

### **Infection prevention and control and decontamination (Standard 13)**

We saw that the service was visibly very clean and tidy. We discussed infection control arrangements with the Manager and considered these to be appropriate to protect patients from cross infection. An infection control procedure was in place and a cleaning schedule was clearly on display in the treatment room. However, no specific policy was in place and we require the service to implement a policy.

#### ***Improvement needed***

***An infection control policy must be put in place.***

### **Managing risk and health and safety (Standard 22)**

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

We looked at some of the arrangements for fire safety. Servicing labels on the fire extinguishers showed they were serviced annually, fire exits were signposted and fire risk assessments were in place.

There was an emergency first aid kit available and one member of staff trained in first-aid.

## *Quality of management and leadership*

### **Governance and accountability framework (Standard 1)**

We looked at a sample of policies and procedures the service had in place. The ones we reviewed did not have version dates or review dates. There was no record to evidence that staff had read the policies and procedures and we recommended that staff sign policies and procedures to ensure they understand them. We recommended to the manager that all policies and procedures are updated to include a version control/date and review date.

#### ***Improvement needed***

***All policies and procedures must be reviewed to ensure they include a version control/date, review date and staff signatures when they have been read and understood.***

### **Dealing with concerns and managing incidents (Standard 23)**

We saw that the service 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. On the day of our visit, we found that the service had not received any complaints regarding their service and/or treatments. Despite this achievement, we advised the manager to put a log in place to ensure that any future concerns are recorded.

### **Records management (Standard 20)**

We found that patient information was kept securely at all times at the service. This is because paper records were kept in a locked cupboard in the treatment room; which is also locked when not in use.

### **Workforce recruitment and employment practices (Standard 24)**

The registered manager and two of the laser operators had enhanced Disclosure Barring Service (DBS) checks in place. However, one laser operator's DBS was due to be renewed and this was in the process of being done.

The registered manager and laser operators had completed training in a number of areas to ensure they had up to date skills and knowledge.

Although the service has not taken on any new staff for performing laser treatment, we saw that the service had an induction training programme in place. We also saw that staff appraisals were undertaken every 3 months which is good practice. Team

meetings, we were told, take place on a monthly basis. However, the team meetings are not recorded and we advised the Manager to record these meetings.

Given the findings from this inspection, some improvements are needed in the quality assurance and governance arrangements of this service to ensure ongoing compliance with the relevant regulations and standards.

The operation of sound quality assurance and governance arrangements and a registered provider's timely response to remedy issues of concern are important indicators of a provider's ability to run their service with sufficient care, competence and skill. There is an expectation, therefore, that the registered manager take meaningful action to address these matters, as a failure to do so could result in HIW taking action for non-compliance 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 within 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 New Skin Tattoo Laser Removal will be addressed, including timescales.

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:** New Skin Tattoo Laser Removal

**Date of Inspection:** 29 September 2016

| Page Number                                  | Improvement Needed   | Regulation / Standard   | Service Action   | Responsible Officer | Timescale |
|--|--|---|--|---------------------|-----------|
| <b>Quality of Patient Experience</b>         |  |   |  |                     |           |
| 6  | The patients' guide must be updated in accordance with the regulations<br><br>A copy of the patients guide must be sent to HIW                                     | Regulation 7  | Patient Guide and Statement of Purpose both updated and sent to HIW. | S M Hewitt          | Done      |
| <b>Delivery of safe &amp; effective care</b> |  |   |  |                     |           |
| 8  | The local rules must be reviewed annually and a site visit undertaken by the Laser Protection Advisor<br><br>A copy of the updated local rules must be sent to HIW | HIW condition of registration<br><br>Regulation 15 (1) & (2)<br>Standard 16 | Simon Wharmby came 2nd November 2016. Copy of local rules sent.      | S M Hewitt          | Done      |

| Page Number   | Improvement Needed  | Regulation / Standard | Service Action   | Responsible Officer | Timescale |
|---|---|-----------------------|--|---------------------|-----------|
| 9   | An infection control policy must be put in place.   | Regulation 9 (n)      | Infection Control Policy written and sent to HIW   | S M Hewitt          | Done      |
| 9   | All laser operators must attend safeguarding training.  | Regulation 16         | All staff attending Safeguarding Course.   | S M Hewitt          | Done      |
| <b>Quality of staffing, management &amp; leadership</b> |   |                       |  |                     |           |
| 10  | All policies and procedures must be reviewed to ensure they include a version control/date, review date and staff signatures when they have been read and understood. | Regulation 9          | All policies have been reviewed, version, date, review date and staff signatures have all been done. | S M Hewitt          | Done      |

**Service Representative: New Skin**

**Name (print): Sharon Marie Hewitt**

**Title: Manager**

**Date: 30/10/2016**