

Independent Healthcare Inspection Report (Announced)

Quayside Medical Aesthetics

Inspection date: 18 May 2022

Publication date: 19 August 2022



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Copies of all reports, when published, will be available on our [website](#) or by contacting us:

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

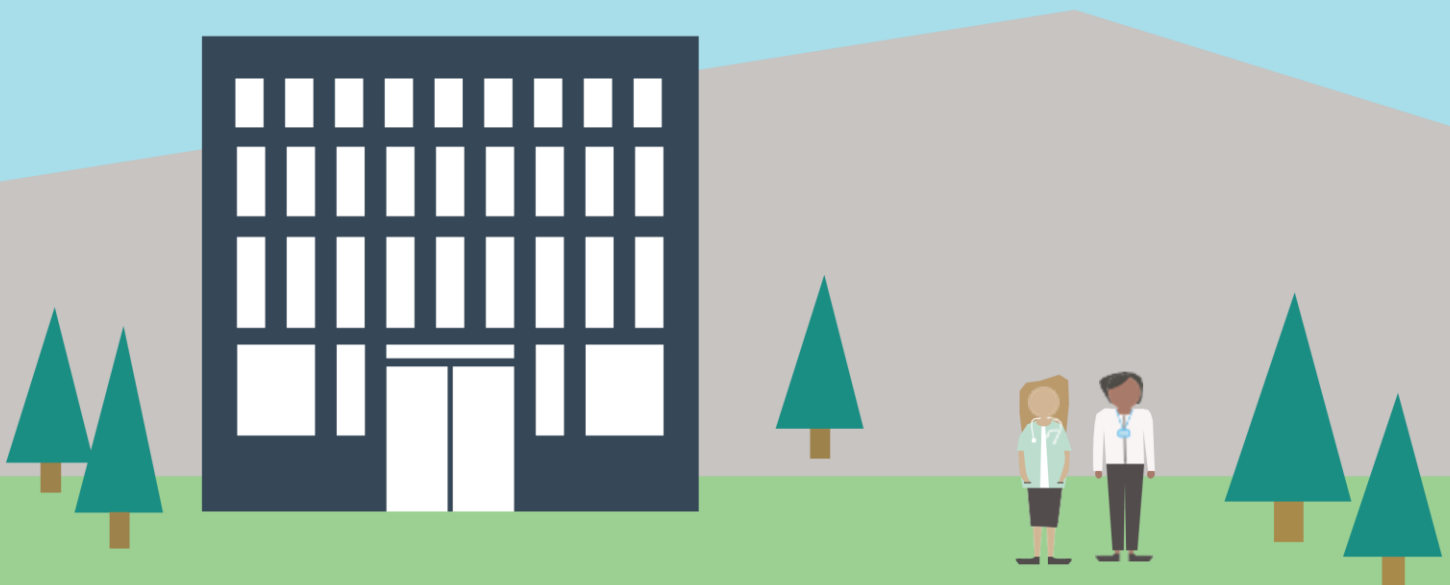
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Quayside Medical Aesthetics 9 John Street, Llanelli SA15 1UH on 18 May 2022.

Our team for the inspection comprised of two HIW Inspectors.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Overall we found that the service provided patients with treatments in an inviting and well maintained clinic setting.

This is what the service did well:

- Inviting and well maintained clinic setting
- Patients provided positive feedback

Safe and Effective Care

Overall summary:

Overall we found that the service provided patients with safe and effective care. In particular we found that there were suitable arrangements in place for the maintenance and on-going safety of the laser equipment.

This is what we recommend the service can improve

- Ensure fire risk assessment is reviewed and updated where required
- Ensure safeguarding policy is reviewed and updated

This is what the service did well:

- Suitable laser safety and maintenance arrangements

Quality of Management and Leadership

Overall summary:

Overall we found that the registered manager was knowledgeable of the treatments provided and was keen to maintain and develop their learning and development, to help ensure that treatments are provided in a safe and effective manner.

This is what we recommend the service can improve

- Ensure disclosure barring service (DBS) certificates for the registered manager and any laser operators are renewed every three years

This is what the service did well:

- Suitable arrangements for on-going training, learning and development
- Knowledgeable and enthusiastic management

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the service to distribute HIW questionnaires to patients to obtain their views on the service provided at the practice. We received 12 completed questionnaires.

The comments provided by the patient included:

"Perfect service"

"It's exceptional 10/10"

"As an individual with autism, I found the clinic calm, reassuring and easy to navigate"

Health protection and improvement

We confirmed that patients were asked to provide a comprehensive medical history prior to their initial treatment and again prior to any subsequent treatments. We confirmed medical histories were signed by the patient and the laser operator in the sample of records that we reviewed. All patients told us that they had their medical histories taken prior to treatment.

Dignity and respect

We were told that patient consultations and treatments are always carried out in the appropriate treatment room and we found suitable areas within the clinic where conversations with patients could be held.

Pre and post treatment we were told that patients are given time to change, and we saw that appropriate signage was displayed on the doors for privacy and safety. We were told that patients can be accompanied by a chaperone, and we confirmed that suitable eyewear would be provided. The registered manager added that a female staff member could be present if requested.

All patients strongly agreed that they had been treated with dignity and respect by staff at the service.

Communicating effectively

Suitable patient information was available for patients to read in order to help them decide about their treatment options and details about the service. The registered manager told us that a thorough consultation is provided to patients before treatments are decided and we found evidence of this in the records we reviewed. All patients strongly agreed that staff explained what they were doing throughout the treatment and that staff listened to them.

The registered manager confirmed that discussions are held with patients prior to subsequent treatment to discuss progress, any changes to medical details and expected outcomes. This was again evident in the notes we reviewed.

We advised the service to consider its provision of Welsh language material, such as signage or patient information, to ensure that the needs of Welsh speakers can be met in a proactive manner.

Patient information and consent

We found that patients were provided with sufficient information to make an informed decision about their treatment. We were told that all patients are provided with a face-to-face consultation, which included a discussion around the risks, benefits and likely outcomes of the desired treatment.

The consent form was of a suitable standard and we confirmed that consent was taken prior to the initial treatment. The registered manager told us that any changes at subsequent appointments would be recorded in the patient notes, but that the patient would not sign again to confirm this. We recommend that patients sign, or re-consent, to confirm any changes to their circumstances to ensure that the service is able to maintain a comprehensive record.

We saw that aftercare advice is provided to patients following their treatment.

All patients told us that they had signed a consent form before receiving treatment and that they felt involved as much as they wanted to be in any discussions about their treatment.

Care planning and provision

We saw evidence to confirm that all patients receive a face-to-face consultation prior to the start of any treatment. As part of this consultation, patient medical histories are collected to ensure suitability of the chosen treatment.

We reviewed a sample of patient records and found evidence of a good standard of record keeping, which covered all areas of the patient journey. This included details of the consultation, initial consent and additional consent, and the risks and likely outcomes of the chosen treatment.

Equality, diversity and human rights

The service is located on two floors, with the laser treatment room located on the first floor of the premises. The registered manager told us that they would aim to make this clear to new patients and that they would recommend another clinic within the local area should the patient be unable to be accommodated on the second floor.

The service emphasised that treatments are accessible and open to all prospective patients and we noted that there was an equality and diversity policy in place.

Citizen engagement and feedback

We found that the service had an appropriate complaints policy and procedure in place, which included the contact details for HIW.

The service told us that feedback is sought through online reviews and internal questionnaires, and is actively reviewed on a regular basis. The registered manager described how they had responded to patient feedback for adapted opening hours.

Delivery of Safe and Effective Care

Managing risk and health and safety

Portable appliance testing (PAT) stickers were visible on all relevant appliances and had been reviewed within the last twelve months.

We found that fire extinguishers had been serviced within the last twelve months. However, we found that the fire risk assessment was in need to review. The service must ensure that the fire risk assessment is reviewed, and any actions completed as required.

We found that medically trained staff were available on the premises to help with matters of first aid if required. A first aid kit was available on the premises, however, we advised the service to maintain a list of contents and expiry dates for ease when completed regular checks.

Infection prevention and control (IPC) and decontamination

We observed all areas of the service to be visibly clean.

The registered manager described how a range of suitable infection control arrangements had been implemented. This involved cleaning in between patients, the use of gloves at all times, disposable couch roll, appropriate hand hygiene and sanitising of laser machine hand pieces following their use.

The registered manager confirmed that specific changes had been made in response to COVID-19, including use of masks, minimising the number of people in the building and symptom screening questions before treatment is provided. These had now been adapted in line with the easing of restrictions.

Appropriate clinical waste, including sharps, arrangements were in place through a contract with an external provider.

Safeguarding children and safeguarding vulnerable adults

We found that there was a safeguarding procedure in place for staff to follow in the event of a safeguarding concern. However, we noted that aspects of the procedure required review to ensure that it is fully tailored to service and references to other organisations removed.

The procedure contained contact details for the local authority safeguarding team and staff were trained to an appropriate level.

We confirmed that no treatments are provided to children and patient are asked to not bring children to their appointment.

Medical devices, equipment and diagnostic systems

We considered how the laser equipment and associated documentation had been maintained throughout the pandemic. We found:

- Services of a Laser Protection Advisor (LPA) were appointed, and the registered manager knew how to contact the LPA should advice on the safe use of the laser equipment be required
- Local rules had been reviewed by the LPA within the last twelve months to confirm their on-going suitability
- Laser equipment had recently been serviced and the registered manager confirmed that any equipment concerns are escalated through their LPA
- Routine checks take place to ensure on-going suitability of the laser equipment, including checking water levels, visual checks and laser beam profile checks.

We noted that keys were kept away from the laser machine when not in use.

Safe and clinically effective care

We saw evidence that the laser operator had completed Core of Knowledge¹ training and manufacturer training in the use of the laser machine in 2017. However, we advise that the Core of Knowledge training is completed every three years to ensure that staff remain up to date with any changes to best practice.

We reviewed the treatment protocols and found that these had been reviewed by a General Medical Council (GMC) registered professional.

We saw that eye protection was available for all patients and operators and we confirmed that these were in adequate condition.

The treatment rooms were fitted with locks to ensure patient dignity and safety whilst laser equipment is in use. Appropriate signage on displayed on each treatment room door to remind staff and visitors.

We found that a patch test is completed generally a week prior to when treatment is provided. The registered manager told us that this is required for all treatments, and we confirmed that this was recorded in the patient record.

Written aftercare information was available for patients to take away with them to prevent infection and to aid healing.

Participating in quality improvement activities

Staff demonstrated a good knowledge and understanding of the treatments provided and were keen to, and had, developed their own learning and development in order to improve the quality of services provided by the clinic.

Records management

We found evidence of overall good record keeping. The sample of records reviewed were sufficiently detailed and were clear to follow. Hard copies of files were kept securely on the premises.

Quality of Management and Leadership

Governance and accountability framework

The service is overseen by the HIW registered manager who is also the sole laser operator.

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

The service had a number of policies and procedures in place. We reviewed a sample of these and found these overall met the needs of the service. The policies had been recently reviewed to ensure their on-going effectiveness.

Dealing with concerns and managing incidents

The registered manager confirmed that there had been no concerns, incidents or complaints regarding treatment.

They described their complaints process and we found that the procedure was appropriate, with HIW listed as an additional point of contact. The registered manager told us that every patient is contacted to provide feedback following their treatment.

Workforce planning, training and organisational development

We noted that all staff are expected to complete an induction checklist and then complete an appraisal on an annual basis to ensure that training needs and performance is monitored by the service.

Workforce recruitment and employment practices

The registered manager described suitable recruitment arrangements for the employment and on-going review of staff. This included appropriate pre-employment checks and confirmation of training prior to providing any treatments. At the time of the inspection, the registered manager was the sole laser operator.

We saw evidence that the registered manager had obtained a Disclosure and Barring Service (DBS) certificate, however, we recommend that this is renewed every three years to demonstrate the on-going fitness of workers to undertake their role.

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

Appendix B - Immediate improvement plan

Service:

Date of inspection:

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No non-compliance issues were identified				

Appendix C - Improvement plan

Service: Quayside Medical Aesthetics

Date of inspection: 18 May 2022

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	Standard/ Regulation	Service action	Responsible officer	Timescale
The service must ensure that patients sign, or re-consent, to confirm any changes to their circumstances to ensure that the service is able to maintain a comprehensive record.	Independent Health Care (Wales) Regulations 2011 Section 23	All existing clients will sign a "Returning Visit" form that declares if they have experienced any changes in their medical details since their original medical questionnaire.	P Hughes	July 2022 (done)
The service must ensure that the fire risk assessment is reviewed and any actions are completed as required.	Section 26	The fire risk assessment will be reviewed annually and amended where applicable. The review date and reviewing officer is to be documented after each review.	P Hughes	July 2022 (done)

The service must update its safeguarding procedure to ensure that it is fully tailored to service and references to other organisations removed.	Section 16	The safeguarding procedure will be updated to ensure that it is fully tailored to service and references to other organisations removed.	P Hughes	July 2022
The service must ensure that Disclosure and Barring Service (DBS) certificates for the registered manager (and any future, additional laser operators) are renewed every three years.	Section 12 / 21	DBS certificate has been obtained for Peter Hughes. We will ensure that any additional laser operators have a DBS certificate and that they are renewed at least every three years.	P Hughes	complete

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): P Hughes

Job role: Clinical Director

Date: 17/07/22