

Independent Healthcare Inspection Report (Announced)

LaserWise Skin & Beauty Clinic,
Cardiff

Inspection date: 01 December 2022

Publication date: 03 March 2023



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Digital ISBN 978-1-80535-552-6

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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:

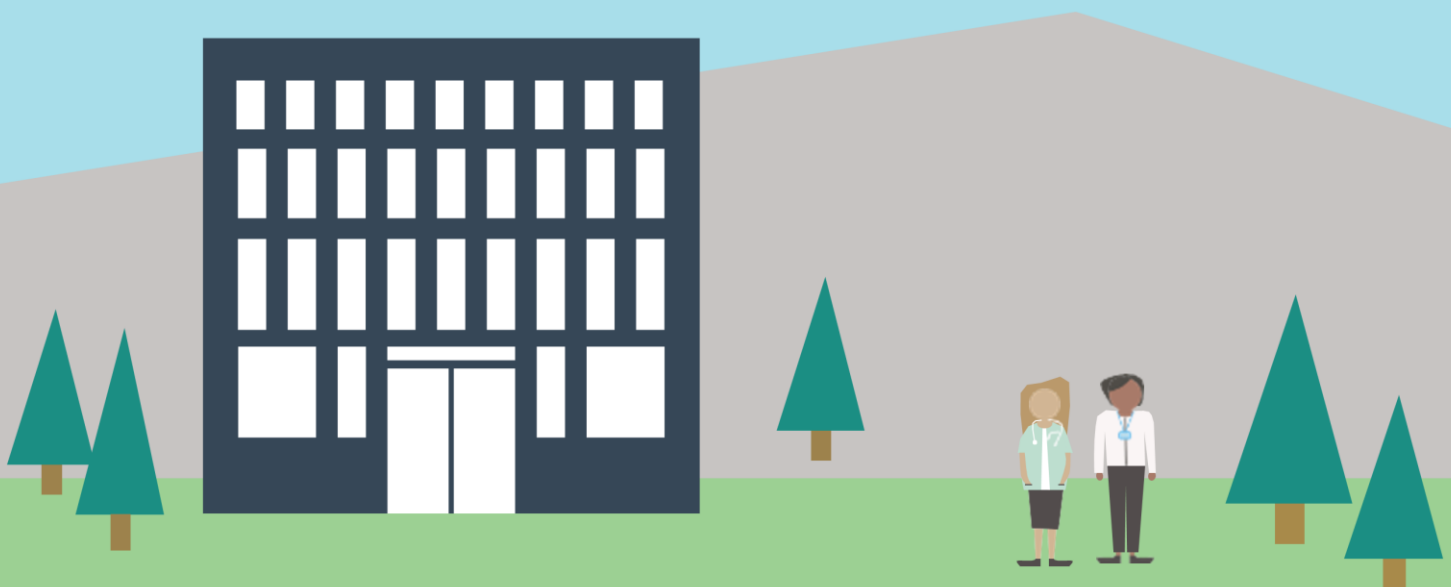
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 LaserWise Skin & Beauty Clinic on 01 December 2022.

Our team for the inspection comprised of two HIW Healthcare Inspectors.

Note the inspection findings relate to the point in time that the inspection was undertaken.

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:

We found LaserWise Skin & Beauty Clinic was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the clinic as very good or good.

We observed staff greeting patients in a polite and friendly manner both in person and on the telephone.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

Immediate assurances:

- The registered manager was required to update the statement of purpose and content of the patient guide to reflect the addition of a new laser machine
- The registered manager was required to notify HIW of changes in laser equipment in writing.

This is what the service did well:

- We saw evidence that patients were treated with dignity and respect
- We saw that all reviews and feedback were responded to and acted upon when appropriate.

Delivery of Safe and Effective Care

Overall summary:

We found that some arrangements were in place to protect the safety of staff and visitors to the premises. We noted that there were some improvements required in this area to minimise risk of harm to staff and patients.

We found the practice to be clean, tidy and clutter free with treatments taking place in rooms that protect dignity and privacy. Staff members were well trained to deliver laser treatments and training records were updated regularly.

This is what we recommend the service can improve:

- The registered manager must complete an updated environmental risk assessment that reflects changes and extension of the practice
- The registered manager must complete an updated fire risk assessment that reflects changes and extension of the practice.

This is what the service did well:

- Patient records, medical history and consent was securely stored, updated at every treatment and information shared with patients
- Lasers machines in use at the practice were serviced and maintained appropriately to ensure safe treatment.

Quality of Management and Leadership

Overall summary:

We found the registered manager was patient focused and had appropriate skills and knowledge to deliver safe treatments to patients.

We saw evidence of regular, minuted team meetings. We saw that appraisals were undertaken once per year and staff were encouraged to undertake further relevant training to develop their careers. However, we noted that some improvements were required.

Immediate assurances:

- All staff had not received an enhanced DBS check prior to appointment. This meant that the setting was at risk of employing unsuitable individuals to work with vulnerable groups.

This is what we recommend the service can improve:

- All policies regularly reviewed and updated
- Writing an annual report relating to assessing and monitoring the quality of the service provision would ensure compliance with regulation 19 (3) of the Independent Healthcare Regulations (Wales) 2011.

This is what the service did well:

- Team meetings were held regularly and notes shared
- Concerns and feedback information was documented and acted on to drive improvement.

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 practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the clinic. In total, we received 14 completed questionnaires. All of the respondents indicated that they had visited the setting in the last two months.

Some of the comments provided by patients on the questionnaires included:

“Absolutely brilliant clinic - no complaints at all. Always looked after so well, and thoroughly informed about everything pre and post treatment”

“This establishment has excellent standards in every aspect of patient care. I have been coming to Laserwise for treatment for ... years. I have had a variety of different treatments ... and I have always had excellent and highly professional care at Laserwise, I have absolutely no complaints at all, I have only the highest praise for Laserwise skin and beauty clinic, I have always received the best care here.”

Health protection and improvement

We saw that patient medical history was completed thoroughly and regularly throughout treatment. We were told that staff completed a verbal medical history, which was documented on a secure patient records system, prior to a patient receiving any initial treatment. Patients were asked about any changes to their medical history prior to any subsequent treatments and this was documented on their records.

All 14 patients that answered the patient questionnaire agreed they completed a medical history form or had their medical history checked before undertaking any treatment.

Dignity and respect

We witnessed staff members treating patients in a dignified and respectful manner. Staff were friendly, doors were closed when the surgery was in use and we were assured that patient dignity was preserved. The registered manager confirmed that

patients were able to change, if necessary, in the lockable treatment rooms and that staff members left the room to maintain privacy and dignity. We were told that patients could be accompanied by a chaperone for both their consultation and during treatments. Chaperones were required to wear appropriate safety glasses while treatments were being undertaken.

All patients who completed a HIW questionnaire strongly agreed that they were treated with dignity and respect and measures were taken to protect their privacy.

Communicating effectively

We saw a range of information leaflets and price lists available for patients. We reviewed the patient's guide and the statement of purpose provided to us by the registered manager. We reviewed the complaints process and forms and noted that details of HIW were included in both documents. We found that improvements in some communications were necessary. These included the statement of purpose had not been reviewed and updated to include the addition of a 4th laser machine and therefore was not compliant with regulation 6 of the Independent Health Care (Wales) Regulations 2011. This was dealt with under HIW's non-compliance notice process. This is referred to in Appendix B of this report.

All the patients that completed a questionnaire told us they felt listened to during their appointment and felt that they had been involved, as much as they wanted to be, in decisions about their treatment.

Patient information and consent

We were assured that patients were able to make an informed decision about their treatment. This is because patients were provided with a face-to-face consultation, which included sufficient information around the risks, benefits, and likely outcomes of the desired treatment.

We saw the secure digital patient records whereby patients were required to provide consent before each treatment. The digital consent form contained suitable information and we saw evidence of consent forms signed by the patient and countersigned by the laser operator.

Care planning and provision

We reviewed the records of five patients 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 and additional consent, and the risks and likely outcomes of the chosen treatment.

The registered manager told us that patients received a patch test for their safety prior to any treatments starting. All patients that completed a questionnaire confirmed that they had been given a patch test before they received treatment.

Equality, diversity and human rights

The registered manager provided examples of how they treated all of their patients with dignity and respect. We saw that the practice had an equality and diversity policy in place, which referenced the Equality Act 2010.

Eleven of the fourteen patients that answered the patient questionnaire indicated they had not faced discrimination when accessing or using this health service.

We saw that there were 4 treatment rooms available, one of these was located on the ground floor. We were told that patients with mobility requirements were treated in the ground floor treatment room. Access to the building was suitable for anyone using a mobility aid. There was limited parking available near the clinic.

The registered manager demonstrated an understanding of how they would meet the needs of all patient groups. We were told how the registered manager records the choices and preferences of patients so that their dignity and rights were protected.

Documentation was only available in English. We were told that options were sought to provide information in another language (including Welsh) or format upon request.

Citizen engagement and feedback

We saw that the practice used a variety of methods to gather the views and feedback of patients and were told that this feedback was used to inform improvements. We were told that patients were encouraged to leave a review on Google. We reviewed the clinic google reviews. There were 134 reviews noted and the registered manager had responded to each review. We were told that the registered manager used this information to review and improve the service.

We found that the service had an appropriate complaints policy and procedure in place, which included the contact details for HIW. We reviewed the service website which detailed complaints process as well as testimonials from patients.

The registered manager told us that feedback could be provided by patients through online reviews or via the website.

Delivery of Safe and Effective Care

Managing risk and health and safety

We found that some maintenance arrangements were in place to protect the safety and well-being of the staff and people visiting the premises. However, we noted that there were improvements required in this area.

We saw documents related to portable appliance testing that had been undertaken on all relevant appliances within an appropriate timeframe. We saw that fire extinguishers had been reviewed within the last twelve months and we saw that fire alarm tests were conducted and documented.

We saw that a fire risk assessment document dated 2015 was in place and a dated checklist indicated that the registered manager annually reviewed this. We noted that this document had not been updated to reflect the extension of the practice. The registered manager must review and complete an updated fire risk assessment that reflects the extension of the practice environment. This must be completed as soon as possible to ensure that risks are minimised for staff and patients.

We saw that there was an environmental risk assessment in place. However, this document did not list comprehensive environmental risks. Whilst evidence was seen to suggest that this had been reviewed annually, this document had not been updated to fully reflect the changes in the environment related to the extension of the practice. We recommend that this environmental risk assessment is reviewed and updated to reflect the changes in the practice, this updated risk assessment should include actions and timeframes that are logged and reviewed to ensure that risks are minimised for staff and patients.

A suitable first aid kit was available at the clinic and we saw that staff members had received sufficient first aid training and viewed certificates dated November 2022.

Infection prevention and control (IPC) and decontamination

We observed all areas of the clinic to be visibly clean and clutter free. The patient feedback indicated that there were no concerns given by patients over the cleanliness of the clinic. Patients that completed a questionnaire felt that the premises were 'very clean.'

We reviewed a cleaning checklist and infection control policy. We recommend that the infection control policy is dated and reviewed on a regular basis to ensure best practice in infection control.

The registered manager described a range of suitable infection control arrangements in place at the clinic. This included appropriate hand hygiene measures and sanitising of the laser machine hand pieces and patient couches before and following each use.

We saw that a sharps disposal bin in the clinic was being stored appropriately. Clinical waste arrangements were in place through a contract with an external provider.

Safeguarding children and safeguarding vulnerable adults

We found some systems and documentation in place to support the safeguarding of children and vulnerable adults and there were some improvements required to strengthen this.

There was a child protection policy in place along with a Protection of Vulnerable Adults (POVA) policy to follow in the event of a safeguarding concern. The policies included contact details for the local authority safeguarding team. However, these documents were not dated and did not refer to All Wales Safeguarding protocol. These documents should be reviewed and updated in line with All Wales Safeguarding protocol and include a clear procedure to ensure that staff members are clear on how to make a safeguarding referral.

We reviewed training certificates indicating that all staff had undertaken appropriate safeguarding training in November 2022.

The service was registered to provide some treatments to patients over the age of 13 years old. We were told that the clinic requires parental consent to undertake treatment on patients aged between 13 and 17 years old and we reviewed consent forms.

Medical devices, equipment and diagnostic systems

We found appropriate arrangements were in place to protect the safety of patients when using the three registered laser machines as well as the laser machine that was not initially registered with HIW. These included:

- A contract was in place with a Laser Protection Advisor (LPA) who had provided advice and support on the safe use of the laser machine
- Local rules had been reviewed by the LPA within the last twelve months to confirm their on-going suitability, these had been signed and dated
- The laser machines had been serviced annually and all were last serviced in October 2022
- Suitable eye protection was available for patients, visitors and the registered manager

- A key was required to use the laser machines, which was removed when the machine was not being used and stored securely.

However, we noted that an additional laser machine was in use that had not been registered with HIW and was not listed on the statement of purpose. We informed the registered manager that this was in breach of the regulations and that the use of the machine was to cease until it had been registered and HIW confirmed that it could be used. The registered manager completed the relevant paperwork and submitted this to HIW the day following the inspection. The statement of purpose was updated and sent to HIW following the inspection. This was dealt with under HIW's non-compliance notice process. This is referred to in Appendix B of this report.

During the inspection, we found consistent and appropriate arrangements were in place to protect the safety of patients when using this additional laser machine.

Safe and clinically effective care

We were assured that laser / IPL operators were competent users of the laser machines. We saw evidence all operators had completed Core of Knowledge training within the year and we saw training certificated to confirm this. We were told that training from the manufacturer of the laser machine on how to operate it safely had been completed.

The treatment rooms were fitted with locks to ensure patient dignity and safety during treatments. We saw appropriate signage displayed on the treatment room doors to warn people not to enter when the laser machine was in use.

Participating in quality improvement activities

The registered manager demonstrated comprehensive knowledge and understanding of the treatments provided and had recognised qualifications in this area of practice. The registered manager also described the importance of post treatment observations and follow-ups with patients to help provide improved individualised care throughout a course of treatment.

Records management

We found evidence of good record keeping. The sample of records reviewed were sufficiently detailed in a clear and consistent manner for new and returning patients. A comprehensive patient treatment register was also being appropriately maintained.

Patients' records were kept securely on a password protected cloud based system. We were told that each staff member had their own secure log in. We saw that the comprehensive treatment register was paper based and we were told that this was stored securely in a locked cabinet.

Quality of Management and Leadership

Governance and accountability framework

LaserWise Skin & Beauty Clinic is run by the registered manager who was supported by a manager for the day to day management of the service.

We found that the service had policies in place and saw evidence that they had been reviewed regularly. We reviewed a policy checklist whereby policies were noted as reviewed annually. However, we noted that some policies, including the IPC policy, which were not on the checklist. The registered manager must update the checklist to ensure that all policies are reviewed and updated.

Evidence was kept of regular team meetings and we were provided with examples of minutes from these meetings. The minutes demonstrated that issues and actions raised were appropriate and proactive. Meeting minutes were kept in a folder that was accessible to all staff.

The registered manager had not completed the annual report in accordance with regulation 19 (3) of the Independent Health Care (Wales) regulations 2011, relating to assessing and monitoring the quality of service provision including an annual return.

We saw that the service had an up-to-date public liability insurance certificate in place as required.

Dealing with concerns and managing incidents

We found evidence that there were appropriate processes in place around concerns and incident management.

The registered manager confirmed that there had been no recent concerns or incidents. The complaints process was described and we found that the procedure was appropriate, with HIW listed as an additional point of contact.

Workforce planning, training and organisational development

We reviewed a range of training documents, induction checklists and qualification certificates. These indicated that the registered manager and all laser / IPL operators had the appropriate knowledge, skills, and experience to provide safe and effective care to patients. We saw recently completed probation forms and appraisal forms for current staff that indicate that performance and development of the workforce was prioritised.

Workforce recruitment and employment practices

The registered manager described the recruitment process that was followed when new members of staff joined the clinic. This included appropriate pre-employment checks and proof of relevant qualifications prior to providing any treatments.

During the inspection we did not see copies of the enhanced Disclosure and Barring Service (DBS) documents for the laser / IPL operator staff at the premises. We were informed that DBS checks had been requested for all staff on the premises these had yet to be returned and that the checks requested had been basic checks.

Improvements in this area were required immediately as failure to complete an enhanced DBS checks for an employee before they are employed meant that in addition to not complying with the relevant regulation, the setting was at risk of employing an unsuitable individual to work with vulnerable groups. The registered manager must ensure that all staff members receive an enhanced DBS check. We were informed, following the inspection, that all staff members had submitted an enhanced DBS check application. This was dealt with under HIW's non-compliance notice process. This is referred to in Appendix B of this report.

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 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
An additional laser machine was in use that was not registered with HIW.	Appropriate arrangements may not be in place to ensure the safe operation of the equipment.	Inspectors confirmed with that the registered manager must not use the additional machine until registered with HIW.	The registered manager agreed to cease and desist use of the unregistered laser until it had been registered and approved by HIW.

Appendix B - Immediate improvement plan

Service: LaserWise Skin & Beauty Clinic

Date of inspection: 1 December 2022

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
<p>The registered manager must ensure that HIW are notified in writing in advance of changes to the registration at the setting including laser equipment and services provided.</p> <p>The registered person must tell HIW in writing in at least 28 days ahead of changes</p>	<p>The Independent Health Care (Wales) Regulations (IHR) 2011, regulation 8</p>	<p>This was rectified & registered within 24 hours of knowing one of our lasers was not registered with HIW. Certificate has been issued.</p> <p>In the future we will give HIW at least 28 days' notice of any new</p>	<p>Suzanne Lazim-Fletcher</p>	<p>Completed on 02/12/2022</p>

		equipment we have purchased.		
The registered manager must revise the Statement of Purpose and content of the patients' guide to reflect changes in laser equipment.	IHR 2011, Regulation 8	Our Statement of Purpose has now been revised & sent to HIW.	Suzanne Lazim-Fletcher	Completed on 08/12/2022
The registered manager must ensure that all IPL / laser operators are subject to an enhanced DBS check prior to employment.	IHR 2011, regulation 21 and Schedule 2	All staff have now applied for an enhanced DBS Check - proof will be sent to HIW. This will be carried out every time a new employee is employed at LaserWise Skin & Beauty Clinic.	Suzanne Lazim-Fletcher	DBS Checks take a few days to process. We aim to get these back by the end of December 2022.

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): Suzanne Lazim Fletcher

Job role: Director / Owner

Date: 6/12/2022

Appendix C - Improvement plan

Service: LaserWise Skin & Beauty Clinic, Cardiff

Date of inspection: 1 December 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 registered manager must review and complete an updated fire risk assessment that reflects the extension of the practice environment. This updated risk assessment must include actions and timeframes that are logged and reviewed to ensure that risks are minimised for staff and patients.	The Independent Health Care (Wales) Regulations (IHR) 2011, regulation 26 (4)	We are in contact with a fire and security company to ensure that we are following the appropriate guidelines to always keep our clients and staff safe in the clinic. They have also provided us with a fire risk assessment.	Suzanne Lazim-Fletcher	Completed 19/01/23
The registered manager must review and complete an updated environmental risk assessment that reflects the changes in the practice. This updated risk assessment must include actions	IHR 2011, regulation 26 regulation 9. (1)	We have completed an environmental risk assessment that reflects the changes that are required in the clinic to minimise risk to both clients and staff.	Suzanne Lazim-Fletcher	Completed 19/01/23

and timeframes that are logged and reviewed to ensure that risks are minimised for staff and patients.				
The registered manager must update the safeguarding policies to include All Wales Safeguarding information and a process for staff to follow in the event of the need to make a safeguarding referral.	IHR 2011, regulation 16	All safeguarding policies have been updated with All Wales Safeguarding information.	Suzanne Lazim-Fletcher	Completed 19/01/23
The registered manager must ensure that the IPC policy is updated and dated.	IHR 2011, regulation 9. (1) (n)	We have created an Infection Control policy.	Suzanne Lazim-Fletcher	Completed 19/01/23
The registered manager should ensure that all policies are dated and the policy review schedule is updated to include all policies and ensure policies are scheduled for review regularly.	IHR 2011, regulation 9 (5)	All policies, procedures and protocols are reviewed annually by the registered manager. These are then dated signed by all employees on a review sheet, which states all policies, procedures and protocols.	Suzanne Lazim-Fletcher	Completed 19/01/23
The registered manager must complete and submit the annual report relating to assessing and	IHR 2011, regulation 19	We have updated our annual report that has already been received by HIW.	Suzanne Lazim-Fletcher	Completed 19/01/23

monitoring the quality of service provision.				
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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.

Service representative

Name (print): Suzanne Lazim-Fletcher

Job role: Director/Owner

Date: 19/01/2023