

# Independent Healthcare Inspection Report (Announced)

New Image, Bangor

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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 New Image, Bangor on 5 January 2023.

Our team for the inspection comprised of one HIW Healthcare Inspector.

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 that New Image was committed to providing a positive experience for patients in a pleasant environment with friendly, professional and committed staff.

All patients who completed a HIW questionnaire rated the service provided by the clinic as very good.

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

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- The clinic is committed to providing a positive experience for patients
- The clinic was very clean and tidy
- Staff were polite, caring and listened to patients
- Fully bilingual service offered
- The clinic had a system in place for seeking the views of patients.

### Delivery of Safe and Effective Care

Overall summary:

We found that New Image was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The clinic was very well maintained and well equipped to provide the services and treatments they are registered to deliver. All areas were very clean and free from any visible hazards.

There were good arrangements in place to ensure that the laser machine was used appropriately and safely.

The registered manager was very knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

We found evidence that patients were provided with safe and effective care.

This is what the service did well:

- The clinic and treatment room had been designed and finished to a high standard
- Treatment room was clean, well equipped and fit for purpose
- Patients were provided with enough information to make an informed decision about their treatment
- We saw evidence that patients were satisfied with their treatments and services provided.

## Quality of Management and Leadership

Overall summary:

New Image has an established team with good leadership and clear lines of accountability.

The day to day management of the clinic was the responsibility of the registered manager, who we found to be very committed to providing high quality patient care.

This is what the service did well:

- We saw certificates showing authorised users who operate the laser machine had completed the Core of Knowledge training and had completed training on how to use the laser machine.
- Patient information was kept securely
- Patient notes were of a good standard.

## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

Before our inspection, we invited the clinic to hand out HIW questionnaires to patients to obtain their views on the service provided. In total, we received 20 responses.

All patients who completed a questionnaire rated the service provided as very good. Some of the patients did not answer all of the questions.

Some of the comments provided by patients included:

*“It’s top notch as it is, always improving”*

*“Would recommend to people”*

*“Great service”*

*“Always pleased”*

*“Excellent as usual”*

Patients were asked in the questionnaire how the setting could improve the service it provides. Some of the comments provided included:

*“Perfect as it is”*

*“No improvements necessary”*

*“I’m very happy with the service, no room for improvements in my opinion”*

*“Happy - nothing to improve”*

*“Happy with the setting”*



### **Health protection and improvement**

We viewed the changes that had been made to the environment of the clinic in response to COVID-19. To protect against the risk posed by the virus, we saw alcohol hand gel dispensers placed at strategic locations throughout the clinic.

All patients told us that, when attending the clinic, it was very evident that there were COVID compliant procedures in place.

We saw that patients were asked to complete and sign a medical history form at the start of each treatment.

### **Dignity and respect**

All patients who completed a questionnaire confirmed that staff treated them with dignity and respect when visiting the clinic.

All patients who completed a questionnaire also confirmed that staff explained what they were doing throughout the treatment and that staff listened to them and answered any questions.

Patient comments in the questionnaires about staff included:

*“Friendly and professional”*

*“All staff were kind”*

There was a space available for staff to have conversations with patients in private, away from other patients, if required, to maintain confidentiality.

### **Communicating effectively**

All patients who completed a questionnaire told us that they would know how to make a complaint if they were unhappy with the service provided at the clinic. One patient told us:

*“No complaints at all, always treated so well”*

A statement of purpose and a patients’ guide was available for patients to take away. The statement of purpose included relevant information about the services being offered.

The clinic has a website and leaflets which provide information on available treatments.

We looked at a sample of patients' records and found evidence that there was a clear and transparent approach to treatment pricing.

The registered manager, who is the sole laser operator, is a fluent Welsh speaker, which helps to meet the needs of Welsh speaking patients.

### **Patient information and consent**

All patients who completed a questionnaire agreed that staff listen to them during their appointment and that they have been given enough information about their treatment, including the risks, different treatment options, cost and after care services.

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment. Patients were asked to provide written consent at the start of each course of treatment.

### **Care planning and provision**

All patients receive a consultation appointment prior to treatment starting, which includes a skin type assessment. We saw examples of good information and aftercare documents that are given to patients, which included detail of the risks and benefits of treatments.

There were detailed individual patient notes available, with evidence of good record keeping processes. There was good documentation in place covering skin type, consent to treatment and medical history.

An up to date treatment register was maintained.

All patients confirmed that they complete a medical history form and / or had their medical history form checked before undertaking any treatment. All patients also confirmed that they were given a patch test to determine the safe and effective laser setting before receiving treatment; and all patients confirmed that they signed a consent form before receiving new treatment. Some patients provided the following comments:

*“Always very professional and full information given with all treatment”*

*“Happy with my treatment”*

*“Going to book for more treatments”*

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

The clinic is located on the first floor. Access to people with mobility impairment is restricted. However, the clinic will provide clients who are unable to access the premises with details of an alternative provider if necessary.

### **Citizen engagement and feedback**

We found that the clinic had a system in place for seeking patient feedback, as a way of monitoring the quality of service provided. We saw the latest analysis report which is also available for patients to view by reception.

Patients could provide feedback via patients' questionnaires at the end of each treatment and on social media. Feedback and comments could also be made anonymously.

# Delivery of Safe and Effective Care

## **Managing risk and health and safety**

We saw evidence that Portable Appliance Testing (PAT) had been conducted, to help ensure that small electrical appliances were safe to use. We also saw evidence that a building electrical wiring check had been undertaken within the last five years.

We looked at the arrangements for fire safety and found that the fire extinguishers had been serviced annually and fire exits were clearly signposted. Fire risk assessments were in place, and we saw evidence that these had been regularly reviewed. Weekly fire alarm tests and annual fire drills were taking place. The registered manager confirmed they had conducted internal fire safety training. However, we saw that the fire training was due for renewal. The registered manager immediately arranged for the training to be renewed. We were provided with a copy of the training certificate after the inspection.

There was an emergency first aid kit available, and one member of staff trained in first aid. However, we found that the first aid training was due for renewal and some items contained within the first aid kit had expired. The registered manager immediately arranged for the training to be renewed and a replacement first aid kit purchased. We were provided with a copy of the training certificate after the inspection. We advised the registered manager to regularly check the contents of the first-aid kit ensuring all items are within their expiry date.

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

We saw that the clinic was visibly very clean and tidy. We discussed the infection control arrangements in place with the registered manager and considered these to be appropriate to protect patients from cross infection.

There were no concerns expressed by patients over the cleanliness of the clinic. All of the patients who completed a questionnaire felt that the environment was very clean.

Clinical waste was disposed of appropriately and we saw that there was a contract in place with an approved waste carrier.

## **Safeguarding children and safeguarding vulnerable adults**

The service is registered to treat patients over the age of 18 years only. The registered manager confirmed that this was complied with.

The registered manager described how they would deal with any adult safeguarding issues. A safeguarding policy was in place with clear procedures to follow in the event of an adult safeguarding concern which included the local

safeguarding referral team contact details. However, we found that safeguarding training for the registered manager was due for renewal. The registered manager immediately arranged for training to be renewed. We were provided with a copy of the training certificate after the inspection.

### **Medical devices, equipment and diagnostic systems**

The laser machine had an annual service and calibration certificate which was in date. There were treatment protocols in place for the use of the laser machine and these had been approved by an expert medical practitioner.

There was a contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the machine. The local rules had been regularly reviewed by the LPA and signed by the registered manager who operates the laser machine.

### **Safe and clinically effective care**

We saw certificates showing that the registered manager had completed Core of Knowledge training and training in the use of the laser machine.

Eye protection was available for patients and the laser operator. The eye protection appeared in visibly good condition and the registered manager confirmed that glasses were checked regularly for any damage.

There was a sign on the outside of the treatment room which indicated when the laser machine is in use. The registered manager also confirmed that the treatment room door is locked when the machine is in use in order to prevent unauthorised access. We were told that the machine is kept secure at all times. The machine can only be activated by pin code, preventing unauthorised operation.

A risk management policy was available for us to view on the day of inspection. The environmental risk assessments had recently been reviewed by the LPA.

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

There were suitable systems in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered manager regularly seeks the views of patients as a way of informing care, conducts audits of records to ensure consistency of information and assesses risks in relation to health and safety.

### **Records management**

We found that patient information was kept securely at the service. We examined a sample of patient records and found evidence that patient notes were maintained to a good standard.

# Quality of Management and Leadership

## **Governance and accountability framework**

New Image is owned and run by the registered manager.

We looked at a sample of policies and procedures and saw that these had been reviewed regularly and contained version and / or review dates. Any changes to policies or procedures are brought to the attention of staff.

We were informed by the registered manager that there were clear lines of accountability at the clinic, and staff were clear of their roles and responsibilities.

## **Dealing with concerns and managing incidents**

There was a complaints policy in place, which included the contact details for HIW in line with regulatory requirements. Details of the complaints procedure had also been included within the statement of purpose.

The practice has a system in place to log formal and informal complaints and concerns. At the point of inspection, no complaints had been received at the clinic.

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

We saw certificates showing that all authorised users who operate the laser machine had completed the Core of Knowledge training and had also completed training on how to use the laser machine facilitated by the manufacturer.

## **Workforce recruitment and employment practices**

The registered manager stated that the current staff team is well established and described the recruitment processes. Vacant posts are advertised with prospective staff interviewed and references sought. Newly appointed staff are expected to undertake a period of induction.

Authorised users would not use the laser machine without appropriate training and Disclosure and Barring Service (DBS) checks undertaken. Staff read and sign policies to indicate they have understood them as part of their induction.

## 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 summarises 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 during this inspection			



## Appendix B - Immediate improvement plan

**Service:** New Image

**Date of inspection:** 5 January 2023

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 immediate improvement plan was required for this inspection.				

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:**

# Appendix C - Improvement plan

**Service:** New Image

**Date of inspection:** 5 January 2023

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
No areas for improvement were identified on this inspection.				

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:**