

Independent Healthcare Inspection (announced)

Defy Time Cosmetics Clinic

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2019

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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 Defy Time Cosmetics Clinic on the 12 November 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 Defy Time Cosmetic Clinic was providing an effective service to its patients in an environment that is suitable for providing laser/IPL 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 patients rating the care and treatment 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:

- Update the safeguarding policy to include the local safeguarding contact details
- Undertake fire training to ensure skills and knowledge of fire equipment and procedures are up to date
- Review and update the processes in place for patients to provide feedback so that they are in line with the statement of purpose
- Review and update the recruitment and retention procedures so they adhere to the regulations.

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

3. What we found

Background of the service

Defy Time Cosmetics Clinic is registered as an independent hospital to provide laser/intense pulse light (IPL) services at 466 Gower Road, Killay, Swansea, SA2 7DZ.

The service was first registered with HIW on 1 February 2016.

The service employs one laser/IPL operator who is also the registered manager. The service also employs three members of staff whom provide reception duties.

A range of services are provided to patients over 18 years of age which include:

Deka SmartXide Fractional CO2 laser for the following treatments:

- Acne scars
- Hypertrichic scars
- Keloid scars
- Solar lentigenes
- Melasma
- Severe Sun damage
- Seborrhoeic warts.

Laserscope – Lyra Nd:Yag laser for the following treatments:

- Long term hair reduction / removal
- Blue venous vascular lesions and veins of the face
- Leg veins.

Laserscope – Aura KTP laser for the following treatments:

- Red facial veins
- Acne rosacea

- Acne
- Superficial pigmentation
- Pigmented warts
- Skin tags
- Warts.

Energist I-Pulse IPL for the following treatments:

- Long term hair reduction / removal
- Facial veins
- Sola Lentigenes
- Moderate to severe sun damage / photo ageing
- Acne.

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.

We have asked the service to review their systems for obtaining patient feedback because the majority of patient feedback from HIW questionnaires confirmed they had not been asked for their views.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 20 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:

"Atmosphere and people very kind and I feel quite relaxed here"

"Been coming here for 10 years. It's fantastic"

"Alan Jones is wonderful and my visits here are always a tonic mentally and physically. The staff are great and I feel I am visiting friends"

Health promotion, protection and improvement

We were told that patients complete a medical history form at their initial consultation which is updated 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. The majority of patients that completed a questionnaire confirmed that they always complete a medical history form, or have their medical history checked, before undertaking any treatment.

Dignity and respect

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 and/or consultation 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 (female member of staff) for support if required.

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. The majority of patients told us they had received enough information about the risks and benefits associated with each treatment option. The majority of patients also told us that the cost of any treatment was always made clear to them before they received the treatment.

Written consent is obtained prior to initial treatment and at any subsequent appointments. However, there was an equal number of patients who completed a questionnaire that stated either "not applicable" or "yes" to when asked whether they were required to sign a consent form to evidence that they understood the associated benefits and risks before undertaking any treatment. This would suggest half of the patients that completed a questionnaire either did not provide written consent to treatment or were not aware that they had done so.

The patient records we reviewed had evidence of signed consent and staff told us that the act of coming back and receiving treatment is a form of consent. However, staff may want to consider asking every patient at every appointment to sign the consent form so patients are clear about this process. In addition, the registered manager should ensure their consent policy reflects the procedure.

Improvement needed

As a result of HIW's patient questionnaire question regarding consent, the registered manager should review their procedure of obtaining consent so that patients understand this process and ensure their policy clearly reflects the procedure.

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

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

We recommended that the document is updated to include the relevant qualifications and experience of the registered manager.

A patients' guide was available providing information about the service and included the areas required by the regulations. We recommended that the document is updated to include a summary of views of patients. The patients' guide was located in a folder in the waiting area.

Improvement needed

The registered manager should update their statement of purpose to include the relevant qualifications and experience of the registered manager and send a copy to HIW.

The registered manager should update the patient guide to include a summary of views of patients.

Care planning and provision

The registered manager told us that prior to specific treatments, patients must agree to undergo a patch test to determine a safe and effective setting of the laser for their skin and hair type. The majority of patients that completed a questionnaire stated this was not applicable, however, all the respondents that completed the question 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

Defy Time Cosmetic Clinic is situated on the ground floor and is easily accessible for patients with mobility issues.

Citizen engagement and feedback

A suggestions/comment book was available in the waiting area which was used to capture patient feedback. Staff told us that some of the comments are used on their website to promote patient feedback about the service.

Staff also told us that patients would provide feedback verbally and/or via thank you cards. Although this information is used by the service, there was no formal system to capture this and analyse it in order to identify any themes or trends.

The majority of all the patients who completed a questionnaire said that they were not aware of being asked for their views about the service provided at the clinic, for example, through patient questionnaires. The statement of purpose does state that the clinic will carry out annual and regular patient surveys to seek the views of patients. Therefore, we recommended that this area is reviewed and improved to be consistent with the statement of purpose.

Improvement needed

The registered manager must review and improve the methods of obtaining patient feedback to be consistent with the statement of purpose

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 machines were 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 rooms were visibly clean and tidy.

Managing risk and health and safety

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

Appropriate arrangements were in place to adequately protect the staff and people visiting the clinic in the event of a fire. Fire exits were appropriately signposted and extinguishers were located within the building and serviced to ensure the equipment worked properly. A fire risk assessment had been completed in 2017. The document stated that it should be reviewed on an annual basis. Therefore we recommended that this is reviewed and updated in accordance with the timescales listed.

We did not see any evidence to demonstrate that fire drills are being carried out or that the registered manager has received fire safety training. We recommend that fire safety training and drills are undertaken and recorded to ensure the registered manager has up to date skills and knowledge in the use of fire safety equipment and emergency procedures.

We saw that a first aid kit was available. Some of its contents were out of date and we asked staff to review the contents 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. Staff had completed cardiopulmonary resuscitation (CPR) training and had access to a defibrillator.

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.

The registered manager must review the fire risk assessment in line with yearly timescale.

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 in line with best practice guidance and consistent with the procedures outlined in their infection control policy. We were told of the arrangements for cleaning equipment between patients; we saw a contract with an external cleaning company and the book used to communicate specific messages to them. There were no cleaning schedules being kept and suggested this is something the service considers.

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.

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 contact details of relevant organisations that could be contacted if

required. We recommended that contact details for the local safeguarding agency is added to the policy to ensure concerns are reported appropriately.

At the time of our visit, the certificate to confirm that the registered manager had received training in the protection of vulnerable adults and children had expired, this training must be redone. .

Improvement needed

The registered manager must update the safeguarding policy to include contact details for the local safeguarding team.

The registered manager must complete up to date training in safeguarding.

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 machines 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 machines were in place and had been signed by the registered manager to evidence their awareness and agreement to follow these rules
- Medical protocols setting out the procedures to follow to ensure treatment is delivered safely to patients was in place and had been

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.

overseen by an expert medical practitioner as required by the regulations.

We recommended that a front sheet is added to the medical protocols to clearly evidence the date they were reviewed and signed by the medical practitioner.

Improvement needed

The registered manager should add a front sheet to the medical protocols to clearly evidence the date they were reviewed and the date of the next review

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 the laser/IPL machines having completed the Core of Knowledge⁴ training.

We saw that eye protection glasses specific to the strength of the laser/IPL machines 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 machines and the environment of the treatment room. The risk assessment did not identify any actions that needed to be completed.

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

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

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, audits from the Royal College of General Practitioners were completed to ensure standards remain high.

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. A patient treatment register was in place, which supported the service to deliver quality patient care. We recommended that the area treated is added to each register/book

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

Improvement needed

The registered manager should add the area treated to each treatment register/book

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

Defy Time 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/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.

The service had not received any complaints, but staff told us about the systems they would use to record and manage any formal 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/IPL machines, had completed the Core of Knowledge training. Training had also been completed on how to use the laser/IPL machines.

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

Workforce recruitment and employment practices

The registered manager is the only person operating the laser/IPL machines. 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.

Despite reception staff being employed at the service, there were no staff files in place or appraisals undertaken. We recommended that recruitment and appraisal processes are reviewed and improved in line with the requirements of the regulations and standards. This helps to ensure that suitable persons with an appropriate mix of skills and knowledge are employed by the service.

Improvement needed

The registered manager must review their recruitment and employment processes to ensure they meet the requirements of the regulations

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: Defy Time Cosmetic Clinic

Date of inspection: 12 November 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				
As a result of HIW's patient questionnaire question regarding consent, the registered manager should review their procedure of obtaining consent so that patients understand this process and ensure their policy clearly reflects the procedure.	Regulation 9 (4) (b)			
The registered manager should update their statement of purpose to include the relevant qualifications and experience of the registered manager and send a copy to HIW	Regulation 6 (1) Schedule 1 (3)			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered manager should update the patient guide to include a summary of views of patients	Regulation 7 (1) (e)			
The registered manager must review and improve the methods of obtaining patient feedback to be consistent with the statement of purpose	Regulation 19 (2) (b) (i)			
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) & (d)			
The registered manager must review the fire risk assessment in line with yearly timescale and ensure an up to date assessment is completed in line with this advice	Regulation 26 (4) (e) & (f)			
The registered manager must update the safeguarding policy to include details of the local safeguarding team and complete up to date	Regulation 15 (1) (b)			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
training in safeguarding				
The registered manager should add a front sheet to the medical protocols to clearly evidence the date they were reviewed and the date of the next review	Regulation 15 (1) (c)			
The registered manager should add the area treated to each treatment register/book	Regulation 23 (3), Part II of schedule 3			
Quality of management and leadership				
The registered manager must review their recruitment and retention processes to ensure they meet the requirements of the regulations	Regulation 20 (1) (a) (2) (a) (c) & Regulation 21 (2) (d)			

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print):

Job role:

Date: