

Independent Healthcare Inspection (announced)

LX Laser Clinic

Inspection date: 29 October 2019

Publication date: 30 January 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 LX Laser Clinic on the 29 October 2019.

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 were assured that LX Laser Clinic was providing an effective service to its patients in an environment that is suitable for providing laser treatments.

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

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

Patient feedback was very positive with all of the patients rating the care and treatment that they were provided with as excellent or very good.

This is what we found the service did well:

- Patients were able to make informed decisions about their treatment
- Systems were in place to ensure patients were being treated as safely as possible
- Patient notes and records were maintained to a good standard
- The registered manager had up to date training on how to use the laser/IPL machine appropriately.

This is what we recommend the service could improve:

- Ensure the cleaning schedules are dated
- Undertake fire training to ensure skills and knowledge of fire equipment and procedures are up to date.

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

3. What we found

Background of the service

LX Laser Clinic is registered as an independent hospital to provide laser/intense pulse light (IPL) services at 20A Glebe Street, Penarth, CF64 1EE.

The service was first registered with HIW on 21 August 2018.

The service employs one laser/IPL operator who is also the registered manager.

A range of services are provided which include:

- Hair removal
- Tattoo removal
- Skin rejuvenation
- Photo rejuvenation.

Quality of patient experience

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

We found that staff were committed to providing a positive experience for patients. Patient feedback from HIW questionnaires rated the service as excellent or very good.

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

The service had suitable arrangements in place to protect the privacy and dignity of patients during consultations and treatments.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 15 questionnaires were completed.

Overall, patient feedback was very positive, and the majority of patients who completed a questionnaire rated the care and treatment that they were provided with as excellent. Patient comments on the questionnaires included the following:

"Alison is always very thorough and informative"

"I've seen an improvement in my skin since the treatment, and since using the recommended at home products"

"Amazing results after finishing my treatment with Alison. Have already booked in for more treatments"

"very thorough consultations"

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 follows

best practice guidance and helps ensure treatment is safe and suitable for each patient.

We saw evidence of completed and signed 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 who completed a questionnaire agreed that they had been treated with dignity and respect by the registered manager, and felt that they were always able to maintain their own privacy, dignity and modesty during their appointments.

Staff told us that where applicable, the room is vacated if the patient is required to change/remove clothing and dignity towels are provided. The door to the treatment room is always locked during treatment to maintain the patient's dignity before and during 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, where applicable, patients can have a chaperone present for support during consultations.

Patient information and consent

We were assured that patients were able to make an informed decision about their treatment. This is because patients are provided with a face-to-face consultation prior to laser/IPL treatment and 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.

Every patient who completed a questionnaire confirmed that they were required to sign a consent form to evidence that they understood the associated benefits and risks before undertaking any treatment.

Communicating effectively

All of the patients who completed a questionnaire said that they were always able to speak to the staff in their preferred language.

All patients who completed a questionnaire also told us that the 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.

A detailed statement of purpose¹ was provided to us by the registered manager which we found contained the essential information as required by the regulations.

A patients' guide was available providing information about the service and included the areas required by the regulations. The patients' guide was available to patients upon request.

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 of the patients that completed a questionnaire confirmed that they had been given a patch test before they received treatment.

All of the patients that completed a questionnaire told us that they had been given aftercare instructions about how to prevent infection and aid healing after their treatment.

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

Equality, diversity and human rights

LX Laser Clinic is situated on the first floor and is not easily accessible for patients with mobility issues. These accessibility issues are made clear to patients if they phone prior to attending the setting. The registered manager may want to consider adding this information to the website and/or the patients' guide.

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

Citizen engagement and feedback

Staff told us that they had not received any feedback from patients, despite patient satisfaction questionnaires, a suggestion box in the waiting area and different social media platforms being available. However, the registered manager did discuss with us her plans for obtaining patient feedback in the near future.

Just over half of all the patients who 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 service to be well run and met the relevant standards and regulations to ensure the health, safety and welfare of patients and people visiting the clinic.

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

The service was committed to providing safe and reliable care. The treatment room was visibly clean and tidy and staff were aware of the cleaning tasks required on a daily basis to ensure standards remained high.

Managing risk and health and safety

The landlords who own the building are responsible for the maintenance arrangements. Overall, we found suitable maintenance arrangements were in place to protect the safety and well-being of the staff and people visiting the premises.

A building electrical wiring check had been undertaken within the last five years and annual Portable Appliance Testing (PAT) had been carried out to help ensure small electrical appliances were fit for purpose and safe to use.

Appropriate arrangements were in place to adequately protect the registered manager and people visiting the clinic in the event of a fire. The landlords are responsible for ensuring a fire risk assessment is undertaken and any actions identified are rectified. Fire exits were appropriately signposted and fire extinguishers were located within the building and serviced to ensure the equipment worked properly. We recommended that fire safety training and drills are undertaken (evidenced) to ensure the registered manager has up to date skills and knowledge in the use of fire safety equipment and emergency procedures, because at the time of our visit fire drills were not being carried out.

We saw that a first aid kit was available. All of its contents were in date and staff said checks were carried out to ensure they remain safe and effective for use.

The registered manager described suitable procedures to follow in the event of an emergency such as patient collapse. We saw a first aid certificate which confirmed the registered manager had up to date training in first aid.

Improvement needed

The registered manager should undertake fire drills and fire safety training to ensure up to date skills and knowledge on the use of fire safety equipment and procedures

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; the majority of 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 in line with best practice guidance and consistent with the procedures outlined in their infection control policy. We did recommend that the cleaning schedules are dated to clearly evidence what had been completed and when.

Staff told us of the procedures in place for the safe transfer and disposal of any hazardous (clinical) waste. Hazardous waste was being stored appropriately.

Improvement needed

The registered manager should date the cleaning schedules to clearly evidence the tasks completed on a specific date

Safeguarding children and safeguarding vulnerable adults

The registered manager confirmed that the service complies with their conditions of registration to only treat patients aged 18 years old and over.

We saw that a policy for safeguarding was in place which outlined the procedures to follow in the event of any safeguarding concerns. The policy also

included the contact details of the relevant local safeguarding agency to ensure concerns are reported appropriately.

We saw certificates to confirm that the registered manager had received training in the protection of vulnerable adults and children.

Medical devices, equipment and diagnostic systems

Overall, we found suitable arrangements were in place to protect the safety of patients when using the laser/IPL machine at the service. This is because:

- the laser/IPL machine had been serviced and calibrated in line with the manufacturer's guidelines to help ensure it performs consistently and as expected
- a contract was in place with a Laser Protection Adviser (LPA) to provide expert advice on the safety of the laser installation and day to day operational use
- comprehensive local rules² developed by the LPA that detailed the safe operation of the laser/IPL machine were in place and had been signed by the registered manager to evidence their awareness and agreement to follow these rules.

On the day of the inspection, we saw the front sheet of the medical protocols, which was signed by a medical practitioner, as required by the regulations. However the medical protocols were saved to a computer which was not available at the time. Following our visit a copy of these were sent to HIW.

Safe and clinically effective care

We saw evidence that the registered manager met Medicines and Healthcare products Regulatory Agency (MHRA) requirements³ to be a competent user of

² 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.

³ [Lasers, intense light source systems and LEDs – guidance for safe use in medical, surgical, dental and aesthetic practices](#)

the laser/IPL machine having completed the Core of Knowledge⁴ training and training by the laser/IPL machine manufacturer on how to operate it safely.

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

No patients were being treated on the day of the inspection, but the registered manager described the safety precautions taken when treatment is in progress; a warning sign on the outside of the treatment room door informs the public of the risk of lasers being used inside the treatment room. The treatment room is locked to prevent any unauthorised persons from entering during treatments and the machine is kept secure at all times to prevent unauthorised usage.

We saw evidence that the LPA had completed a risk assessment to identify any hazards associated with the use of the laser/IPL machine and the environment of the treatment room. The risk assessment had been reviewed by the registered manager and the actions identified had been completed.

Participating in quality improvement activities

We found evidence that the registered manager had systems in place to assess and monitor the quality of service provided to patients as required by the regulations. For example, following treatment, the service provided the opportunity for patients to provide feedback through questionnaires.

A range of risk assessments had also been undertaken to help protect the health, welfare and safety of patients and others visiting the clinic.

Records management

We found that patient information was kept securely. Paper patient records were kept securely in a locked cabinet to prevent unauthorised access.

We saw evidence of suitable record keeping processes in place at the clinic, including detailed patient notes that were of good quality and a comprehensive

⁴ Training in the basics of the safe use of laser machines

patient treatment register, which supported the service to deliver quality patient care.

All records relating to the laser/IPL machine and environment of the building were well organised and easily accessible.

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 in line with regulations.

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

Governance and accountability framework

LX Laser Clinic is run by the registered manager who is responsible for the day to day management of the service and is the only laser/IPL operator.

We found that the service had a number of policies in place which were accessible and saw evidence that they had been reviewed and updated regularly.

We saw that the service had an up to date liability insurance certificate in place to protect the clinic against compensation claims and associated legal costs.

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 was 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 complaints and concerns received by the clinic. We asked the registered manager to consider recording any informal comments which may be used as an additional means of identifying any improvements for the service.

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

The registered manager told us about her training programme which ensured they maintained their skills and knowledge in a number of areas including safeguarding.

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.

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 on this inspection | | | |

Appendix B – Improvement plan

Service: LX Laser Clinic

Date of inspection: 29 October 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 | | | | |
| No areas for improvement were identified at this inspection | | | | |
| Delivery of safe and effective care | | | | |
| The registered manager should undertake fire drills and fire safety training to ensure up to date skills and knowledge on the use of fire safety equipment and procedures | Regulation 26 (4) (c) | The registered manager will undertake an online fire safety course. | Alison Jones | By Jan 31 st 2020 |
| The registered manager should date the cleaning schedules to clearly evidence the tasks completed on a specific date | Regulation 15 (1) (c) & 26 (2) (a) | The registered manager has ammended the cleaning schedules to include dates. The schedules will be kept for 3 months | Alison Jones | Completed 30 th Oct 2019 |

| Improvement needed | Regulation/ Standard | Service action | Responsible officer | Timescale |
|---|-------------------------|----------------|---------------------|-----------|
| | | then disposed. | | |
| Quality of management and leadership | | | | |
| No areas for improvement were identified at this inspection | | | | |

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): Alison Vaughan Jones

Job role: Registered Manager

Date: 1.12.2019