

Independent Healthcare Inspection (Announced)

Cosmeticclinic

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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 Cosmeticlinic on 2 August 2018.

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

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

We found Cosmeticclinic made efforts to ensure that patients are treated with dignity and respect and are provided with comprehensive information about their treatments.

However, we have made a few recommendations that we have asked the setting to consider and/or implement to be fully compliant with all regulations and the National Minimum Standards for Independent Health Care Services in Wales. These resulted in the issuing of a non-compliance Notice.

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 appropriate processes in place to ensure that consultations with patients were held in a dignified and private manner
- The treatment room was visibly clean and tidy
- The service was committed to providing a positive experience for patients.

This is what we recommend the service could improve:

- The patient guide needed to be updated
- The service to put in place a process for reviewing and disseminating patient feedback.
- The adult safeguarding policy required amendment
- Provide HIW with evidence of the 5 yearly wiring check and that PAT testing have been undertaken.
- The local rules to be updated and signed by the operator.

We identified the service was not compliant with the following matters:

- The Statement of Purpose does not accurately reflect the treatments provided
- The service was unable to provide evidence that medical histories are being checked or updated
- The service did not have a nominated, certified Laser Protection Adviser (LPA)
- The service was unable to provide evidence that a LPA had reviewed the equipment, environment or reviewed the environmental risk assessment.
- The service was unable to provide evidence that the equipment had been serviced and calibrated in line with the manufacturer's guidelines

These are serious matters and resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW had not received sufficient assurance of the actions taken to address the improvements needed.

3. What we found

Background of the service

Cosmeticclinic is registered as an independent hospital at Bedwas Health Centre, East Avenue, Bedwas, Caerphilly CF83 8AE.

The service was first registered on 23 February 2012.

The service only employs the registered manager.

A range of services are provided which include:

- Hair reduction
- Skin rejuvenation
- Tattoo removal
- Skin pigmentation

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 ensures that patients are provided with detailed information pre and post treatment to help them make an informed decision about their treatment.

The service had appropriate processes in place to ensure that consultations with patients were held in a dignified manner.

The service needs to put in place a process for reviewing and disseminating patient feedback.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of two questionnaires were completed. There was one patient comment:

Very satisfied with all aspects of treatment

Health promotion, protection and improvement

We saw that patients were asked to complete a medical history form prior to initial treatment. We were told that the registered manager verbally checked for changes at each subsequent appointment to help ensure treatment was provided in a safe way but that this was not recorded. This was dealt with via a non-compliance notice.

Both patients that completed a questionnaire confirmed that they always complete a medical history form, or have their medical history checked, before undertaking any treatment.

Dignity and respect

Both patients who completed a questionnaire told us they were always treated with dignity and respect when they visited the service.

We were told that the door to the treatment room was locked during treatment and patients were left alone to undress if necessary. This was done in order to maintain patients' dignity prior to, during and post treatment. The two patients

that completed a questionnaire felt that they were always able to maintain their own privacy, dignity and modesty during their appointments at the clinic.

Consultations with patients were carried out in the consultation room next to the treatment room to ensure that confidential and personal information could be discussed without being overheard.

Patient information and consent

All patients were provided with a face to face consultation prior to laser treatment. This discussion included the risks, benefits and likely outcome of the treatment offered.

We saw examples of written information provided to patients but suggest this is amended to include more information regarding tattoo removal and the colours that can be treated.

We reviewed a number of patient records and noted that in some cases signed consent was not available, or the patient had signed in the wrong place. We recommend that the service ensure that patient consent is documented correctly.

Improvement needed

The service to ensure that patient consent is sought prior to each treatment and this is documented correctly

Communicating effectively

We noted that a patient's guide was available on request. A large print version was also available. We recommend additional copies are made available for patients and prospective patients to take away without the need to ask.

The guide contained the essential information as required by the regulations but we would recommend it is updated to reflect the correct contact details for HIW.

A statement of purpose¹ was available, and we found it contained all the required information as directed by the regulations but it needs to be amended to reflect the treatments currently provided by the clinic. This was dealt with by a non-compliance notice.

Improvement needed

The service to make copies of the patient information leaflet available for patients and prospective patients to take away without the need to ask

The patient information leaflet to be amended to reflect the current contact details for HIW. The updated patient guide should be submitted to HIW.

Care planning and provision

All patients received a consultation appointment prior to treatment being started. These were documented on paper forms which were signed and dated and included a skin type assessment and discussion of the risks and benefits of treatment. We saw examples of information and aftercare documents, which included the risks and benefits of treatment.

We were told that all patients were given a patch test prior to treatment and were given aftercare advice following treatment. Patients who completed a questionnaire confirmed they had been given a patch test to determine a safe and effective setting of the laser for their skin and hair type before receiving treatment.

We found the service maintained treatment registers for each machine. The records were completed as required by the regulations but we recommend the operator ensure that shot count and relevant parameters are recorded.

¹ A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

Improvement needed

The service to record shot count and relevant parameters for each treatment in the treatment register.

Equality, diversity and human rights

The service was located on the first floor and would not be accessible to patients with mobility issues. We were told that any prospective patients were informed of this, either on the telephone or during an initial consultation, which could be conducted in a consulting room in the health centre situated on the ground floor.

Citizen engagement and feedback

We were told that the service asks patients to complete a questionnaire. We were told that all results are reviewed but are not included in the patient information folder. We recommend the service ensure that patients are made aware of the results of any feedback by means of a summary included within the patients' guide.

Improvement needed

The service to include a summary of patient feedback in the patients' guide

Delivery of safe and effective care

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

There were some systems in place which ensured that patients were being treated as safely as possible.

The treatment room was visibly clean and tidy but the service needed to put a cleaning schedule in place to ensure that tasks were completed.

We found the service had taken steps to protect the health, safety and welfare of staff and patients but the adult safeguarding policy needed to be revised.

Managing risk and health and safety

The service is provided on the 1st floor of the building, with a health centre operating from the ground floor.

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

We noted that the lower part of the handrail on the main staircase to the clinic was not secured to the wall. This was included in the non-compliance notice issued to the service.

We looked at a selection of maintenance arrangements for the premises. We did not see evidence that Portable Appliance Testing (PAT) was up to date, to help ensure that small electrical appliances were safe to use. We recommend that this is rectified in order to help protect the safety and well being of staff working at, and people visiting the service.

We were provided with the annual gas safety certificate but the service was unable to provide us with certification to show the five yearly electrical wiring checks for the building were up to date and recommend this is forwarded to HIW.

We noted the fire drill book in the treatment room, but no drills since 2016 had been recorded. We were told that arrangements with regard to fire safety, including fire risk assessments, were overseen by the practice manager of the health centre. We saw evidence of a fire service maintenance contract being in place and were advised that this covered both the health centre and the clinic. But we did not see any evidence that the fire extinguishers in the clinic had been tested. We noted that fire exits were signposted.

We saw that the service had access to a first aid kit. This was brought up from the health centre each time there was a client. We found the contents to be within their expiry dates and fit for purpose with the exception of Glucogel which had exceeded its expiry date. This was removed by the registered manager as soon as it was brought to his attention. The registered manager, who was a practising general practitioner in the health centre, confirmed that he had received the appropriate first aid training but was unable to provide a certificate to demonstrate this.

We noted that the service had a risk management policy.

At the time of our visit there were no facilities to dispose of feminine hygiene products in the toilet. We recommend that this is rectified.

Improvement needed

It is recommended that the service make arrangements for portable appliance testing to be undertaken.

The service to provide evidence to HIW that the five yearly electrical wiring check for the building has been undertaken

The service to provide evidence to HIW that the fire maintenance contract includes the clinic and that the fire extinguishers had been serviced.

The service needs to undertake regular fire drills and maintain a record of them taking place.

The service to provide a copy of its fire risk assessment to HIW

The service must ensure it has a first aid kit in the clinic at all times and that its contents are up to date.

The registered manager to provide HIW with a copy of his current first aid certificate

The service is to install a feminine hygiene bin in the toilet.

Infection prevention and control (IPC) and decontamination

We found the premises to be visibly clean and tidy. We were told that the clinic is cleaned by the cleaners employed by the health centre. There was no cleaning schedule maintained and we recommend one is put in place.

The registered manager described in detail the infection control arrangements and we saw an infection control policy was in place.

We noted the storage and collection of waste was included with that from the health centre.

Improvement needed

The service is to put in place a cleaning schedule.

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.

A policy for the safeguarding of adults was in place. It did not set out a clear procedure to follow in the event of a safeguarding concern, nor did it include the contact details for the relevant local safeguarding agencies. These need to be included.

The registered manager described how he would assess a patient's capacity to consent to treatment and how he would deal with any safeguarding issues. The registered manager told us he had undertaken appropriate training in the protection of vulnerable adults but did not have the certificate on the day of the inspection. He agreed to provide a copy of this to HIW after the inspection.

Improvement needed

The service to amend its safeguarding of adults policy to include a clear procedure to follow in the event of a safeguarding concern and the contact details for the relevant local safeguarding agencies.

The registered manager to provide HIW with a copy of his current certificate confirming he has received training in the protection of vulnerable adults.

Medical devices, equipment and diagnostic systems

We did not see evidence that the laser machine had been regularly calibrated² and serviced in line with the manufacturer's guidelines. This was dealt with via a non-compliance notice. Following the inspection, the registered manager forwarded a copy of the manufacturer's service report form.

We saw that there was a treatment protocol in place for the laser machine that had been overseen by an expert medical practitioner.

We saw that there was a contract in place with a company to provide Laser Protection support but no named Laser Protection Adviser (LPA). We were told that a LPA reviewed the clinic and treatment room virtually in 2017 but there was no documentation to support this. This was dealt with via a non-compliance notice.

There was no evidence that the local rules³, detailing the safe operation of the machine, had been reviewed by the LPA and those available on the day of the inspection were not up to date, although they had been signed by the registered

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

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

manager who operated the laser machine, indicating his awareness and agreement to follow them. This was dealt with via a non-compliance notice.

Safe and clinically effective care

We saw the certificate to evidence that the registered manager had completed the Core of Knowledge⁴ training. Because the Core of Knowledge training had been completed in 2009 we would advise the operator to consider undertaking refresher training.

We saw that eye protection was available for patients and the operator of the laser machine. The registered manager confirmed that the glasses were checked regularly for any damage.

There was a sign on the outside of the treatment room which indicated when the machines were in use. We were told that the machine was kept secure at all times and was unplugged when not in use.

We did not see any evidence that the LPA had completed an updated risk assessment and recommend the registered manager request a copy of the LPA report. This was included in the non-compliance notice issued to the service.

We noted at the time of the inspection there were a number of chemicals and medical stock stored in the treatment room, some of which was out of date. We recommend the registered manager dispose of all out of date stock appropriately.

Improvement needed

The service to dispose of all out of date stock stored in the treatment room appropriately.

Participating in quality improvement activities

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.

We found that the service did not have sufficient systems in place to regularly assess and monitor the quality of service provided to ensure it is consistent with the regulations and standards. The service did seek patient feedback following treatment. We recommend it put in place a programme of quality assurance audits, for example, patient files, treatment observations and incident audits.

Improvement needed

The service to implement a programme of quality assurance audits.

Records management

We found that patient information was kept securely. We examined a sample of patient notes and found evidence that patient notes were maintained to a good standard but the operator must ensure that all fields are completed at the time of each treatment to confirm discussions with the patient, including updated medical histories.

Improvement needed

The service to ensure the operator completes all fields of the patient records to confirm discussions with the patient at each treatment.

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.

Cosmeticclinic is owned and managed by the registered manager.

A range of policies were in place and we noted that these had been reviewed.

The registered manager is to update his disclosure barring certificate.

Governance and accountability framework

Cosmeticclinic is owned and run by the registered manager. There are no other staff. The service had a number of policies in place that were last reviewed in 2015. We suggest the service put in place a timetable for reviewing all policies to ensure they are up to date with the latest information and guidance.

We noted that the liability insurance certificate at the time of the inspection was out of date and recommend the service provide evidence of a current certificate.

Improvement needed

The service to forward to HIW a copy of its current liability insurance certificate.

Dealing with concerns and managing incidents

The service had a complaints procedure which included the correct contact details of HIW in line with the regulatory requirements. Details of the complaints procedure had been included within the statement of purpose and in the patient guide. As mentioned previously both documents need to be updated to reflect HIW's contact details.

We were told that the service had not received any complaints to date.

Workforce planning, training and organisational development

As mentioned earlier within the report, we saw certificates showing that the authorised user who operated the laser machine had completed the Core of Knowledge training and had also completed the training on how to use the laser machine in line with the manufacturer's guidelines.

Workforce recruitment and employment practices

The service employs no staff. As the authorised user, the registered manager had a disclosure barring (DBS)⁵ check in 2015. We recommend that DBS checks (at an Enhanced level) are renewed every 3 years for all staff that have direct unsupervised access to patients in order to satisfy Regulation 19, which requires that patients must be protected against the risks of inappropriate or unsafe care and treatment.

Improvement needed

The registered manager to undertake a disclosure barring check and provide HIW with evidence of a current certificate.

⁵ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

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: **Cosmeticclinic**

Date of inspection: **2 August 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 to ensure that patient consent is sought prior to each treatment and this is documented correctly	The Independent Health Care (Wales) Regulations 2011 Regulation 23			
The service to make copies of the patient information leaflet available for patients and prospective patients to take away without the	The Independent Health Care			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
need to ask	(Wales) Regulations 2011 Regulation 7			
The patient information leaflet to be amended to reflect the current contact details for HIW. The updated patient guide should be submitted to HIW.	The Independent Health Care (Wales) Regulations 2011 Regulation 7			
The service to record shot count and relevant parameters for each treatment in the treatment register.	The Independent Health Care (Wales) Regulations 2011 Regulations 23 (1) - (3) and 45(2)			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	National Minimum Standards for Independent Healthcare Services in Wales Standards 16 and 20			
The service to include a summary of patient feedback in the patients' guide	The Independent Health Care (Wales) Regulations 2011 Regulation 7			
Delivery of safe and effective care				
It is recommended that the service make arrangements for portable appliance testing to	The Independent			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
be undertaken.	Health Care (Wales) Regulations 2011 Regulation 26 National Minimum Standards for Independent Healthcare Services in Wales Standard 12 HSE guidance			
The service to provide evidence to HIW that the five yearly electrical wiring check for the building has been undertaken	The Independent Health Care (Wales) Regulations 2011 Regulation 26 National Minimum			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Standards for Independent Healthcare Services in Wales Standard 12			
The service to provide evidence to HIW that the fire maintenance contract includes the clinic and that the fire extinguishers had been serviced.	The Independent Health Care (Wales) Regulations 2011 Regulation 26 (4) Regulatory Reform (Fire Safety) Order 2005			
The service needs to undertake regular fire drills and maintain a record of them taking place.				
The service to provide a copy of its fire risk assessment to HIW				
The service must ensure it has a first aid kit in the clinic at all times and that its contents are up to date.	HSE guidance – Health and Safety at Work			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered manager to provide HIW with a copy of his current first aid certificate	Regulations			
The service is to install a feminine hygiene bin in the toilet.	HSE guidance – Health and Safety at Work Regulations			
The service is to put in place a cleaning schedule.	The Independent Health Care (Wales) Regulations 2011 Regulations 9 and 15 National Minimum Standards for Independent Healthcare Services in Wales Standard 13			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>The service to amend its safeguarding of adults policy to include a clear procedure to follow in the event of a safeguarding concern and the contact details for the relevant local safeguarding agencies.</p>	<p>The Independent Health Care (Wales) Regulations 2011 Regulation 16 (1) (a)</p> <p>National Minimum Standards for Independent Healthcare Services in Wales</p> <p>Standard 11.</p>			
<p>The registered manager to provide HIW with a copy of his current certificate confirming he has received training in the protection of vulnerable adults.</p>	<p>The Independent Health Care (Wales) Regulations</p>			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	2011 Regulation 16 (1) (a) National Minimum Standards for Independent Healthcare Services in Wales Standard 11.			
The service to dispose of all out of date stock stored in the treatment room appropriately.	National Minimum Standards for Independent Healthcare Services in Wales Standards 9 and 15			
The service to implement a programme of quality assurance audits.	The Independent Health Care			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	(Wales) Regulations 2011 Regulation 19 (1) (a) (b) National Minimum Standards for Independent Healthcare Services in Wales Standard 6.			
The service to ensure the operator completes all fields of the patient records to confirm discussions with the patient at each treatment.	The Independent Health Care (Wales) Regulations 2011 Regulation 23			

Quality of management and leadership

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The service to forward to HIW a copy of its current liability insurance certificate.	The Independent Health Care (Wales) Regulations 2011 Regulation 29			
The registered manager to undertake a disclosure barring check and provide HIW with evidence of a current certificate.	Regulation 21 (2) Schedule 2 (2) (b) Standard 24. Workforce recruitment and employment practices			

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):

Job role:

Date: