

Healthcare Inspection (Announced) Cutis Cosmetic Clinic

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

Our purpose

To check that people in Wales 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 Cutis Cosmetic Clinic on the 28 March 2019.

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

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 Cutis Cosmetic Clinic was committed to providing an effective service to its patients in an environment that was conducive to providing laser treatments.

Patient feedback we received was very positive with the majority of patients rating the care and treatment that they were provided with as excellent.

This is what we found the service did well:

- The environment was very clean and well maintained.
- Processes were in place to ensure the privacy and dignity of patients.
- Patients were provided with detailed information to help them make an informed decision about their treatment.
- Patient notes and records were maintained to a high standard.
- The registered manager had up to date training on how to use the laser machine safely.
- Appropriate arrangements were in place for infection prevention and control.

This is what we recommend the service could improve:

- The patients' guide needs updating in places to include more information about the service.
- The registered manager to undertake appropriate safeguarding training.

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

3. What we found

Background of the service

Cutis Cosmetic Clinic is registered to provide an independent hospital at 395 Gower Road, Killay, Swansea, SA2 7AH.

The service was first registered on 01 November 2013 and employs one laser operator, who is also the registered manager.

The clinic is registered to provide the following treatments to patients over the age of 18 years, with the exception of hair removal, which can be provided to patients over the age of 13 years:

Cynosure Apogee Elite Class 4 Laser:

- Pigmentation treatment
- Vascular treatment
- Skin rejuvenation
- Hair 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.

We found that patients were very happy with the service provided and the registered manager was committed to providing a positive experience for patients.

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

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

Updates are needed to the patients' guide in accordance 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 13 questionnaires were completed.

Overall, patient feedback was very positive, and the majority of patients that completed a questionnaire rated the care and treatment that they were provided with as excellent.

Patient comments included the following:

"I have always been treated with great respect, given professional advice and received great results from my facial laser hair treatment over the last two years, wonderful service!"

"Doctor provides an excellent service. Everything is always explained clearly and professionally"

"I am completely happy with the service provided and cannot think of any ways of improving. The treatment and care demonstrated by the doctor is always exemplary"

Health promotion, protection and improvement

We were told that patients complete a medical history form at their initial consultation, and must sign a form at each subsequent treatment confirming that there have or have not been any changes in their medical history., This helps ensure treatment is provided in a safe way.

We saw evidence of completed medical history forms within patient records to confirm this approach. Each patient that completed a questionnaire also confirmed that they always complete a medical history form, or have their medical history checked, before undertaking any treatment.

Dignity and respect

Every patient that completed a questionnaire agreed that they had been treated with dignity and respect at the clinic and where applicable, felt that they were always able to maintain their own privacy, dignity and modesty during their appointments.

The registered manager told us that private changing facilities are available in a lockable patient toilet next to the treatment room, and that the door to the treatment room is always locked during treatment to maintain the patient's dignity during and treatment.

Consultations with patients take place in the treatment room to ensure that confidential and personal information can be disclosed without being overheard.

The registered manager confirmed that chaperones are welcome to attend with patients and can stay in the treatment room for the duration of the treatment.

Patient information and consent

We found that patients were provided with enough information to make an informed decision about their treatment. This is because all patients were provided with a face-to-face consultation prior to laser treatment. This discussion includes the risks, benefits and likely outcome of the treatment offered. Patients are also provided with written information about their laser treatment to take away after their consultation.

All patients that completed a questionnaire agreed that they had been given enough information to help them understand the treatment options available to them and the risks and benefits associated with each treatment option. Patients also told us that the cost of any treatment was always made clear to them before they received the treatment.

Where applicable, all patients that completed a questionnaire confirmed that they always sign a consent form before receiving any new treatment.

Each patient also told us that they had been given aftercare instructions about how to prevent infection and aid healing after their treatment.

Communicating effectively

A detailed statement of purpose¹ was provided to us by the registered manager that contained the essential information as required by the regulations. A patients' guide was on display outside the treatment room. The patients' guide is in need of updating in accordance with the regulations; it needs to include information on how patients can pay for their treatment, a summary of the views of patients on the service provided at the clinic and information on consent arrangements for patients under 16 years old who may wish to receive treatment.

We noticed that both the statement of purpose and patients' guide had last been reviewed in 2015. We advise that both documents are reviewed annually going forward, and updated if necessary.

Without exception, all of the patients that completed a questionnaire said that they were always able to speak in their preferred language.

All patients that completed a questionnaire also said that they felt listened to during their appointment and felt that they had been involved, as much as they wanted to be, in decisions about their treatment.

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 must update its patients' guide to include information on the methods of payment available for patients to pay for their treatment, and provide a copy to HIW.

The service must update its patients' guide to include a summary of the views of patients on the service provided at the clinic, and provide a copy to HIW.

The service must update its patients' guide to include information on the consent arrangements in place at the clinic for patients under 16 years old to receive treatment, and provide a copy to HIW.

Care planning and provision

The registered manager told us that prior to treatment, patients must agree to undergo a patch test to determine a safe and effective setting of the laser for their skin and hair type. All patients that completed a questionnaire confirmed that they had been given a patch test before they received treatment.

We saw evidence of excellent record keeping processes in place at the clinic, including detailed patient notes and a comprehensive patient treatment register.

Equality, diversity and human rights

The clinic is located in a single storey annex behind a residential home and all facilities are accessible to people with mobility issues. The annex contains a small waiting area, patient toilet, one treatment room and a room with staff facilities.

Citizen engagement and feedback

We found that the clinic had a system in place for seeking patient feedback as a way of monitoring the quality of service provided. Comment cards are available in the waiting area and patients are also encouraged to complete a review about their experience at the clinic via their website or Facebook page.

The registered manager also issues an annual questionnaire to patients; results from these questionnaires are analysed by the registered manager and a written summary is produced. We advised the registered manager to display these results in the waiting area to inform patients.

The majority of patients that completed a questionnaire said that they were aware of being asked for their views about the service provided at the clinic, for example, through patient questionnaires.

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.

Systems were in place to ensure patients were being treated as safely as possible. The laser machines were maintained in accordance with the manufacturer's guidelines and the registered manager had up to date training on the use of the machines.

The treatment room was well equipped and visibly very clean and tidy.

The service was committed to providing a high standard of care, but the registered manager needs to undertake training on the protection of children and vulnerable adults; the written policy was also in need of updating.

Managing risk and health and safety

We found suitable maintenance arrangements were in place to protect the safety and well-being of the registered manager and people visiting the premises.

We saw evidence that a building electrical wiring check had been undertaken within the last five years and that regular Portable Appliance Testing (PAT) is carried out to ensure equipment is maintained in a safe and suitable condition. We advised the registered manager to consider undertaking new PAT on equipment as the previous test was done in November 2017.

We looked at the arrangements in place with regard to fire safety. We saw that fire alarm tests and fire drills are carried out regularly and recorded in a logbook. We saw evidence that fire extinguishers were serviced annually. We also noted that fire exits were signposted.

There was an appropriate emergency first aid kit available and we were assured that the registered manager has received sufficient first aid training as part of her certified membership with the General Medical Council (GMC).

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 that completed a questionnaire felt that, in their opinion, the premises were very clean.

The registered manager described the infection control arrangements at the clinic which we found to be consistent with the procedures outlined in their infection control policy. We also saw that a cleaning schedule was in place and kept up to date.

We noted there were suitable arrangements in place for the storage and collection of waste. However, we noticed that there were no feminine hygiene facilities available in the patient toilet. A feminine hygiene bin must be acquired.

Improvement needed

The service to arrange for a feminine hygiene bin to be installed in the patient toilet.

Safeguarding children and safeguarding vulnerable adults

The service is registered to provide hair removal treatment to patients over the age of 13 years old and the registered manager confirmed that this was complied with. We were told that patients aged under 18 years old need to provide parental consent before receiving treatment, and that any children accompanying adults that are receiving treatment are not permitted into the treatment rooms.

We found that the registered manager had not received safeguarding training since first registering with HIW in 2013. We recommend that the registered manager undertakes appropriate training in the protection of children and vulnerable adults to ensure their knowledge around safeguarding is kept up to date.

We saw that separate policies for the safeguarding of children and adults were in place which contained procedures for staff to follow in the event of any safeguarding concerns. However, neither policy set out the different types of abuse, nor described the potential signs of abuse to look out for.

Improvement needed

The registered manager to undertake training in the protection of children and vulnerable adults and evidence of completed training submitted to HIW.

The safeguarding of children and safeguarding of adults policies must be updated to include definitions of the different types of abuse, and guidance on how to recognise the signs of abuse.

Medical devices, equipment and diagnostic systems

We saw evidence that the Cynosure Apogee Elite Class 4 Laser had been regularly serviced and calibrated² in line with the manufacturer's guidelines.

We saw that there was a treatment protocol in place for the safe use of the laser machine. The registered manager told us that the treatment protocol was originally produced by a suitable expert medical practitioner, and has been reviewed annually by the registered manager herself in her capacity as a certified member of the GMC.

We saw that there was a contract in place with a Laser Protection Adviser (LPA) and comprehensive local rules³ were in place detailing the safe operation of the laser machine. The rules had been reviewed by the LPA and we saw they had also been signed by the registered manager, indicating their awareness and agreement to follow these rules.

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.

Safe and clinically effective care

We saw evidence that the registered manager had completed the Core of Knowledge⁴ training within the relevant timescales, and had also received training by the manufacturer on how to use the laser machine.

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

No patients were being treated on the day of the inspection, but the registered manager described the treatment process in detail; a warning sign on the outside of the treatment room door indicates that the laser machine is in use and the treatment room is locked to prevent any unauthorised persons from entering during treatments. We were told that the machine is kept secure at all times.

We reviewed documentation in place relating to various risk assessments undertaken by the clinic. We saw evidence that the LPA had completed a recent risk assessment, in which no improvements had been identified.

Participating in quality improvement activities

We found evidence that the service had suitable systems in place to regularly assess and monitor the quality of service provided. For example, following treatment, the service provided the opportunity for patients to provide feedback through questionnaires and online reviews.

We also saw certificates of relevant training courses undertaken by the registered manager to develop her skills and knowledge to help provide improved patient care.

Records management

We found that patient information was kept securely. Paper patient records were kept in a locked cabinet in the treatment room, and keys to the cabinet are locked away each night in a separate locked safe.

⁴ Training in the basics of the safe use of lasers and IPL systems

We examined a sample of patient records and found evidence that patient notes were maintained to a high standard, demonstrating that care is being planned and delivered with patients' safety and wellbeing in mind.

The registered manager told us that any photos taken during treatment sessions are kept electronically and securely backed up every week.

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.

The registered manager had the appropriate skills and relevant knowledge to deliver safe treatment to patients.

The service had a wide range of policies and procedures which were all updated on an annual basis.

A comprehensive complaints procedure was in place to ensure any complaints are responded to efficiently and effectively.

Governance and accountability framework

Cutis Cosmetic Clinic is run by the registered manager who is responsible for the day to day management of the service and is the only laser operator.

We found that the service had a number of policies in place which were updated regularly and accessible.

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

Dealing with concerns and managing incidents

The service had an appropriate complaints procedure which included the correct contact details of HIW in line with regulatory requirements. A summary of the complaints procedure is included within the statement of purpose and in the patients' guide.

We saw that suitable systems were in place to record and manage any formal or informal complaints and concerns received by the clinic.

Workforce planning, training and organisational development

As mentioned earlier within the report, we saw certificates showing that the registered manager, as the only authorised operator of the laser machine, had

completed the Core of Knowledge training and had also completed training on how to use the laser machine.

We also noted that the registered manager keeps her skills and knowledge up to date through continuing professional development⁵ (CPD).

Workforce recruitment and employment practices

We saw evidence that the registered manager had an appropriate Disclosure and Barring Service (DBS) certificate in place to satisfy Regulation 19, which requires that patients must be protected against the risks of inappropriate or unsafe care and treatment.

⁵ Continuing professional development (CPD) is the process of documenting skills, knowledge and experience gained formally and informally to help improve the safety and quality of care provided to patients.

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 summarizes 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: Cutis Cosmetic Clinic

Date of inspection: 28 March 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				
The service must update its patients' guide to include information on the methods of payment available for patients to pay for their treatment, and provide a copy to HIW.	The Independent Health Care (Wales) Regulations 2011 Regulation 7	The client guide has been updated with the addition of all three points.	Dr Dave	Completed
The service must update its patients' guide to include a summary of the views of patients on the service provided at the clinic, and provide a copy to HIW.				
The service must update its patients' guide to include information on the consent arrangements in place at the clinic for patients under 16 years old to receive treatment, and				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
provide a copy to HIW.				
Delivery of safe and effective care				
The service to arrange for a feminine hygiene bin to be installed in the patient toilet.	Health and Safety Executive guidance – Health and Safety at Work Regulations	A separate appropriately labelled bin has been installed	Dr Dave	Completed
The registered manager to undertake training in the protection of children and vulnerable adults and evidence of completed training submitted to HIW.	The Independent Health Care (Wales) Regulations 2011	Both trainings are up to date	Dr Dave	Completed
The safeguarding of children and safeguarding of adults policies must be updated to include definitions of the different types of abuse, and guidance on how to recognise the signs of abuse.	Regulation 16 National Minimum Standards for Independent Health Care	Policies updated	Dr Dave	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Services in Wales Standard 11			
Quality of management and leadership				
No recommendations made.				

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): Rupa Dave

Job role: Registered Manager

Date: 16/05/19