

Independent Healthcare Inspection (Announced)

Vale Laser Clinic Ltd, St Athan

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In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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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 Vale Laser Clinic Ltd on 7 March 2018.

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

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.

The service was committed to providing a positive experience for 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 premises were clean and tidy
- Documentation was available to show that servicing and maintenance of the laser and IPL machines were carried out regularly
- 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
- All staff are required to attend adult safeguarding training
- The introduction of an increased programme of audit.

We identified regulatory breaches during this inspection regarding the patients' guide and statement of purpose, which both required updating. 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

Vale Laser Clinic Ltd is registered as an independent hospital because it provides class 3B/4 laser and Intense Pulsed Light Technology (IPL) treatments at 1A The Square, St Athan, Barry, CF62 4PF.

The service was first registered on 5 August 2015.

The service employs a staff team which includes the registered manager and one trainee laser operator.

The service is registered to provide treatments to patients over the age of 18 years using the following:

Q Plus C Nd:YAG and Ruby laser

- Tattoo removal
- Pigmentation

LUMINA IPL and Laser

- Pigmentation
- Acne
- Hair removal
- Skin rejuvenation
- Red vein removal
- Fungal nail infections.

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 staff were 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.

Updates were needed to ensure the patients' guide and statement of purpose were in line 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 19 questionnaires were completed. Patient comments included the following:

"Very friendly, amazing service, so happy I found this place, highly recommended to anyone."

"Have had only two treatments so far but everything has surpassed my expectations. Fantastic service."

"The service I have received has been amazing. I searched for over 6 months all different companies and the feedback I got was amazing for Vale Laser Clinic. Recommend to everyone."

"I am delighted with my treatment and the staff's professionalism is excellent. I have every trust in their advice and am excited about future treatments."

Health promotion, protection and improvement

We saw that patients were asked to complete a medical history form prior to initial treatment, and this was checked for changes at each subsequent appointment to help ensure treatment is provided in a safe way. The registered

manager agreed to improve the recording of checks taken of patient medical history by ensuring that all boxes are ticked by the patient, not only signed at the bottom of the form.

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 the treatment 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 registered manager. This discussion included the risks, benefits and likely outcome of the treatment offered. Patients were also provided with an information leaflet following the consultation which detailed the risk and benefits. Patients that completed a questionnaire also agreed that they felt they had been given enough information about their treatment, including the risks, different treatment options available, the costs for services and after care services.

Detailed information about treatments was also available on the service's website to help patients make an informed decision about their care.

We were told that all patients were given a patch test prior to treatment and were given after care advice following treatment.

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

Communicating effectively

A patients' guide was available, and we found it needed to be updated to ensure it included all the information required by the regulations. The registered manager needs to update the patients' guide to include more information about the services complaints procedure, a summary of patient views and to update the contact email address for HIW.

A statement of purpose was available and we found that this also needed to be updated to ensure compliance with the regulations. The registered manager must include information about all staff using the laser and/or IPL equipment (including trainee laser operators), and update HIW's contact email address under the complaints procedure.

Improvement needed

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

Care planning and provision

We found that all patients received a consultation appointment prior to treatment being started, 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 and we discussed the guidance shared verbally with patients at the consultation stage, which also included discussion of the risks and benefits.

We found that the service maintained detailed individual patient records. Whilst we saw that that adverse effects, even where no adverse reaction has been noted, and the area treated, were included in the individual patient records, we recommended for consistency that this information is also recorded in the overall treatment register. The registered manager agreed to do this.

Equality, diversity and human rights

The treatment room was located on the first floor of the building accessed via stairs, meaning that it was not easily accessible to patients using wheelchairs or those with mobility difficulties. The registered manager told us that patients would be informed of this on the phone when discussing making an initial appointment, and would recommend an alternative service if an appointment was not possible.

Citizen engagement and feedback

We found that the service had a process in place for obtaining patient feedback about the services they received. We were told that on an annual basis the registered manager would phone a sample of patients to ask for their feedback about their care and treatment. We saw that the registered manager had a process in place for analysing the results. Patients were also able to provide feedback via social media.

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.

Staff had received appropriate training for the safe use of the laser and IPL machines.

The service had good arrangements in place to maintain hygiene standards.

The service needed to ensure that all staff receive adult safeguarding training.

We recommended that a wider programme of audit should be introduced.

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.

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 we saw that fire risk assessments were carried out on an annual basis. We were told that fire safety training is carried out during induction, and all staff had been trained how to use the fire extinguishers in the event of a fire.

We saw that the service had access to a first aid kit, and we found the contents to be within their expiry dates and fit for purpose. The service had access to an appropriately trained first aider in the case of need.

Infection prevention and control (IPC) and decontamination

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

The service described in detail the infection control arrangements and we saw an infection control policy was in place. The registered manager maintained cleaning schedules to help evidence the cleaning being undertaken.

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

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients from the age of 18 years; we were told that no children were allowed in the treatment rooms.

The service had an adult safeguarding policy in place, which provided all the relevant information and guidance for staff to use in the event of need. We were unable to see however that relevant staff had received training in adult safeguarding. The registered manager agreed to address this.

Improvement needed

The registered manager must ensure that staff receive adult safeguarding training.

Medical devices, equipment and diagnostic systems

We saw certificates to show that all laser operators had received training on the use of the laser and IPL machines. We also saw certificates to show that all laser operators had completed the Core of Knowledge¹ training within the last three years.

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

We saw that there was a contract in place with a Laser Protection Adviser (LPA) and there were local rules detailing the safe operation of the machines, which had recently been reviewed.

We saw certificates to show that the laser and IPL machines had been serviced within the last 12 months to help ensure they remained safe to use.

We saw that there were treatment protocols in place for the use laser and IPL machines that had been provided by a medical professional.

Safe and clinically effective care

We saw that the treatment room had a lock on the inside of the door, which was used when treatment was ongoing. We also saw warning signs on the outside of the door to indicate that the machine was in use. We found that there were arrangements in place to store securely the keys to operate the machines, to help prevent unauthorised use.

We saw that eye protection was available for patients and IPL/laser operators. On inspection, the eye protection appeared to be in visibly good condition. We also saw that the service carried out regular inspections of the eye protection, to ensure they were in good condition and remained safe to use.

We reviewed the documentation relating to the environmental risk assessment. We saw that the LPA had recently completed an updated risk assessment.

Participating in quality improvement activities

We found that the service was conducting a limited range of quality improvement activities, which included reviewing patient feedback and checking information within patient records. We recommended that the registered manager should introduce a wider programme of quality improvement activities, and to keep a record of these to demonstrate the work being undertaken.

Improvement needed

The registered manager should introduce a programme of quality improvement activities and develop action plans as a result of any improvements identified.

Records management

We observed that there was good provision for safeguarding patient notes and data, which were being kept securely within a locked cabinet to prevent unauthorised access.

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.

Governance and accountability framework

Vale Laser Clinic Ltd is owned by the registered manager who is supported on a daily basis by a small staff team, one of whom is a trainee laser operator.

We saw the service had a number of policies in place, which all had evidence of regular review. We were able to see that there was a staff signature sheet to show that staff had read and understood the policies, and we were told that staff would be informed any policy changes and required to sign to show they had read and understood them.

We were told that team meetings were held regularly, on an informal basis. We recommended that the registered manager may wish to formally document the minutes for those who may not be present, and/or for future reference. The registered manager agreed to do this.

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

Dealing with concerns and managing incidents

We saw evidence that the service had a suitable policy and process in place for dealing with complaints. Whilst the service had not received any complaints to date, the registered manager described an appropriate process for recording and managing a complaint should one be received.

The registered manager must ensure that the complaints procedure includes the correct contact details for HIW. The registered manager agreed to do this.

Improvement needed

The registered manager must update the complaints policy to include the correct contact details for HIW.

Workforce planning, training and organisational development

We saw certificates to show that all laser operators had completed training in a number of areas, including the Core of Knowledge, and operator training for the laser and IPL machines.

The registered manager described an induction programme for new staff members, which included information about policies and procedures, identification of training needs, on the job training and supervision, to help ensure staff are competent to undertake their roles.

We were told that staff receive an appraisal of their performance on an annual basis.

Workforce recruitment and employment practices

The registered manager described a suitable recruitment process which included appropriate pre-employment checks. We saw that an up to date Disclosure and Barring Service (DBS) check was in place for one staff member, and we were told that the service was in the process of applying for the remaining laser/IPL operator.

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: Vale Laser Clinic Ltd

Date of inspection: 7 March 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 registered manager must update the patients' guide and statement of purpose in accordance with the regulations and copies provided to HIW. | 18. Communicatin g effectively | Documents updated 16.04.2018 | Emma Griffiths | Completed |
| Delivery of safe and effective care | | | | |
| The registered manager must ensure that staff receive adult safeguarding training. | 11. Safeguarding children and safeguarding vulnerable adults | Courses carried out week of 09.04.18 | Emma Griffiths | Completed |

| Improvement needed | Regulation/ Standard | Service action | Responsible officer | Timescale |
|--|--|--|---------------------|-----------|
| The registered manager should introduce a programme of quality improvement activities and develop action plans as a result of any improvements identified. | 6. Participating in quality improvement activities 21. Research, Development and Innovation | Review carried out and implemented during March and April 2018 | Emma Griffiths | Completed |
| Quality of management and leadership | | | | |
| The registered manager must update the complaints policy to include the correct contact details for HIW. | 23 Dealing with concerns and managing incidents | Document updated 16.04.18 | Emma Griffiths | Completed |

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): Emma Griffiths

Job role: Registered Manager

Date: 17.04.18