

Independent Healthcare Inspection (Announced)

**Pleasure or Pain
Productions, Aberdare**

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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@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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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 completed an announced inspection at Pleasure or Pain Productions on the 20 March 2017.

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.

Further details about our approach to inspection of independent services can be found in Section 6.

2. Context

Pleasure or Pain Productions is registered to provide an independent service providing Class 3B/4 laser treatments at 26 Cardiff Street, Aberdare, CF44 7DP. The service was first registered on 9 July 2014.

At the time of inspection, the service was owned and managed by one individual. The registered manager had an additional trained laser operator which he was able to call upon should business needs arise. This situation had, however, only occurred on one occasion since registration. The service is registered to provide the following treatments to patients over the age of 18 years:

Eclipse Compact Nd:YAG (532/1064nm) laser, for the following treatments:

- Tattoo removal
- Carbon peel

ICE2 Eclipse laser, for the following treatments:

- Hair removal
- Acne treatment
- Vascular treatment
- Pigmentation treatment
- Skin rejuvenation treatment

3. Summary

Overall, we found evidence that care was safe and effective.

This is what we found the service did 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
- There was a range of up to date policies and procedures in place to ensure the safety and wellbeing of staff and patients
- Patient feedback was very positive regarding the service being provided.

This is what we recommend the service could improve:

- Training for the registered manager in respect of safeguarding
- Arrangements for ensuring appropriate checks of all staff are maintained

There were no areas of non compliance identified at this inspection.

Whilst the above improvements identified, have 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 non-compliance with regulations.

4. 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. This is because patients were provided with a face to face consultation prior to treatment. This discussion included the risks, benefits and likely outcome of the treatment offered. We were told that all patients had a patch test prior to treatment and were given after care guidance following treatment. We were also provided with examples of the written information provided.

Patients were asked to provide written consent to treatment and we saw records to evidence this.

We saw that patients were asked to complete medical history forms. Updates or changes were checked at any subsequent appointment and records updated accordingly.

Pleasure or Pain Productions maintained detailed records of the treatment provided to patients. We saw examples of some of those records and noted appropriate information was recorded. However, we saw that whilst the paper record had a space to record the number of (laser) shots given during treatment, this information was not completed in the client's records. We therefore recommended that the registered manager included such information in client's records in the future. The registered manager agreed to address this issue as a priority.

Whilst the registered manager maintained detailed individual patient records, an overall treatment register was not maintained. We recommended that the registered manager should implement this and include all relevant details including laser shot counts given at each treatment. The registered manager agreed to implement this to ensure compliance with the regulations

Improvement needed

The registered manager must implement a treatment register ensuring it captures relevant information about the treatment provided.

Communicating effectively (Standard 18)

A patient guide was available for patients to read and take away; providing information about the service in line with the regulations. We found that a statement

of purpose was available but required minor updating to reflect the newly introduced arrangements for obtaining patient views.

Improvement needed

The statement of purpose must be updated in accordance with the regulations

A copy of the updated statement of purpose must be provided to HIW.

Citizen engagement and feedback (Standard 5)

Prior to the inspection, the service was asked to give out HIW questionnaires to obtain patient views of the services provided. Eighteen patient questionnaires were completed prior to the date of inspection. Patient comments included:

“Very happy with the service, the clinic is immaculate and (the registered manager) is very professional and informative”

“(The registered manager) was very informative whilst talking me through the process and paper work. I was incredibly happy with the outcome of my skin after just one session, would highly recommend this service”

“Every session I attend, I always receive a professional service and always feel at ease throughout the process”

Without exception, all patients strongly agreed with statements that the service was clean and tidy, and that staff were polite, caring, listened and provided enough information about their treatment. All patients rated their care and treatment as ‘excellent’.

We were told that patients were able to provide verbal feedback to the registered manager directly, and also through social media websites. However, at the time of this inspection, the service did not have a formal way for patients to provide feedback about the care and treatment provided. We discussed this issue with the registered manager during our visit who, immediately, ensured that a supply of patient satisfaction questionnaires were left at reception for patients to complete. Any information/comments received would be assessed by the registered manager on an ongoing basis in the future and relevant action taken, if needed.

Delivery of safe and effective care

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

Both laser operators had received training on how to use the laser machines and certificates were seen to confirm this. We saw that the registered manager and other laser operator had completed the Core of Knowledge¹ training in April 2013. We reminded the registered manager that Core of Knowledge training should be undertaken every three years. The registered manager agreed to address this promptly.

We saw that Pleasure or Pain Productions had a contract with a Laser Protection Advisor (LPA) and we saw documents to show the LPA had carried out a virtual inspection on an annual basis. We saw that the LPA had reviewed the local rules detailing the safe operation of the laser machine and had carried out an environmental risk assessment. We saw that the risk assessment contained the minimum of detail required. We were told that the LPA carried out the risk assessment remotely through the use of photographs of the premises and information provided by the manager.

There was a sign on the outside of the treatment room to indicate when the laser machines were in use, and a keypad on the outside of the door, the code for which was only known to the two laser operators. This was, to prevent unauthorised access to the room whilst the machines were in operation.

We were told by the registered manager that the laser machines were turned off in between use, the keys removed and kept securely in a locked cabinet.

We saw that eye protection was available for both patients and the laser operators. On inspection, the eye protection appeared to be in visibly suitable condition.

We were told that both machines had been serviced and calibrated within the last 12 months, to help ensure they were safe for use. We saw paperwork to confirm this.

We saw that there were medical protocols in place that had been issued by the manufacturer of the machines. We were told by the registered manager that updates to the protocols were provided by the manufacturer and that changes to procedures would be made if necessary.

¹ Training in the basics of the safe use of lasers and IPL systems

Infection prevention and control and decontamination (Standard 13)

We saw the service was visibly clean and tidy. The service had an infection control policy in place detailing arrangements for routine service cleaning schedules and cleaning equipment and treatment areas between patients. We recommended that the registered manager document, by means of date and signature, when daily, weekly and monthly cleaning tasks had been completed as described. The registered manager agreed to do this.

There was a contract in place for the safe disposal of clinical waste.

Safeguarding children and vulnerable adults (Standard 11)

The service is registered to treat patients over the age of 18 years only.

We saw that the service had a safeguarding policy for staff to refer to, in the event of a safeguarding concern. We saw that the policy was brief and required additional information. We therefore recommended that the policy should be updated to provide further details about the description of abuse, to assist staff in identifying safeguarding issues. We also advised that the registered manager provided more detail about the steps to take in the event of a concern. The registered manager had not received training in the protection of vulnerable adults. The registered manager agreed to address this.

Improvement needed

The registered manager should attend training in respect of safeguarding and protection of vulnerable adults.

Managing risk and health and safety (Standard 22)

We saw evidence that a gas safety check had been completed within the last year, to help ensure that the premises were safe.

To ensure that small electrical appliances were safe to use, we saw that Portable Appliance Testing (PAT) had been conducted within the last 12 months.

We looked at some of the arrangements for fire safety. Servicing labels on the fire extinguishers showed they were serviced annually and fire exits were signposted. We were told that the service had undertaken one fire drill for the purposes of staff training; however, this information was not recorded. We advised the registered manager that it would be best practice to maintain a record of all future fire drills completed, which he agreed to do.

The registered manager had access to a first aid kit within the shared premises of the service. The registered manager informed us the service did not have an individual who was first aid trained. We recommended to the registered manager that advice be sought from the Health and Safety Executive² on the need for first aiders and the appropriate training required.

² <http://www.hse.gov.uk/firstaid/index.htm>

Quality of management and leadership

Governance and accountability framework (Standard 1)

Pleasure or Pain Productions is run by the registered manager who is able to provide laser treatments. The registered manager is able to call on the service of one other laser operator, in the event of business needs. We were told that this had only happened once, since the service was registered.

We saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. We were told the policies were updated on an annual basis, and we saw an index page which contained review dates to evidence this.

The registered manager described the arrangements for assessing and monitoring the quality of service being provided. This included obtaining views from patients about the care and treatment provided to them. It was recommended that any other audits carried out and their outcomes should be formally recorded. The registered manager was reminded of the importance of regularly looking at the regulations as a means of ensuring ongoing compliance.

Dealing with concerns and managing incidents (Standard 23)

A complaints policy was available and provided enough information for clients to raise a concern should they need to. A hard copy of the policy was displayed within the treatment room for patients to view.

The registered manager told us that they had not received any formal complaints to date, but described how they would formally record the information in the event of receiving one. We were told that verbal feedback would also be recorded in individual patient records. We discussed that both written and verbal complaints, (if they are received), should be formally recorded so that any common themes or issues identified could be addressed.

Records management (Standard 20)

We found that patient information was kept securely at the service. The service maintained both paper and electronic patient records. Paper records were stored securely in a locked cabinet and electronic records were backed-up to ensure their security.

Workforce recruitment and employment practices (Standard 24)

We were unable to see an enhanced Disclosure Barring Service (DBS) check in place for the registered manager and the laser operator. We were able to confirm that an application for a DBS check was applied for in February 2014; however the certificate was not available. We recommended that the service obtain up to date enhanced DBS checks for all laser operators.

Improvement needed

The registered manager should ensure that enhanced Disclosure and Barring Service checks for all laser operators are renewed every 3 years.

5. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state how the improvement identified at Pleasure or Pain Productions will be addressed, including timescales.

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

Where actions within the improvement plan remain outstanding and/or in progress, the service should provide HIW with updates, to confirm when these have been addressed.

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

6. Methodology

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 Wales³.

We conduct both announced and unannounced inspections of independent healthcare services and we inspect and report against three themes:

- **Quality of the patient experience:**
We speak with patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.
- **Delivery of safe and effective care:**
We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.
- **Quality of management and leadership:**
We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the National Minimum Standards and Independent Health Care (Wales) Regulations.

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

³ 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>

- 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 notice⁴. 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.

⁴ 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.

Appendix A

Improvement Plan

Service: **Pleasure or Pain Productions**

Date of Inspection: **20 March 2017**

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
Page 5	The registered manager must implement a treatment register ensuring it captures relevant information about the treatment provided.	Regulation 23	Treatment register has been implemented and is operational	Gareth Wills	24 March 2017
Page 6	The statement of purpose must be updated in accordance with the regulations. A copy of the updated statement of purpose must be provided to HIW	Regulation 6 Schedule 1	Statement of purpose updated to reflect new process for obtaining patient views	Gareth Wills	End May 2017
Delivery of Safe and Effective Care					

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Page 8	The registered manager should attend training in respect of safeguarding and protection of vulnerable adults.	Regulation 16 Standard 11	Contacted various providers and in the process of confirming the most suitable safeguarding course for vulnerable adults	Gareth Wills	End May 2017
Quality of Management and Leadership					
Page 11	The registered manager should ensure that enhanced Disclosure and Barring Service checks for all laser operators are renewed every 3 years.	Regulation 21	DBS has been applied for through HIW	Gareth Wills	Application in progress

Service Representative:

Name (print):Gareth Wills.....

Title:Manager.....

Date:25/04/2017.....