

# Independent Healthcare Inspection Report (Announced)

## Vale Laser

Inspection date: 20 July 2022

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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 Vale Laser Clinic, 1A The Square, St Athan, Barry, CF62 4PF on 20 July 2022.

Our team for the inspection comprised of one HIW Inspector.

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 a modern and well maintained clinic setting. Patients expressed positive feedback about the service and treatments that they had received.

This is what the service did well:

- Modern and well maintained clinic setting
- Patients provided a breadth of positive feedback, many of whom were longstanding users of the service.

### Safe and Effective Care

Overall summary:

Overall, we found that the service provided patients with safe and effective care. We found that there was an effective patient records system, which provided patients with appropriate pre and post treatment information and recorded their consent to treatment. We found that there were suitable arrangements in place for the maintenance and on-going safety of the laser equipment.

This is what the service did well:

- Effective system in place to ensure that patients are provided with suitable information pre and post treatment, including recording of consent to treatment
- Suitable laser safety and maintenance arrangements.

This is what we recommend the service can improve:

- Ensure that the contents of the first aid kit replaced and reviewed on a regular basis
- Ensure that appropriate laser safety signage is placed on to the new treatment room door
- Ensure laser machine keys are removed from the machine when not in use.

## Quality of Management and Leadership

Overall summary:

Overall, we found that the registered manager was patient focused and knowledgeable of the treatments provided and was keen to maintain and develop the wider teams learning and development.

This is what the service did well:

- Patient focused management and knowledgeable of the treatments provided
- Appropriate arrangements for on-going training, learning and development.

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 24 completed questionnaires.

The comments provided by the patient included:

*"Emma makes me feel very at ease. Her knowledge and experience makes me trust in her"*

*"Excellent service and aftercare"*

*"Very professional and friendly environment"*

#### Health protection and improvement

We confirmed that patients provided comprehensive health and medical histories prior to their initial treatment and again prior to subsequent treatments. We confirmed medical histories were signed by the patient and that there was an audit trail within the electronic patient records system to show which operator completed the record with the patient. 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 that modesty towels are provided if required. Treatment rooms are lockable to aid privacy.

We were told that patients can be accompanied by a chaperone for most treatments, and we confirmed that suitable eyewear would be provided. All but one patient



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 to help them decide about their treatment options and details about the service. This was provided electronically in advance of the appointment and the registered manager told us that a consultation is provided to patients where this information is re-iterated. We found evidence of this in the records we reviewed, and all but one patient strongly agreed that staff explained what they were doing throughout the treatment and that staff listened to them.

Five of the 24 patients who completed a questionnaire stated their preferred language to be Welsh and three of those patients told us that they felt comfortable using Welsh within the setting.

### **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 and at subsequent appointments.

All patients confirmed that they had completed 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 a good standard of record keeping, which covered all areas of the patient journey.

### **Equality, diversity and human rights**

The laser treatment rooms are 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 first floor.

The service emphasised that treatments are accessible and open to all prospective patients. The registered manager told us that where treatment cannot be provided for sound clinical reasons, a sensitive and transparent conversation would be held, and that another local clinic would be recommended.

### **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 registered manager told us that feedback is collected every six weeks and that any negative feedback is responded to directly by to help understand if the service can be improved.

# 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 recently tested. We saw evidence to confirm that a five yearly wiring check had been booked to take place imminently after the inspection.

We found that fire extinguishers had been serviced within the last twelve months and aspects of fire safety had been included within the clinic wide risk assessment. Fire escape signage was visible and illuminated on the exit of the treatment rooms.

We found that trained staff were available on the premises to assist with matters of fire safety and first aid if required. However, we found that the contents of the first aid kit located within the clinic treatment room required updating as several items had expired. The service must replace these items and ensure that it has a system in place to regularly check the contents of the kit.

Appropriate laser safety and privacy signage was displayed on one treatment room door to remind staff and visitors, but we found that the new treatment room door was lacking signage. The service must ensure that appropriate signage is affixed to all treatment room doors.

## **Infection prevention and control (IPC) and decontamination**

We observed all areas of the service to be visibly clean and all patients rated the setting as 'very clean'.

The registered manager described a range of additional infection control arrangements that had been implemented in response to the pandemic. These included cleaning and disinfecting at the start and end of each day, including in between appointments. We saw that disposable items were in use and were appropriately disposed of following their use.

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. 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 patients are asked to not bring children to their laser 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 the keys for the machine were usually kept in the machine when not in use. The service must ensure that keys are kept securely away from the machine when not in use.

## **Safe and clinically effective care**

We saw evidence that the laser operators had completed Core of Knowledge<sup>1</sup> training and manufacturer training in the use of the laser machines. The registered manager described that additional training sessions are frequently attended.

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.

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 this in the records that we reviewed.

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

Written aftercare information was available for patients to take away with them to prevent infection and to aid healing. All but one patient confirmed that they were given aftercare advice and knew what to do in the event of an infection. All but two patients confirmed no adverse reactions following treatment and all but one patient strongly agreed that they knew how to contact the service with any concerns.

It was positive to note that laser operators made notes on patients records regarding progress, outcomes, and any adverse reactions to help inform and deliver subsequent courses of treatment in a safe and effective manner.

### **Participating in quality improvement activities**

Staff demonstrated a good knowledge and understanding of the treatments provided and were keen to develop the learning and development of the wider team in order to improve the quality of services provided by the clinic.

### **Records management**

We found evidence of good record keeping. The sample of records reviewed were sufficiently detailed and were clear to follow. The electronic system ensured that patients were provided with consistent information and the system was auditable to track when treatments were provided and by whom.

# Quality of Management and Leadership

## **Governance and accountability framework**

The service is overseen by the HIW registered manager and is supported by a small team of laser operators.

The service had several 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**

We confirmed with the registered manager that there had been no HIW reportable incidents.

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 patients are contacted to provide feedback following their treatment and we confirmed that this is followed up as appropriate.

## **Workforce planning, training and organisational development**

We noted that all staff are expected to undergo a period of supervision and clinical trial days as part of their induction and training. We confirmed that staff complete had completed Core of Knowledge and laser machine training.

The registered manager confirmed that an annual appraisal is completed for all staff, which also helps to identify any further training areas that may be required.

## **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.

We saw evidence that the registered manager had obtained a Disclosure and Barring Service (DBS) certificate for all staff, however, we advise that these certificates are obtained to an enhanced level where staff have unsupervised access to patients.

## 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:** Vale Laser Clinic

**Date of inspection:** 20 July 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 replace the expired first aid kit contents and ensure that it has a system in place to regularly check the contents of the kit		First aid kit immediately replaced. It is noted that we have a pharmacy downstairs and have always had access to any thing required	E Griffiths	Done 20 July 22
The service must ensure that keys are kept securely away from the laser machine when not in use		Keys were removed during the inspection. A space for storage was designated and shared with all laser operatives the same day	E Griffiths	Implemented 20 July 22

The service must ensure that appropriate laser safety signage is affixed to all treatment room doors		Sign ordered 20, July. Delivered and displayed on treatment room 2 door 22 July 22	E Griffiths	Completed 22 July 22
The registered manager is advised to ensure that DBS certificates are obtained to an enhanced level where there is unsupervised patient access.		This has been noted in the HIW file and Managers calendar for the renewals.	E Griffiths	Completed 20 July 22

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):** E Griffiths

**Job role:** Manager

**Date:** 24 August 22