



Independent Healthcare Inspection (Announced)

OneYou

Inspection date: 10 February
2020

Publication date: 11 May 2020

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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 OneYou, located within Doll House Hair Boutique, 451 Cowbridge Road East, Cardiff, CF5 1JH on the 10 February 2020.

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

We found that OneYou was committed to delivering a quality patient experience and had appropriate systems and processes in place to support this.

The service had good mechanisms in place to ensure the health, safety and well-being of patients.

We found the registered manager to be knowledgeable and experienced in the treatments available to patients and in the regulations and standards applicable to the service.

This is what we found the service did well:

- Good provision of patient information
- Good mechanisms for obtaining patient consent
- Appropriate use of daily checklists to ensure the continued suitability of laser equipment
- Good engagement with quality improvement activities
- Very good record keeping.

This is what we recommend the service could improve:

- First aid refresher training is advised.

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

3. What we found

Background of the service

OneYou is registered as an independent hospital to provide Class 3B/4 laser and Intense Pulsed Light Technology (IPL)¹ at Doll House Hair Boutique, 451 Cowbridge Road East, Cardiff, CF5 1JH.

The service was first registered on 20 August 2019.

The staff team included the registered manager as the sole laser operator.

A range of services are provided which include:

- Hair reduction
- Vascular lesion removal
- Pigmented lesion removal.

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

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found that the service was committed to delivering a quality patient experience and had appropriate systems and processes in place to support this.

The environment was visibly clean, modern and inviting. Patient information was available in a range of formats and suitable mechanisms were in place to obtain 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 four questionnaires were completed.

Overall, whilst the patient feedback that we received was limited, all feedback was very positive and patients rated the care and treatment that they were provided with as excellent.

Patient comments included the following:

"It is an amazing service, thoroughly professional and I feel comfortable at all times."

"[The registered manager] is very knowledgeable and describes in detail what the treatment entails... I was made to feel comfortable before, during and after each service and would highly recommend her."

"Always friendly, helpful and cheerful."

Health promotion, protection and improvement

We saw that patients were asked to complete a comprehensive medical history prior to their initial treatment, and that this was checked for changes at each subsequent appointment. We also saw that medical histories were electronically signed by the patient and countersigned by the operator providing the treatment. This helps to ensure that appropriate treatments are provided in a safe way.

All patients who completed a questionnaire confirmed that they had their medical histories taken prior to treatment.

Dignity and respect

To ensure patient privacy, we were told that patient consultations are always carried out in the treatment room.

To ensure patient dignity before and after treatment, we were told that patients are provided with a modesty towel and, if necessary, disposable underwear. We were also told that the treatment room is locked throughout each course of treatment and we saw that appropriate signage was on the door to restrict entry.

The registered manager told us that whilst a patient is welcome to attend their consultation with a chaperone, it was the policy of the service to not permit chaperones during treatment. We confirmed with the registered manager that this was made clear to patients verbally and in the patients' guide.

All patients who completed a questionnaire agreed that they had been treated with respect by staff.

Patient information and consent

All patients who completed a questionnaire agreed that they had been given enough information about their treatment, including the available treatment options, costs, risks and benefits.

We saw evidence that patients were provided with sufficient information in a variety of formats in order to make an informed decision about their treatment. This is provided in the following ways:

- Prior to treatment, all patients are provided with a face-to-face consultation. This includes providing patients with a brief presentation on a tablet, which outlined manufacturer information relating to the treatment, likely outcomes, and before and after care advice

- Once a patient had viewed the presentation, they were provided with and emailed a copy of the patients' guide and statement of purpose² to read in their own time
- Comprehensive written consent, based upon the patient information, is then obtained and recorded electronically. This is signed by the patient and countersigned by the operator
- Appropriate aftercare advice is emailed to patients upon completion of each course of treatment.

We noted the provision of patient information and method of obtaining consent to be of notable practice. All material was available in alternative format for those who did not have email access.

Communicating effectively

All patients that completed a questionnaire agreed that they felt listened to by staff and that they were able to speak in their preferred language.

The service also has a comprehensive website which outlines the services available and a range of supporting information. This includes the patients' guide and statement of purpose.

Care planning and provision

The registered manager confirmed that all patients receive a face-to-face consultation prior to the start of any treatment. As part of this consultation we saw evidence to confirm that medical histories were collected, to ensure suitability of treatment.

We also found an up-to-date electronic copy patient treatment register was maintained through the service's software system. This enables the service to monitor the treatments provided and to respond to any incidents that may arise.

² Every service provider is required to have a statement of purpose which should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used

In line with the service's treatment protocol and policy, we saw evidence to confirm that patch testing was required of all patients as a condition of their treatment. All patients who completed a questionnaire confirmed that they had received a patch test prior to treatment.

Equality, diversity and human rights

The treatment room is situated on the ground floor and the premises are sufficiently spacious to accommodate those with accessibility needs.

Patient toilets are available within the wider premises, however, these are not accessible for wheelchair users. Therefore the service is advised to make this clear in its patients' guide.

Citizen engagement and feedback

We found evidence that the service appropriately seeks feedback from patients. The registered manager told us that all patients are sent an electronic satisfaction survey to complete upon completion of their course of treatment. As the service had only treated a small number of patients since registering with HIW, there were no feedback results to show, but we were assured that feedback would be analysed on a quarterly basis and displayed in the patients' guide.

We saw that patients are able to provide their feedback through other means, including verbally and by email. Patients are also able to provide feedback and reviews through social media, which is actively monitored by the registered manager.

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 service had good mechanisms in place to ensure the health, safety and well-being of patients.

The laser equipment had been regularly serviced and daily equipment checks were in place to ensure patients were treated safely.

The registered manager undertakes regular refresher manufacturer training to ensure their continued knowledge and skills.

We found evidence of very good record keeping which supports the service to deliver quality patient care.

Managing risk and health and safety

We saw evidence that Portable Appliance Testing (PAT) had been conducted to help ensure that electrical appliances were safe to use. We also saw evidence that there had been a building electrical wiring check conducted within the last five years.

In support of fire safety, we saw evidence that a fire risk assessment had been completed as part of the environmental risk assessment that was in place. The service had access to an appropriate fire extinguisher which had been purchased within the past year. We found that the fire exit was clearly signposted and an assembly point had been agreed with the other business located within the premises. The registered manager also confirmed that fire drills are undertaken by the building owners every six months.

We saw that a first aid kit was available and all of its contents were within their expiry date. The registered manager described what steps they would follow in the event of an emergency, such as a patient collapse, and this was in line with their treatment protocol. However, we found that first aid training had not been undertaken recently. We therefore advised the registered manager to consider undertaking a refresher first aid course.

Infection prevention and control (IPC) and decontamination

We found the service to be visibly clean and tidy. All patients who completed a HIW questionnaire felt that, in their opinion, the premises were very clean.

The service had a suitable infection control policy and accompanying procedures which outlined the arrangements for cleaning treatment areas and equipment at the start of each day and in between patients, hand hygiene and handling clinical waste.

The registered manager told us that, if required, disposal single-use underwear and modesty towels were available for patients to use and that these were appropriately disposed of after use.

We saw that a contract was in place for the safe transfer and disposal of hazardous (clinical) waste.

Safeguarding children and safeguarding vulnerable adults

The service is registered to provide treatment to adults over the age of 18 only. We saw evidence of a policy which explicitly excludes treatment or services to those under the age of 18. The registered manager confirmed that this is complied with.

An adult safeguarding policy was in place with clear procedures to follow in the event of a safeguarding concern. This included local authority points of contact, individual staff roles and responsibilities.

We saw evidence that the registered manager as the sole laser operator had undertaken an appropriate level of safeguarding training.

Medical devices, equipment and diagnostic systems

We saw evidence that appropriate treatment protocols were available on-site and that these had been overseen by an expert medical practitioner.

We also saw that there was a contract in place with a Laser Protection Advisor (LPA) and local rules³ detailing the safe operation of the machines. The local rules had been reviewed within the last 12 months by the LPA and signed by the laser operator.

The local rules also included a risk assessment of hazards that was completed by the LPA. No actions as a result of the risk assessment had been identified for the service.

We saw evidence which confirmed that satisfactory servicing and calibration of the laser machine was undertaken in June 2019.

It was pleasing to note that the service had a daily laser equipment checklist in place, as part of the routine quality assurance checks undertaken by the service. This helps to ensure the safety and effectiveness of the laser equipment.

Safe and clinically effective care

We saw evidence that the laser operator had completed Core of Knowledge⁴ training and manufacturer training in the use of the laser machine.

We saw that eye protection was available for patients and the laser operator. The eye protection was in good condition and conformed to the local rules.

The treatment room was fitted with a lock and Do not Enter signs to prevent unauthorised access whilst the machine is in use. We confirmed with the registered manager that the key to operate the laser machine is kept securely to further prevent unauthorised use of the machine.

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 LED's. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

⁴ Core of Knowledge training provides a foundation in the safe and effective use of laser and IPL machines

Participating in quality improvement activities

We found evidence of quality improvement activities being undertaken by the service. The registered manager told us that client records are reviewed at the end of each day to ensure that records have been completed accurately, with the necessary patient and laser operator signatures included.

We also saw evidence that the registered manager had undertaken regular refresher training with the manufacturer of the laser machine. This helps to ensure continued knowledge and skills of the equipment and general updates within the sector. We noted these activities as worthy practice.

Records management

We reviewed a sample of patient records and found evidence of very good record keeping. The records were completed in a sufficiently detailed and clear manner, which promotes safe and effective care in the planning and recording of patient treatment.

The records were stored on a specialist cloud-based software system, which provides consistency and security of data, with data being regularly backed-up.

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 OneYou was committed to delivering a quality service. The registered manager was knowledgeable and experienced in the treatments available to patients and in the regulations and standards applicable to the service.

Governance and accountability framework

OneYou is run on a day-to-day basis by the registered manager who is the owner and solely authorised laser operator.

Through discussions held on the day of the inspection, the registered manager demonstrated commitment to delivering a quality patient experience and safe and effective care. We found the registered manager to be knowledgeable and experienced in the treatments available to patients and in the regulations and standards applicable to the service.

The service had a comprehensive range of policies and procedures in place. We checked a sample of these and found that these were reviewed on a regular basis, with appropriate version control and review dates.

We saw that a current HIW certificate of registration and public liability insurance certificate was on display.

Dealing with concerns and managing incidents

We found that the service had an appropriate complaints policy and procedure in place and that this included the contact details for HIW. A summary of the complaints procedure was included in the statement of purpose and patients' guide.

Workforce planning, training and organisational development

As mentioned earlier in this report, we saw certificates showing that the registered manager, as the sole authorised laser operator, had completed Core of Knowledge training and manufacturer training in use of the registered laser machine.

Workforce recruitment and employment practices

We saw evidence that the registered manager had an appropriate Disclosure and Barring Service (DBS) check in place to help protect and safeguard 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 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			

Appendix B – Improvement plan

Service: OneYou

Date of inspection: 10 February 2020

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				
Delivery of safe and effective care				
Quality of management and leadership				
There were no areas for improvement identified under the above themes.				

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: