



Independent Healthcare Inspection (Announced)

Laser Clinic North Wales

Inspection date: 7 January 2019

Publication date: 8 April 2019

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

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

Or via

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

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	8
	Quality of patient experience	11
	Delivery of safe and effective care	15
	Quality of management and leadership	19
4.	What next?	21
5.	How we inspect independent services	22
	Appendix A – Summary of concerns resolved during the inspection	23
	Appendix B – Improvement plan	24

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Clinic North Wales on the 7 January 2019.

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 Laser Clinic North Wales was providing 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.

We found the clinic to be well run and meeting the relevant regulations to ensure the health, safety and welfare of staff and patients.

We saw evidence that various maintenance contracts were in place to ensure the environment and facilities were safe and well maintained.

We found the clinic to have good leadership and clear lines of accountability.

This is what we found the service did well:

- The service is committed to providing a positive experience for patients
- We found evidence that this is a very well run service with effective systems to support overall management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were very satisfied with the treatment and service received
- Clinic facilities were well-equipped, visibly very clean, tidy and well organised
- Staff had up to date training in the use of IPL / laser machine, Core of Knowledge and Safeguarding

This is what we recommend the service could improve:

- Develop and maintain cleaning schedules for the premises

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

3. What we found

Background of the service

Laser Clinic North Wales is registered as an independent hospital because it provides Class 3B/4 laser and Intense Pulsed Light Technology (IPL)¹ treatments at The Laser, Beauty and Therapy Centre, Telford Road, Menai Bridge, Anglesey, LL59 5DR. The service was first registered in 2013.

The service employs a staff team which includes two authorised users², one of whom is the registered manager and responsible individual.

The service is registered to provide treatments to patients as follows:

- a) Lynton Lumina AQS system for patients over the age of 18 years:
- Hair removal
 - Skin rejuvenation
 - Vascular lesion (including thread veins and rosacea)
 - Pigmented lesions
 - Acne scarring
 - Tattoo removal
 - Stretch marks
 - Deeper lines and wrinkles
 - Fungal nails.
-

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.

- b) Lynton Lumina AQS System for patients over the age of 16 years:
- Hair removal
 - Facial thread veins or “broken veins” and port wine birthmarks
 - Pigmented lesions
 - Acne.
- c) Lynton Lumina System for patients over the age of 18 years:
- Hair removal
 - Vascular lesion (including thread veins)
 - Skin rejuvenation
 - Pigmented lesions
 - Acne
 - Acne scarring
 - Stretch marks
 - Deeper lines and wrinkles
 - Fungal nails.
- d) Lynton Lumina System for patients over the age of 16 years:
- Hair removal
 - Facial thread veins or “broken veins” and port wine birthmarks
 - Pigmented lesions
 - Acne.
- e) Quanta Plus C Evo Nd: Yag and Ruby Laser System for patients over the age of 18 years using the following:
- Tattoo removal
 - Pigmentation removal
 - Skin rejuvenation

- Stretch marks
- Acne scarring
- Deeper lines and wrinkles.

f) Quanta Plus C Evo Nd: Yag and Ruby Laser System for patients over the age of 16 years for the following:

- Pigmentation removal.

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.

Overall, we found evidence that North Wales Laser Clinic provides safe and effective care to their patients in a very 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 clinic to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 40 questionnaires were completed. The majority of completed questionnaires were from patients who had been attending the clinic for less than two years.

Overall, patient feedback was very positive, and all 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:

"Staff are extremely caring people and make clients feel welcome and understood always. Can't fault this business"

"The staff are warm and caring and always professional. I recommend them to my friends and family. I feel that I can trust them and that they keep my treatments private"

"Always a pleasant experience, lovely staff, very relaxing atmosphere. A treat every month! My skin has improved enormously!"

"The service here is very professional and treatments are second to none. Everyone is very helpful, enthusiastic and welcoming. Amazing salon and fantastic treatments, super staff"

"Excellent service would recommend to friends and family. Brilliant results. Very professional."

"Always received excellent, professional service."

Health promotion, protection and improvement

All patients who completed a questionnaire confirmed that the laser operators enquire about their medical history before undertaking any treatment.

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.

Dignity and respect

We saw that the door to the treatment rooms was lockable and staff confirmed they did this during treatment. Patients were provided with towels to protect their dignity if required and patients were left alone to undress if necessary.

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

Each patient that completed a questionnaire agreed that they had been treated with dignity and respect by the staff at the clinic. All patients felt that they were always able to maintain their own privacy, dignity and modesty during their appointments.

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 thorough face to face consultation prior to receiving any treatment. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered. We also saw examples of detailed patient information leaflets that were available.

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. A treatment register was maintained and treatment information was also recorded within individual patient files.

All patients who completed a questionnaire told us that they had been given enough information about their treatment, including the risks, different treatment options, the costs and after care services. They also told us staff listened to them during their appointment and that they always sign a consent form prior to receiving any treatment.

Communicating effectively

A statement of purpose and a patients' guide was available for patients to take away. Both the statement of purpose and patients' guide included the relevant information about the services being offered.

One of the laser operators can communicate in Welsh with patients. The majority of patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

All patients who completed a questionnaire also told us that staff listened to them during their appointment and felt that they had been involved (as much as they wanted to be) in decisions about their treatment.

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

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 good document formats in place covering skin type, consent to treatment and medical history.

All but one of the patients who completed questionnaire confirmed that they had been given a patch test before they received any treatment.

Equality, diversity and human rights

The service is located on the ground floor with disabled access into the waiting area, reception, two consultation rooms, and the toilet and washroom facilities. There are also ample car parking facilities at the premises.

Citizen engagement and feedback

Almost a quarter of the patients who completed a questionnaire told us that they had not been asked for their views about the service provided at the clinic, for example, through patient questionnaires.

We discussed the mechanism for seeking patient feedback. The clinic informed us that they use social media and an online marketing platform as a way for patients to provide feedback and or make comments. The clinic also informed

us that plans are in place to introduce hard copy questionnaires for patients to complete. We advised the clinic to display an analysis of any feedback received in the waiting area / reception, demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery which the clinic agreed to do.

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 the clinic to be well run and meeting the relevant regulations to ensure the health, safety and welfare of staff and patients.

We saw evidence that various maintenance contracts were in place to ensure the environment and facilities were safe and well maintained.

The treatment rooms were well equipped and visibly very clean and tidy. We did recommend that the clinic develops and maintains cleaning schedules for the premises.

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. Servicing labels on the fire extinguishers showed they were serviced annually, fire risk assessments were in place and fire exits were clearly signposted.

There was an emergency first aid kit available and one member of staff trained in first-aid.

Infection prevention and control (IPC) and decontamination

We saw that the service was visibly very clean, tidy and well organised. We discussed the infection control arrangements in place with the registered manager, including daily, weekly tasks and the cleaning arrangements between patients. We considered the arrangements in place to be appropriate to protect patients from cross infection. However, we did recommend that the clinic maintains detailed cleaning schedules to evidence the cleaning arrangements which the clinic agreed to do.

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

"Highly professional and always put the client first. The salon is to a high standard and super clean."

"Lovely clean premises."

Clinical waste was disposed of appropriately and we saw that the service had a contract in place with an approved waste carrier.

Improvement needed

Ensure cleaning schedules are developed and maintained for the premises.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients over the age of 16 years. The registered manager confirmed that this was complied with.

The registered manager described how they would deal with any safeguarding issues. Policies were in place for both safeguarding children and vulnerable adults and contained clear procedures to follow in the event of any safeguarding concerns and included the local safeguarding referral team contact details. We saw evidence that staff had received training in adult safeguarding. However, we noted that staff needed to complete training in safeguarding children. We were verbally assured that training would be undertaken and we received confirmation immediately following the inspection that training had been completed.

Medical devices, equipment and diagnostic systems

We saw evidence that all three laser / IPL systems had been serviced and calibrated in line with the manufacturers' guidelines. We saw that there were treatment protocols in place and these had been drawn up by an expert medical practitioner.

We saw that there was a contract in place with a Laser Protection Adviser (LPA) and the local rules³ detailing the safe operation of the machines were available. The local rules had been signed by both laser operators. However, we did identify that the local rules were due to be renewed. We were verbally assured by the registered manager that the local rules had been reviewed but had not yet been received from the LPA. No changes had been made to the environment or equipment. The registered manager contacted the LPA during our inspection and we were provided with signed copies of the renewed local rules immediately following our visit.

Safe and clinically effective care

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

There was a sign on the outside of each treatment room which indicated when the machines are 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 machines are kept secure at all times.

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.

The clinic had a range of policies and procedures in place relating to all aspects of clinical care and safety.

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

We saw certificates showing that all relevant staff had completed Core of Knowledge⁴ training and training in the use of the laser / IPL machines.

Participating in quality improvement activities

We found evidence that the clinic had ample and 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 regular 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. Paper records were kept in locked filing cabinets within the treatment rooms and the registered manager confirmed they were locked when not in use.

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.

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 the clinic to have good leadership and clear lines of accountability.

We saw that both laser operators had completed training in a number of areas which helped to ensure they had up-to-date skills and knowledge to assist them with their work.

We saw that the clinic had a range of policies and procedures in place.

Governance and accountability framework

We looked at a sample of policies and procedures the clinic had in place and saw that these had been reviewed regularly. The policies and procedures contained version and / or review dates.

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

Dealing with concerns and managing incidents

We saw that the clinic had a complaints policy in place and it provided the correct contact details for 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 clinic. We were informed that any informal concerns were captured within individual patients' records. We advised the clinic to record any informal concerns in a central log in order for any themes to be identified which the clinic agreed to do.

Workforce planning, training and organisational development

We saw certificates showing that all authorised users who operate the laser and IPL machine had completed the Core of Knowledge training and had also completed training on how to use the laser and IPL machine.

We also saw that staff had completed a variety of in-house, external and online training modules and we saw evidence that staff had received an appraisal, which included a detailed professional development plan.

Workforce recruitment and employment practices

The registered manager stated that the current staff team is well established and described the recruitment processes. Authorised users would not use the laser / IPL machine prior to appropriate training being undertaken and Disclosure and Barring Service (DBS) checks completed. .

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, measurable, 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
There were no immediate concerns identified on this inspection.			

Appendix B – Improvement plan

Service: North Wales Laser Clinic

Date of inspection: 7 January 2019

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				
N/A				
Delivery of safe and effective care				
Ensure cleaning schedules are developed and maintained for the premises.	13. Infection prevention and control (IPC) and decontamination	A new cleaning schedule has been created which ensures practitioners sign and complete a daily cleaning schedule. There is also a new schedule which is signed and dated by an independent cleaning company twice per week.	Ruth Brockley	Enforced 20/2/19
Quality of management and leadership				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
N/A				

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): Ruth Brockley

Job role: Director

Date: 20/2/19