

Independent Healthcare Inspection (Announced)

Laser Wise Skin & Beauty Clinic,
Cardiff

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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 Laser Wise Skin and Beauty Clinic on 15 January 2018.

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

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 the service provided safe and effective care to its patients.

This is what we found the service did well:

- Patients were provided with detailed information to help them make an informed decision about their treatment
- The service had detailed patient records, that evidenced medical histories and consent to treatment had been taken at each appointment
- The service is committed to providing a positive experience for patients.

This is what we recommend the service could improve:

- Updates to the patients' guide and statement of purpose were required
- An infection control policy was required to be introduced
- All staff are required to attend adult and child safeguarding training
- An appraisal process for staff needed to be developed.

We identified regulatory breaches during this inspection regarding the statement of purpose, patients' guide and the absence of an infection control policy. Further details can be found in Appendix B. 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.

3. What we found

Background of the service

Laser Wise Skin and Beauty is registered as an independent hospital because it provides Intense Pulsed Light (IPL) and Class 3B/4 treatments at 202 Whitchurch Road, Cardiff, CF14 3NB.

The service employs a staff team of three individuals, currently the only IPL/laser operator is the registered manager.

The service is registered to provide treatments to patients over the age of 13 years using the following:

Lynton Luminette IPL:

- Hair removal
- Skin rejuvenation
- Superficial vein removal
- Sun damage treatment
- Acne removal
- Wrinkle reduction
- Skin tightening

Lynton Light A* (Alexandrite/Nd: YAG) laser:

- Hair removal
- Deep leg vein removal
- Nail fungus removal.

Lynton Q Plus (Q-Switch) laser:

- Tattoo removal
- Pigmentation treatment.

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 that the service was committed to providing a positive experience for patients.

Patients were provided with detailed information to help them make an informed decision about their treatment.

Suitable arrangements were in place to protect the privacy and dignity of patients during treatments.

We found that the patients' guide and statement of purpose was in need of updating to comply with the regulations.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 22 questionnaires were completed. Overall, patient feedback was very positive, and patients rated the care and treatment that they were provided with as excellent. Patient comments included the following:

"I have been referred here by friends and family staff are always extremely friendly and ensures that I have a realistic idea of what the treatments can provide. I am extremely happy with the treatments I have come for and therefore now booked other services."

"Very professional service, clean welcoming environment, procedure explained very well with risks, consent very informed. Very positive experience."

"I have had multiple courses of laser treatment at Laser Wise. I am very satisfied with the results and customer service. Staff are very professional, caring and genuinely concerned about my treatment. I have recommended this clinic to many of my friends. I will be returning again in the future."

"I've been coming here for over a year. I am more than happy with my treatment. Staff are amazing, everything is explained fully to myself. I would highly recommend."

"Laser Wise is an outstanding beauty clinic. I have been to many all over the UK and it is by far the best. The service is very professional and friendly, the treatments are tailored to my needs and I'm always advised of the best options to suit me. It is a very nice environment to come and have treatment. All the staff are fab! Would recommend Laser Wise to anyone."

Health promotion, protection and improvement

We found that patients were asked to complete a medical history form prior to treatment starting. We saw that this was checked at each subsequent appointment to help ensure that treatment is provided in a safe way.

Dignity and respect

Without exception, all patients who completed a questionnaire told us that they agreed that staff were always polite, kind and sensitive when carrying out care and treatment. We were told that the door is locked during treatment; patients are provided with dignity towels if required, and patients were left alone to undress if necessary. This was done in order to maintain patients' dignity prior to, during, and post treatment.

Consultations with patients were carried out in a private room, to ensure that confidential and personal information could be discussed without being overheard.

Patient information and consent

We found 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 with the laser operator. We were told that this discussion included the risks, benefits and likely outcome of the treatment offered. Information leaflets were available for patients to take away about each treatment, and detailed information was also available on the services website. Patients were also provided with a leaflet, which they were required to sign to show they had read and understood the details, which included the risks, benefits, pre and post treatment advice. Patients that completed a questionnaire also agreed that they felt they had been given enough information about their treatment.

We saw that consent to treatment was obtained from patients at every appointment.

We were told that all patients were given a patch test prior to treatment starting to help determine their suitability for treatment, and the likelihood of any adverse reactions.

Communicating effectively

A patients' guide was available providing information about the service. We found that the patients' guide was in need of updating to ensure compliance with the regulations. Updates were needed to include the correct email address for HIW, and inclusion of a summary of patient views.

A statement of purpose was available and we found that it also needed updating to comply with the regulations. The registered manager must ensure that it includes the number, relevant qualifications and experience of all staff and the date the statement of purpose was written and any subsequent review date.

Improvement needed

The service must update the patients' guide and statement of purpose in accordance with the regulations and provide copies to HIW.

Care planning and provision

We were told that all patients received a consultation appointment prior to treatment starting, which included a skin type assessment. We saw that the outcome of this assessment was documented and used to assist with treatments. We saw examples of information and aftercare documents provided to patients which included the risks and benefits of treatment. We discussed the guidance shared verbally with patients at the consultation stage, which also included discussion of the risks and benefits.

We found that there were individual patient notes available which were detailed. The service also maintained an overall treatment register of all treatments provided. We recommended, to ensure a consistent approach, that adverse effects are noted and should none be identified that a record be made of this also. The registered manager agreed to do this.

Equality, diversity and human rights

The clinic was accessed by one step and all patient areas were located on one floor, providing easy access to anyone with a mobility issue.

Citizen engagement and feedback

We found that the service had a number of ways of obtaining patient feedback about the services they received. Patients were asked for verbal feedback immediately following treatment and this was recorded in their records. A patient comment book was located in the reception area, allowing patients to note and record their experiences for other patients to read. Patient questionnaires were also available in reception and feedback was able to be given via various social media outlets. The registered manager told us that they considered all feedback received and took action to improve services where identified.

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 that arrangements were in place to provide treatment to patients in a safe and effective manner.

The service had suitable processes in place to monitor the quality of the service provided, and staff were committed to providing a high standard of care.

An infection control policy was required detailing the arrangements described verbally to the inspection team.

We recommended that training for staff in adult and child safeguarding was required.

Managing risk and health and safety

We found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

We looked at a selection of maintenance arrangements for the premises. We saw evidence that Portable Appliance Testing (PAT) was up to date, to help ensure that small electrical appliances were safe to use.

Certification was provided to show that the five yearly electrical wiring check for the building was up to date.

We looked at some of the arrangements in place with regard to fire safety. Fire risk assessments were in place and we saw evidence that these had been reviewed. The registered manager confirmed they had conducted fire safety training. Servicing labels on the fire extinguishers showed they were serviced annually. Fire exits were signposted. We were told that no fire drills are carried out, but staff were trained and were aware of what to do in an emergency situation. We suggest that the service obtains advice from a fire safety officer regarding the need for fire drills.

We saw that staff had access to a first aid kit, and we found the contents to be within their expiry dates and fit for use. We found that the service had an

appointed first aider; however their training was out of date. We recommended that the registered manager ensure that first aid training is undertaken on a regular basis in accordance with Health and Safety Executive guidance¹. The registered manager agreed to do this.

Infection prevention and control (IPC) and decontamination

We found the premises to be visibly clean and tidy. There were no concerns raised by patients over the cleanliness of the setting. In addition, all of the patients who completed a questionnaire strongly agreed that the environment was clean and tidy.

Staff described in detail the infection control arrangements at the service, including daily and weekly tasks, and cleaning arrangements between patients. We were unable, however, to see that this was documented within an infection control policy. The registered manager agreed to implement a policy.

We found that suitable arrangements were in place for the collection of clinical waste.

Improvement needed

The registered manager must ensure an infection control policy is put in place which details the infection control arrangements for the service.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients (for some treatments) from the age of 13 years.

We saw that the service had both child and adult safeguarding policies in place. Both policies required to be updated to include the contact details for the relevant safeguarding teams at the local council and also to include more detail about the service's own safeguarding process. The registered manager agreed to do this. We were unable to see certificates to show that the registered

¹ <http://www.hse.gov.uk/firstaid/>

manager had completed training in safeguarding. The registered manager was reminded that training in both child and adult safeguarding should be undertaken. The registered manager agreed to do this.

Improvement needed

The registered manager must ensure that training in child and adult safeguarding is carried out and the safeguarding policies are updated.

Medical devices, equipment and diagnostic systems

We saw evidence that the laser and IPL machines had been regularly calibrated² and serviced in line with the manufacturers' guidelines.

We saw that there were treatment protocols in place for the laser and IPL machines and these had been overseen by an expert medical practitioner and reviewed on an annual basis.

We saw that there was a contract in place with a Laser Protection Adviser³ (LPA) and there were local rules⁴ detailing the safe operation of the machines. These rules had been recently reviewed by the LPA. We saw that they had been signed by staff that operate the laser/IPL machines which indicated their awareness of, and agreement to follow, these rules.

Safe and clinically effective care

² Regular calibration can help insure the laser machine's performance stays consistent over time, ensuring top performance and output quality.

³ The Laser Protection Adviser is someone having sufficient skill in, and knowledge and experience of, relevant matters of laser safety, and able to provide appropriate professional assistance in determining hazards, in assessing risks, and in proposing any necessary protective controls and procedures. Many Laser Protection Advisers also provide training in laser safety.

⁴ 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

We saw certificates showing that the registered manager had completed the Core of Knowledge⁵ training and training in the use of the laser and IPL machines.

We saw that eye protection was available for patients and the operators of the laser and IPL machines. 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 laser/IPL machine was in use. We were told that the machines are kept secure at all times. The activation keys for both machines are stored securely when not in use, preventing unauthorised access.

We reviewed the documentation relating to the environmental risk assessment. We saw that the LPA had recently visited the premises and had completed a review of the document. No issues for improvement were identified by the LPA.

Participating in quality improvement activities

We found evidence that the clinic had systems in place to regularly assess and monitor the quality of service provided. For example, the clinic regularly sought the view of patients as a way of informing care, conducted reviews of patient records to ensure consistency of information and assessed risks in relation to health and safety matters. We recommended that the outcome of these audits should be documented, to help ensure that any actions identified are actioned. The registered manager agreed to do this.

Records management

We found that patient information was kept securely, both paper and electronic notes, to prevent unauthorised access.

⁵ Training in the basics of the safe use of lasers and IPL systems.

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.

We found that there was a clear and supportive management structure in place.

The service had a process in place to ensure that policies and procedures were updated on a regular basis and communicated to staff.

The registered manager needed to implement an appraisal process for staff.

Governance and accountability framework

Laser Wise Skin and Beauty Clinic is owned and managed by the registered manager. The registered manager is supported by additional members of staff, who carried out treatments not using the laser or ILP machines.

We saw the service had a number of policies in place, which all had evidence of recent review. We saw that staff had signed to show they had read and understood the policies and procedures in place, and we saw evidence that this was also done following policy reviews.

We were told that as a team of three, communication is frequent but informal. Both the registered manager and staff told us that communication was very good, and the registered manager had an 'open door policy' so staff felt able to discuss any concerns they may have easily.

We saw that the service had an up to date liability insurance certificate in place.

Dealing with concerns and managing incidents

We saw that the service had a complaints policy in place, which was in need of updating to include more detail. The registered manager should update the procedure to include timescales for acknowledging and responding to a

complaint, and must update the email contact details for HIW. The registered manager agreed to do this. Whilst the service had not received any complaints to date, an appropriate process was described for recording and managing any complaints received.

Improvement needed

The registered manager must update the complaints procedure.

Workforce planning, training and organisational development

We were told that the registered manager is in the process of supporting staff to develop their skills to enable them to use the laser and IPL machines. We saw that training in the use of the machines and the Core of Knowledge had been completed for these staff members. We were told that a training programme is in place, to support the staff to become laser and IPL operators in the future.

Workforce recruitment and employment practices

We found that the registered manager had a Disclosure and Barring Service (DBS) check in place. Whilst there had not been the need to recruit staff recently, the registered manager described an appropriate process for pre employment checks.

We were told that staff do not currently have a formal appraisal of their performance. The registered manager described that staff reviews were frequently discussed, but were not documented. The registered manager agreed to formalise the appraisal process for staff.

Improvement needed

The registered manager must introduce an appraisal process for staff.

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: Laser Wise Skin & Beauty Clinic

Date of inspection: 15 January 2018

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 service must update the patients' guide and statement of purpose in accordance with the regulations and provide copies to HIW. | Regulation 7 (1) (e) (f) Regulation 8 Schedule 1 (5) (12) Standard 18. Communicating effectively | These policies have now been updated and our annual feedback have been added to these policies. Copies have been emailed to HIW. | Suzanne Lazim | 4 Weeks from inspection |
| Delivery of safe and effective care | | | | |
| The registered manager must ensure an infection control policy is put in place which | Regulation 9 (1) (n) | An infection control policy has been put in place to keep the clinic clean and tidy | Suzanne Lazim | 4 Weeks from inspection |

| Improvement needed | Regulation/ Standard | Service action | Responsible officer | Timescale |
|--|---|---|---------------------|-------------------------|
| details the infection control arrangements for the service. | Standard 13. Infection prevention and control (IPC) and decontamination | and ensure treatment surfaces and areas are kept clean at all times between clients. A copy of this policy has been emailed to HIW. | | |
| The registered manager must ensure that training in child and adult safeguarding is carried out and the safeguarding policies are updated. | Regulation 16 (1) (a) (b) Regulation 20 (2) (a) Standard 11. Safeguarding children and safeguarding vulnerable adults | All staff have carried out training in child and adult safeguarding. All staff have passed all required training and certificates have been received. Both the child and adult safeguarding policies have been updated and made more detailed. Certificates and both policies have been emailed to HIW. | Suzanne Lazim | 4 Weeks from inspection |
| Quality of management and leadership | | | | |
| The registered manager must update the complaints procedure. | Regulation 24 (1) (4) (a) Standard 23 Dealing with concerns and managing | The complaints procedure have been updated accordingly and copies have been emailed to HIW. | Suzanne Lazim | 4 Weeks from inspection |

| Improvement needed | Regulation/ Standard | Service action | Responsible officer | Timescale |
|---|--|--|---------------------|-------------------------|
| | incidents | | | |
| The registered manager must introduce an appraisal process for staff. | Regulation 20 (2) (a) Standard 24. Workforce recruitment and employment practices | The registered manager Suzanne has introduced a staff yearly appraisal process which will start immediately. This has been emailed to HIW. | Suzanne Lazim | 4 Weeks from inspection |

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): Suzanne Lazim

Job role: Service Owner/Registered Manager

Date: 13 February 2018