

Independent Healthcare Inspection (Announced)

Facial and Cosmetic
Enhancement (FACE)
Clinic, Cardiff

24 January 2017

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced follow-up inspection at Facial and Cosmetic Enhancement (FACE) Clinic at 27 Castle Arcade, Cardiff on 24 January 2017.

The follow-up visit considered the progress made against the action plan following the previous visit in June 2015.

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 notice¹. Any such findings

¹ 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.

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.

3. Context

Facial and Cosmetic Enhancement (FACE) Clinic is registered with HIW as an independent hospital to provide treatments using Intense Pulsed Light Technology (IPL)² and a Class 4 laser at 27 Castle Arcade, Cardiff. The service was registered during February 2014.

In relation to the registered service, only one member of staff (the registered manager) provides IPL/laser treatments. The clinic is registered to provide the following treatments to patients over the age of 18 years:

- Hair removal
- Skin rejuvenation
- Vascular lesions
- Tattoo removal.

4. Summary

This report relates to a routine follow-up inspection completed by HIW on the 24 January 2017 at Facial and Cosmetic Enhancement (FACE) Clinic to check that areas for improvement highlighted at the previous HIW inspection (30 June 2015), had been completed. This was in accordance with the Independent Health Care (Wales) Regulations 2011.

This is what we found the service had completed:

- Views of patients were regularly being sought and future analysis of patient feedback will be undertaken and displayed at the clinic as well as on the website

² IPL is a broad spectrum light source technology and is used by cosmetic and medical practitioners to perform various skin treatments for aesthetic and therapeutic uses.

- The local rules were up to date and signed
- Fire exits were clear of obstruction and appropriately signposted
- A fire risk assessment had been carried out
- A work-place risk assessment had been completed, including how the risks could be reduced
- An infection control policy had been implemented
- A first aid kit was available and all contents were in date
- Protection of vulnerable adults (PoVA) training had been completed by the registered manager
- The complaints policy had been updated to include the HIW address and contact details

This is what we found the service needed to improve:

- Updates to the work-place risk assessment are required, specifically to include electrical and chemical/cleaning products
- The fire risk assessment report needs to be updated to reflect the completed actions, including the date and signature of when they were completed
- Updates to the statement of purpose and patient's guide are required and include HIW contact details and how patients can obtain a copy of the last inspection report.

Further details of these improvements are provided in Appendix A.

5. Findings

Quality of patient experience

HIW were provided with sufficient evidence that progress had been made in terms of obtaining regular patient views/feedback. Questionnaires are now provided to patients and future analysis of patient feedback will be displayed at the service premises and on their website.

Some improvements had been made to ensure that the patient's guide included all the information necessary (as set out within the regulations). However some further information was required, including contact details for HIW and how patients can access the most recent inspection report.

Following our inspection on the 30 June 2015, the registered manager was required to update the patients guide. During this visit, we noted that the document had been revised to state that the service had a complaints procedure and how patient views/feedback on the service would be obtained.

There were elements of the patients' guide however, that still needed to be updated and these included:

- Summary of the statement of purpose
- Address of HIW
- How patients could access the most recent HIW inspection report (e.g. a link to the HIW website)

Improvement needed

The patient's guide must be updated to include all the required information.

During the inspection in June 2015 we identified that views of patients were not being sought and the responses were not analysed. At the follow-up visit, we observed a file of completed customer questionnaires. The questionnaires were being handed out routinely to patients and their views were also being captured via the service's website.

At the time of our visit, no analysis of patients' views received, had been completed due to the small number of responses; however we were reassured that the registered manager had a system in place to ensure regular analysis of patient feedback was going to be conducted, moving forward. In line with the patient guide, future results will be displayed within the clinic, on the website and/or by contacting the registered manager for the information.

Delivery of safe and effective care

There had been considerable improvements made to ensure the delivery of safe and effective care. For example, we saw that there were risk assessments (work place and fire) in place and local rules (for the safe use of the laser equipment) were signed and updated. Fire exits were signposted and clear of obstructions. An infection control policy was in place and a first aid kit was available.

Some new recommendations for improvements have been made during this inspection visit with regard to staff update, training and risk assessments.

Following the previous visit, we saw that the local rules had been signed by both the Laser Protection Adviser (LPA)³ and Laser Protection Supervisor (LPS) and that they had been updated in December 2016.

During the previous visit we recommended that appropriate measures and precautions were put in place to protect patients and staff from the risk of fire. We noted that following the 2015 visit the registered manager arranged for external contractors to undertake a fire risk assessment. We observed that all fire exits were kept clear and were signposted during this visit.

The report submitted to the registered manager following the fire risk assessment contained details of the action needed (such actions related to issues we had also identified during our initial visit). Some of those actions were noted to be complete. However, the action plan had not been signed and dated to confirm they had been accomplished. We recommended therefore that a full review of the actions identified within the fire risk assessment report be undertaken and signed and dated, to evidence that all actions have been fulfilled.

Improvement needed

The fire risk assessment report must be updated to reflect that all actions have been carried out, including the date and signature of the person who has implemented the action.

Fire training had been completed in July 2015 by the registered manager following the previous visit and we saw the certificate to confirm this. However, the training certificate at the time of the follow-up visit had expired. We therefore recommended

³ Laser protection adviser and supervisor to be explained here

that refresher training was undertaken to evidence up to date knowledge on this topic.

Improvement needed

Fire training needs to be updated and completed by the registered manager to evidence up to date knowledge.

During the previous visit, the health and safety risk assessment required updating to identify, assess and manage risks relating to the health, welfare and safety of patients and others, including how those risks could be reduced.

At this inspection, we were able to confirm that an appropriate risk assessment was in place, which included how risks could be reduced. We further recommended however, that the risk assessment was updated/revised to include other areas of risk (associated with electrical and chemical/cleaning products) to ensure that the document was comprehensive and contained all relevant information. The risk assessment also needed to include issue and review dates to demonstrate that it was current and valid for use.

An infection control policy had been developed following the previous visit and we noted that it was specific to the business needs. At this inspection, we recommended some additional information be added to the policy, specifically about the process of cleaning equipment/treatment room after each patient. This would then ensure that clear and concise information was available for all staff.

The first aid box at the practice contained materials and equipment suitable for use which were all in date. A process for checking the expiry dates of the first aid box contents was recommended.

Quality of management and leadership

We found evidence to demonstrate staff had completed training in the protection of vulnerable adults (PoVA) and the complaints policy contained contact details for HIW.

The improvements recommended previously regarding the statement of purpose had not been fully met and those needed to be addressed to comply with the regulations.

During the previous HIW visit to the service, we recommended that updates to the statement of purpose were made in accordance with the regulations. A review of the statement of purpose during this visit highlighted that these had not been fully actioned and required further amendment, specifically:

- the statement of purpose needs to include details of the qualifications and experience of the registered manager

In addition, we reported previously that incorrect references to “*regulations of the Healthcare Inspectorate for Wales*” rather than the Independent Health Care Regulations. There was also incorrect information about the role of HIW as an inspectorate of “*early years and social services*”, rather than healthcare. In general, there were statements included throughout the first page of the statement of purpose which were unclear and misleading. These elements are still in the revised statement of purpose and we recommended that the information be reviewed and updated, so that prospective clients are presented with clear and accurate information

Improvement needed

The statement of purpose must be updated to include all required information.

References to the regulations and the role of HIW must be updated.

A revised copy (addressing the above improvements) of the statement of purpose must be provided to HIW.

Protection of vulnerable adults (PoVA) training had been completed and we saw the certificate confirming this, dated August 2015.

The complaints policy had been updated to include the address, telephone number, email and website details of HIW. In addition, the registered manager told us that a log was being kept of all comments, including complaints.

We noted during this visit how the majority of improvements identified in 2015 had been actioned and the progress the registered manager had made to comply with

the Independent Health Care Regulations (2011), thus raising her knowledge and awareness. We identified some further improvements to service provision and these were brought to the attention of the registered manager at the time of this inspection.

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 Facial and Cosmetic Enhancement Clinic 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: Facial and Cosmetic Enhancement (FACE) Clinic

Date of Inspection: 24 January 2017

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
6	The patient's guide must be updated to include all required information.	Regulation 7	This has been updated and includes all information required Evidence has been emailed.	Eileen Strong	As per email correspondence to HIW all actions are reported as completed
Delivery of Safe & Effective Care					
7	The fire risk assessment report must be updated to reflect that all actions have been carried out, including the date and signature of the person who	Regulation 26(4)(f)	Certificate updated 11/04/17 Evidence has been emailed All staff have read fire risk assessment and signed and dated	Eileen Strong	

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	has implemented the action.		also		
7	Fire training needs to be updated and completed by the registered manager to evidence up to date knowledge.	Regulation 19 (1)(b) & 20 (1) (a)	Training completed and evidence is in fire training book at clinic All evidence has been emailed	Eileen Strong	
9	The statement of purpose must be updated to include all required information. References to the regulations and the role of HIW must be updated. A revised copy (addressing the above improvements) of the statement of purpose must be provided to HIW.	Regulation 6 (1) and Schedule 1	Statement of purpose has been updated. 11.04.17 all necessary information has been added The Role of the HIW has been updated 11/04/17 All emailed to HIW as evidence	Eileen Strong	

Service Representative:

Name (print): EILEEN STRONG

Title: Registered Manager

Date: 12/04/17