

Independent Healthcare Inspection (Announced)

Gresford Skincare and Laser
Clinic

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Gresford Skincare and Laser Clinic on the 9 October 2017.

Our team, for the inspection comprised of two HIW inspectors.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Gresford Skincare and Laser Clinic were providing safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

This is what we found the service did well:

- The service is committed to providing a positive experience for patients
- The service was clean and tidy
- Staff were polite, caring and listened to patients
- Patients were provided with enough information to make an informed decision about their treatment
- We saw evidence that patients were satisfied with their treatments and services provided
- The service had a system in place for seeking the views of patients
- Staff had up to date training in the use of IPL machine, Core of Knowledge and Adult Safeguarding

This is what we recommend the service could improve:

- Waste management.
- Consult a relevant fire safety expert with regards to the location of the fire extinguishers, smoke alarms and emergency exit signs.

3. What we found

Background of the service

Gresford Skincare and Laser Clinic is registered as an independent hospital because it provides Class 3B/4 laser and Intense Pulsed Light Technology (IPL)¹ treatments at Wellfield House, Pentre Lane, Gresford, Wrexham, LL12 8RN. The service employs a staff team which includes two authorised users², one of whom is the registered manager.

The service is registered to provide treatments to patients over the age of 18 years.

A range of services are provided which include:

- Vascular lesions
- Pigmented lesions
- Hair removal
- Acne treatments
- Photo rejuvenation
- Tattoo Removal

¹ 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

² Staff who perform treatments or operate the laser machine are referred to as an authorised user.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found evidence that Gresford Skincare and Laser Clinic provide safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 18 questionnaires were completed, ranging from patients new to the clinic (attending for less than six months) to regular patients at the clinic (attending for more than five years).

Overall, patient feedback was very positive, and patients rated the care and treatment that they were provided with as excellent. Patient comments praising the service provided at the clinic included the following:

"The care and consideration I was given was 10/10. I was advised on every procedure and if any problems occurred I only needed to telephone to get immediate attention. Thank you for all you have done for me."

"Very pleased with the treatment I receive. The practitioner is pleasant, helpful & efficient. Cannot fault."

"Feel very confident and comfortable with the service".

Health promotion, protection and improvement

We saw that patients were asked to complete and sign a medical history form at the start of each treatment.

Dignity and respect

All patients who completed a questionnaire said that staff were always polite, kind and sensitive when carrying out care and treatment and that they had been

treated with respect when visiting the service. Patient comments in the questionnaires about staff included:

“Brilliant customer service & treatment received. Staff are always very friendly, supportive and professional. Their knowledge base regarding various treatments is clearly of high standard. I often recommend the clinic to friends and family”

“Very professional and easy to discuss treatments and aftercare”.

There was space available for staff to have conversations with patients in a private area, away from other patients, if required, for the purpose of maintaining confidentiality. We discussed with the registered manager, the process followed to maintain patient privacy and dignity, during treatment. Patients can prepare for treatment in private and modesty towels and dressing gowns were provided.

Patient information and consent

All patients who completed a questionnaire strongly agreed that staff listen to them during their appointment. All patients who completed a questionnaire agreed that they have been given enough information about their treatment, including the risks, different treatment options available, the costs for services and after care services.

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment. Patients were asked to provide written consent at the start of a course of treatment and were also asked to sign consent at each subsequent treatment.

Communicating effectively

The majority of patients who completed a questionnaire told us that they would know how to make a complaint if they were unhappy with the service provided at the clinic.

A statement of purpose and a patient's guide was available in the waiting room for clients to take away. The statement of purpose included the relevant information about the services being offered. However, we found that the following updates were needed to the patient's guide in order to fully comply with the regulation:

- Amount and method of payment

- The address and telephone number of the appropriate office of the registration authority.

Only patients over the age of 18 can be treated as per condition of registration.

The service has a website and its own information leaflets which provide information on available treatments.

We looked at a sample of patients' records and found evidence that there was a clear and transparent approach to treatment pricing.

Improvement needed

The patient's guide must be updated in accordance with the regulations and a copy sent to HIW.

Care planning and provision

All patients receive a consultation appointment prior to treatment being started, which includes a skin type assessment. We saw examples of good information and aftercare documents given to patients, which included detail of the risks and benefits.

There were detailed individual patient notes available, with evidence of good record keeping processes. There were good document formats in place such as skin type document, consent to treatment and medical history forms. We saw that a treatment register was maintained and kept up-to-date.

Equality, diversity and human rights

With assistance, the service was accessible to patients with mobility difficulties. All patients could access the reception / waiting area, and both treatment rooms and toilet facilities.

Citizen engagement and feedback

We found that the service had a system in place for seeking patient feedback, as a way of monitoring the quality of service provided. We saw the latest feedback analysis was clearly on display in the waiting room.

Patients could provide feedback via patients' questionnaires which are sent out by the registered manager on an annual basis. Hard copy questionnaires are also available in the waiting room along with a comments box. Feedback and comments could also be made anonymously.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found evidence that patients were provided with safe and effective care.

The treatment rooms were well equipped and visibly very clean and tidy.

We found the service had taken steps to protect the health, safety and welfare of staff and patients.

Managing risk and health and safety

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

We looked at some of the arrangements for fire safety. Fire risk assessments were in place and we saw evidence that these had been regularly reviewed. However, we did recommend that the registered manager consults with a relevant fire safety expert for advice on the location of the fire extinguishers, smoke alarms and emergency exit signs.

The registered manager confirmed they had conducted fire safety training.

There was an emergency first aid kit available and both members of staff were trained in first-aid. We advised the registered manager to regularly check the content of the first-aid kit ensuring all items are within their expiry date.

Improvement needed

The registered manager should consult a relevant fire safety expert with regards to the location of the fire extinguishers, smoke alarms and emergency exit signs.

Infection prevention and control (IPC) and decontamination

We saw the service was visibly very clean and tidy. We discussed the infection control arrangements in place with the registered manager and considered these to be appropriate to protect patients from cross infection.

There were no concerns expressed by patients over the cleanliness of the setting; all of the patients who completed a questionnaire felt that, in their opinion, the environment was clean and tidy.

General waste was disposed of appropriately and we saw that a contract was in place for the disposal of sharps. However, we recommended that the registered manager arranges for clinical waste to be disposed of by an approved waste carrier. We also recommended that a sanitary disposal bin is provided in the staff / patients toilet facility.

Improvement needed

The registered manager should ensure that all clinical waste is removed and disposed by an approved waste carrier.

The registered manager should ensure a sanitary disposal bin is provided in the staff / patient's toilet facility.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients over the age of 18 years only. The registered manager confirmed that this was complied with.

The registered manager described how they would deal with any adult safeguarding issues. A safeguarding policy was in place which contained clear written procedures for staff to follow in the event of any safeguarding concerns. Contact details for the local safeguarding referral team were also included. All staff at the service had been trained in the protection of vulnerable adults.

Medical devices, equipment and diagnostic systems

We saw evidence that the laser machine had an annual service and calibration certificate which was in date. We saw that there were treatment protocols in place for the laser machines and these had been overseen by an expert medical practitioner.

We saw that there was a contract in place with a Laser Protection Adviser (LPA) and there were local rules³ detailing the safe operation of the machines. These rules had been recently reviewed by the LPA and we saw that they had been signed by staff who operate the laser/IPL machines which indicated their awareness and agreement to follow these rules.

Safe and clinically effective care

We saw certificates showing that the registered manager and the laser operator had completed Core of Knowledge⁴ training and training in the use of the IPL machines.

We saw that eye protection was available for patients and the laser operators. The eye protection appeared in visibly good condition and the registered manager confirmed that glasses were checked regularly for any damage.

There was a sign on the outside of the treatment room which indicated when the IPL machine is in use. The registered manager also confirmed that the treatment room door is locked when the machine is in use in order to prevent unauthorised access. We were told that the machine is kept secure at all times. The activation key for the IPL machine is stored securely when not in use, preventing unauthorised access.

A risk management policy was available for us to view on the day of inspection.

The environmental risk assessments had recently been reviewed by the Laser Protection Adviser and we saw confirmation that all actions had been undertaken.

³ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

⁴ 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.

Participating in quality improvement activities

We found evidence that the clinic had suitable systems in place to regularly assess and monitor the quality of service provided. This is because, in accordance with the regulations, the clinic regularly sought the view of patients as a way of informing care, conducts audits of records to ensure consistency of information and assesses risks in relation to health and safety.

Records management

We found that patient information was kept securely at the service. We examined a sample of patient records and found evidence that patient notes were maintained to a high standard.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

Gresford Skincare and Laser Clinic have an established team with good leadership.

The day to day management of the service was provided by the registered manager.

Staff clearly understood their roles and responsibilities.

Both laser operators were very committed to providing high quality care to their patients.

Governance and accountability framework

Gresford Skincare and Laser Clinic is owned and run by the Registered Manager.

We looked at a sample of policies and procedures the service had in place and saw that these had been reviewed regularly. The policies and procedures contained version and / or review dates. Any changes to policies or procedures are brought to the attention of staff at team meetings.

We were informed by the registered manager that there were clear lines of accountability at the service, and staff were clear of their roles and responsibilities.

Dealing with concerns and managing incidents

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.

We saw evidence that the practice has a system in place to log formal and informal complaints and concerns. At the point of inspection no complaints had been received at the service.

The majority of patients who completed a questionnaire told us that they knew how to make a complaint if they needed to do so.

Workforce planning, training and organisational development

We saw certificates showing that all authorised users who operate the laser machines had completed the Core of Knowledge training and had also completed training on how to use the lasers via the manufacturer

Workforce recruitment and employment practices

The registered manager informed us that the current staff team is well established. Authorised users would not use the laser machine prior to appropriate training being undertaken. Staff must read and sign policies and procedures to indicate they have understood them as part of their induction. We did recommend that the registered manager arranges a DBS check for one of the laser operators.

Improvement needed

Registered manager to ensure DBS check is renewed for one of the laser operators.

4. What next?

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 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.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

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.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our 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 – Improvement plan

Service: Gresford Skincare and Laser Clinic

Date of inspection: 9 October 2017

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	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The patient's guide must be updated in accordance with the regulations and a copy sent to HIW.	Regulation 7 Standard 18. Communicating effectively	Now updated to include price lists of treatments offered	Gillian Hart	Done
		Also name of Health Care Inspectorate for Wales clearly indicated on the front cover of the Patient Guide to indicate who the Regulating Body for this Clinic is. Also HCIW mentioned/indicated in the Complaints procedure document included in The Patient Guide		Done
Delivery of safe and effective care				
The registered manager should consult a relevant fire safety expert with regards to the	Regulation 9, 19, 26	Local Fire Advisor Informed and they will be calling to advise in the new year	Gillian Hart	Jan 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	and employment practices	and the process will be completed in the time frame deemed by DBS.		DBS Registration

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): GILLIAN HART

Job role: CLINIC OWNER AND LASER PRACTITIONER

Date: 6/12/2017