

Quality Check Summary

Laser By Lisa

Activity date: 17 January 2022

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Laser By Lisa as part of its programme of assurance work. The service is located in Cwmbran and provides laser tattoo removal for adults over the age of 18.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Independent Health Care (Wales) Regulations 2011. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the registered manager on 17 January 2022 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How are you ensuring that the infection prevention and control (IPC) and cleaning regimes are effective in order to keep staff, patients and visitors safe?
- How are you ensuring that the environment is safe for staff, patients and visitors, and how patient dignity is maintained? What changes, if any, have been made as a result of COVID-19?
- How do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How are you ensuring that staff are appropriately trained in order to provide safe and effective care?
- How are you ensuring that treatment is provided in a safe and effective manner, including how laser equipment is appropriately maintained?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- Environmental risk assessment
- COVID-19 risk assessment
- Fire safety policy
- Fire risk assessment
- Insurance liability certificate

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

The registered manager described a range of steps the service had taken in response to the pandemic to help promote a safe environment. These included a hand sanitising station that patients use when entering the clinic. Appointments have been extended to allow for additional cleaning tasks between patients and windows are opened to increase ventilation. There are no seats in the waiting area and appointments have been arranged to allow one patient access to the clinic at a time. We were told that appropriate Personal Protective Equipment (PPE) is being used by staff and patients are asked to wear a mask, unless they are exempt.

We were told that the service received and implemented guidance and advice from government announcements as well as from their Laser Protection Adviser (LPA). The advice has enabled them to implement the changes listed above which help provide a safer environment for staff and patients.

We saw evidence to confirm an environmental risk assessment and COVID-19 risk assessment had been completed in 2021. The assessments did not highlight any outstanding actions for the setting to complete. We were told the fire extinguishers had been serviced within the last 12 months and a fire risk assessment was completed in April 2021.

We confirmed that there was a valid public liability insurance certificate in place. The manager provided us with a series of documents outlining their approach to risk assessments in the workplace, routine checks of the environment, equipment and items used within the clinic and fire safety.

Dignity and confidentiality are preserved as only one client is present in the laser room at

any one time. We were told that staff leave the room to allow a client to change and disposable dignity towels are provided where applicable. The patients' journey is discussed with them prior to any treatment starting.

The following areas for improvement were identified:

We were told that the clinic does not routinely offer bilingual information and services to their patients and that this has not been requested to date.

We therefore recommend that a review of Standard 18 of the National Minimum Standards (Communicating Effectively) which states that information is provided in a format that takes into account the needs of service user. In addition Regulation 9 (1) (g) of the Independent Health Care (Wales) Regulations 2011 requires the registered provider to have a policy in place that outlines how they provide information to patients. This policy should set out how the service is going to approach the need to communicate and provide information in Welsh should a patient request it.

Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- Infection control policy
- Pandemic policy
- COVID-19 policy

The following positive evidence was received:

The registered manager described a range of steps the service had taken in response to the pandemic to help promote good IPC practices. These included the use of appropriate PPE by staff and patients at all times. A hand sanitising station and hand washing sink for staff and patients. The cleaning schedule had been amended to allow for cleaning tasks to be completed before and after patients. These included door handles, treatment bench and eye protector glasses.

We were told that patients are contacted one hour before their appointment to complete a COVID-19 questionnaire. In addition, COVID-19 questions are checked again when they arrive for their appointment and their temperature taken. The registered manager added that patients are asked to wear appropriate PPE to their appointment and that appropriate hand sanitising facilities are provided.

The environment and COVID-19 risk assessments identified a list of environmental hazards and also included how COVID-19 was being managed. The risk assessments documented the action taken to control the risk, the person responsible and timescales. The pandemic policy had been updated in light of COVID-19.

The registered manager informed us that all patient information is emailed to clients before their appointment. After a patient's treatment, aftercare information is printed specifically for a patient in order to reduce the risk of cross contamination.

No areas for improvements were identified.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care.

The key documents we reviewed included:

- Statement of purpose
- Patients guide
- Clinical treatment and consent policy
- Insurance liability certificate
- Safeguarding training certificates
- Adult protection policy
- Core of knowledge and laser equipment training certificates
- Consultation forms, including medical history and consent form
- Treatment and medical protocols
- Local rules
- LPA risk assessment

The following positive evidence was received:

We were provided with evidence to confirm the laser operator had attended the Core of Knowledge course for continuing professional development. Certificates were also provided that confirmed staff had successfully completed training in the use of the laser.

The registered manager confirmed that the service complies with their condition of registration to only treat patients over the age of 18 years old. The procedures the service will follow in the event of any safeguarding concerns were detailed in their safeguarding policy. We saw certification that the laser operator had completed safeguarding training in 2021.

Laser By Lisa has only one member of staff who is the registered manager/laser operator and we were told that there were no plans to recruit new/additional staff. We were told that a system is in place to ensure training remains up to date and that a DBS check is undertaken regularly to ensure the manager is suitable to work with her clients.

We were provided with the latest copy of the services' statement of purpose which contained all the relevant information required by the Regulations.

No areas for improvements were identified.

Safe and effective care

During the quality check, we considered how the service has delivered treatment safely and effectively to patients. We considered the arrangements in place to explain treatments to patients, how treatment needs are assessed and how the service manages the risks associated with the laser equipment.

The following positive evidence was received:

The registered manager confirmed that all patients complete a face-to-face consultation prior to the start of any treatment. This includes providing patients with information and allowing potential patients time to consider their treatment options.

Medical histories are collected as part of the consultation to ensure the suitability of the chosen treatment. These are checked and signed by the patient for any changes before any additional treatment. The registered manager confirmed that treatment protocols would be checked and suitable medical advice sought when there has been any doubt with the suitability of a chosen treatment.

We found that consent is obtained from patients prior to the treatment taking place and at any subsequent appointments. This process included a discussion around the risks, benefits and likely outcome of the desired treatment.

The registered manager confirmed that a skin patch test is completed for all patients prior to the treatment and that suitable aftercare information was provided for patients following treatment.

We considered how the laser equipment and associated documentation had been maintained throughout the pandemic to ensure that safe and effective care is provided. We found:

- Treatment protocols were in place and had been written by a GMC registered professional

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- Local rules were in place and written by a Laser Protection Adviser (LPA). The local rules included the instructions for the safe use of lasers in line with legislation, standards and guidance.
 - Laser equipment had been recently serviced and re-calibrated
 - Core of Knowledge¹ training had completed.

No areas for improvements were identified.

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- 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 areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

As a result of the findings from this quality check, the service should:

- Ensure that the areas for improvements 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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.

¹ Core of Knowledge training provides a foundation in the safe and effective use of laser and IPL machines

Improvement plan

Setting: Laser By Lisa

Date of activity: 17 January 2022

The table below includes improvements identified during the Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The registered manager should ensure the clinic adopts a policy that outlines how the service is going to approach the need to communicate and provide information in Welsh should a patient request it.	National Minimum Standards - Standard 18 - Communicating Effectively The Independent Health Care Regulations 2011 - Regulation 9 (1) (g)	Policy to be completed to outline how to approach the need to communicate and provide information	Lisa Fletcher	31/01/2022
			Consultation form to include the option to receive correspondence in Welsh	Lisa Fletcher	31/01/2022
			Patient Guide, Aftercare advise & Price list to be translated into Welsh and available to clients on request	Lisa Fletcher	31/01/2022
			Adverts to be created in the Welsh Language	Lisa Fletcher	31/01/2022

		Telephone Calls to be greeted in Welsh & English	Lisa Fletcher	31/01/2022
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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.

Name: Lisa Fletcher

Date: 31/01/2022