



Independent Healthcare Inspection (Announced)

Cutis Cosmetic Clinic

27 October 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of patient experience
- Delivery of safe and effective care
- Quality of management and leadership.

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

2. Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patient's guide and website (where applicable)
- HIW patient questionnaires completed prior to inspection.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice². Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

² As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

3. Context

Cutis Cosmetic Clinic is registered with HIW as an independent hospital to provide treatments using Class 3B/4 and Intense Pulsed Light Technology (IPL)³ at 395 Gower Road, Killay, Swansea. The clinic was first registered on 1 November 2013.

The clinic has a staff team which includes the registered manager and a laser operator. The clinic is registered to provide the following treatments to patients over the age of 18 years, with the exception of hair removal which can be provided to patients over the age of 13 years:

Cynosure Apogee Elite Class 4 Laser for the following treatments:

- Pigmentation treatment
- Vascular treatment
- Skin rejuvenation
- Hair removal.

³ IPL is a broad spectrum light source technology and is used by cosmetic and medical practitioners to perform various skin treatments for aesthetic and therapeutic uses.

4. Summary

Patient feedback from the HIW questionnaires completed prior to inspection indicated that patients had a high level of satisfaction with the service provided. We found the clinic had a suitable system for regularly seeking the views of patients as a way of monitoring the quality of the service provided. We were satisfied that patients were provided with sufficient information to allow them to make an informed decision about their treatment. A patient's guide and statement of purpose were available, but we identified some minor updates were needed to comply with the regulations.

We found evidence to indicate that laser treatments were provided safely to patients at the clinic. A current contract with a Laser Protection Advisor was in place and the laser machine had been recently serviced to ensure it was safe to use. We found the clinic was visibly clean and tidy. There was an infection control policy in place, but we recommended further details to be added. Overall, we found evidence that the clinic had taken steps to protect the health, safety and welfare of patients.

Cutis Cosmetic Clinic is run by the registered manager who is a practising medical professional. Overall, we were satisfied with the arrangements in place at the clinic to regularly assess and monitor the quality of the service provided in accordance with regulatory requirements.

We identified some areas for improvement during this inspection. Further details of required improvements are provided in Appendix A. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

5. Findings

Quality of patient experience

Patient information and consent (Standard 9)

We looked at the records containing patient information. We saw evidence that patients were asked to complete medical history forms. A treatment register was maintained and this included all relevant information. We saw the clinic had performed audits on patient records to ensure that information was completed consistently, which is noteworthy practice.

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment. We were told that patients were provided with a verbal consultation prior to treatment which included discussion of the risks and benefits of treatment. Patients were also provided with a test patch, asked to provide written consent to treatment and offered a copy of the consent form to take home. We saw an example of the post-treatment information which was also discussed with patients. We advised the clinic to provide this information to all patients to take home, to assist them with aftercare guidance.

Communicating effectively (Standard 18)

A patient's guide was available and included clear information about the clinic. We were told the guide was available for patients to view and take home. However, we found that in accordance with regulatory requirements, the patient's guide needed to be updated to include a summary of the views of patients (feedback).

Improvement needed

The patient's guide must be updated with a summary of the views of patients in accordance with the regulations.

A statement of purpose was available and provided relevant information about the service provided. We found that the following updates were needed in order to comply with the regulations:

- References to the Private Voluntary Health care Regulations and should be replaced, as these regulations were superseded by the Independent Health Care Regulations 2011
- The name and class of the laser machine should be stated in relation to the kinds of treatment and services provided

- Both the date the statement of purpose was written and the date this was revised should be included.

Improvement needed

The statement of purpose must be updated to include all required information.

Citizen engagement and feedback (Standard 5)

Before the inspection, the clinic was asked to give out HIW questionnaires to obtain patient views of the services provided. Eight patient questionnaires were completed prior to the date of inspection. The questionnaires showed that patients had a high level of satisfaction with the service and either strongly agreed or agreed with statements that the clinic was clean, tidy and that staff were polite, caring, listened and provided enough information about their treatment.

We saw evidence that the clinic had recently sought the views and feedback from patients, by conducting a patient questionnaire audit in August 2015, as a way of assessing and monitoring the quality of the service. We saw that results from this feedback had been analysed and any learning points were clearly noted, which is noteworthy practice. The feedback indicated that patients had a high level of satisfaction with the service provided.

Delivery of safe and effective care

Safe and clinically effective care (Standard 7) and medical devices, equipment and diagnostic systems (Standard 16)

We saw evidence that both the registered manager and laser operator had completed training on use of the laser machine and Core of Knowledge⁴ training. We noted that updated Core of Knowledge training needed to be completed by the registered manager, as this was last conducted more than three years ago. We saw that this had already been identified by the Laser Protection Advisor in their recent visit.

Improvement needed

The registered manager should complete updated Core of Knowledge training.

We looked at the local rules, which detail the safe operation of the equipment. We saw these had been signed by both the registered manager and laser operator to indicate their awareness and agreement to follow these rules. We were told these rules had been recently reviewed by the Laser Protection Advisor, who provides advice and guidance on safe operation of laser equipment, but this had not been signed and dated.

Improvement needed

Following annual review of the local rules, this should be signed by the Laser Protection Advisor and dated to indicate they are the latest version.

We saw evidence that a current contract with a Laser Protection Advisor was in place and we saw a report from their last visit to the clinic in September 2015. The registered manager confirmed that actions recommended by the Laser Protection Advisor were being addressed.

We saw a sign outside the treatment room to indicate the laser machine is in use. We found eye protection was available for the machine and the registered manager confirmed that the designated activation key for the laser machine was removed

⁴ Core of Knowledge training is intended for operators using lasers and IPL systems for various skin treatments. The training includes information and guidance on the safe use of lasers and IPL systems.

when not in use and stored securely. We also saw evidence that the laser machine was regularly serviced to ensure it was safe to use.

The clinic had a first aid kit available and both the registered manager and laser operator were trained in cardiopulmonary resuscitation (CPR).

Safeguarding children and vulnerable adults (Standard 11)

We looked at the arrangements for safeguarding patients. We were told that only the registered manager provided hair removal treatments to patients under the age of 18 years and would only do so with the presence of a parent. The registered manager confirmed they had attended training in adult and child protection training as part of their clinical work. We saw that there were policies on child and adult protection, which included the contact details of the local safeguarding teams. We were told that parents were asked to provide written consent on behalf of a child. We advised the clinic to amend the written consent form to make it clear when a parent is providing this consent and their relationship to the child.

Infection prevention and control and decontamination (Standard 13)

We found the clinic was visibly clean and tidy. A policy on infection control was available, but we recommended that further details to be added to the policy, including the arrangements for the use of masks, gloves, disposable towels and the cleaning of eye protection between patients.

Improvement needed

The infection control policy should be updated to include further details of the cleaning and disinfection arrangements between patients.

We saw evidence that there were suitable arrangements for the disposal of sharps and clinical waste at the clinic.

Managing risk and health and safety (Standard 22)

We looked at maintenance arrangements at the clinic. We saw evidence the clinic had conducted a wiring check of the building. No gas or lifts were present at the clinic. We were told that Portable Appliance Testing (PAT) testing was conducted alongside the annual service of the laser machine.

We looked at some of the arrangements for fire safety. The registered manager confirmed they had conducted fire safety training. Fire extinguishers were serviced annually and fire exits had been sign posted. We saw a fire risk assessment had been completed, but we advised the clinic to explicitly include the ignition risks associated with the laser machine.

Quality of management and leadership

Governance and accountability framework (Standard 1)

Cutis Cosmetic Clinic is run by the registered manager who is a practising medical professional. We found evidence there were suitable systems in place at the clinic to regularly assess and monitor the quality of the service provided. This is because in accordance with the regulations the clinic regularly sought the views of patients as a way of informing care, conducted audits of patient records to ensure the consistency of information, assessed risks in relation to health and safety, analysed any incidents and made changes to treatment as necessary. Discussions with the registered manager indicated their knowledge and understanding of their requirements under the Independent Health Care Regulations 2011 and National Minimum Standards.

We were able to confirm that treatments and services at the clinic were conducted in accordance with the statement of purpose and conditions of registration with HIW.

Dealing with concerns and managing incidents (Standard 23)

A complaints policy was available and provided the contact details of HIW in line with regulatory requirements. However, we noticed that the HIW address needed to be updated.

Improvement needed

The complaints policy should be updated with the correct address of HIW.

We were told that the clinic had not received a written complaint. The registered manager confirmed that any informal and verbal complaints would be recorded as a way of monitoring the quality of care provided.

Records management (Standard 20)

We saw that patient records and information relating to laser treatments were kept securely in order to maintain patient confidentiality.

Workforce recruitment and employment practices (Standard 24)

At the time of our inspection, the registered manager had Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations; however the certificate for the laser operator needed to be updated.

Improvement needed

The laser operator must have a DBS certificate dated within the last three years.

6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan in respect of improvements identified within this report. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at Cutis Cosmetic Clinic will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

Appendix A

Improvement Plan

Service: Cutis Cosmetic Clinic

Date of Inspection: 27 October 2015

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
6	The patient's guide must be updated with a summary of the views of patients in accordance with the regulations.	Regulation 7	Guide updated with client summary and dated appropriately	Rupa Dave	20/11/15
7	The statement of purpose must be updated to include all required information.	Regulation 6 (1) and Schedule 1	Details of regulations and version changed as well as the name and class of laser clarified	Rupa Dave	20/11/15
Delivery of Safe and Effective Care					
8	The registered manager should complete updated Core of Knowledge training.	Regulations 45 (3)	Will be organised for spring 2016	Rupa Dave	1/4/16
8	Following annual review of the local rules, this should be signed by the	Standard 16 NMS; HIW	Has been reviewed and LPA has signed and dated the version	Rupa Dave	20/11/15

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	Laser Protection Advisor and dated to indicate they are the latest version.	conditions of registration			
9	The infection control policy should be updated to include further details of the cleaning and disinfection arrangements between patients.	Regulation 9 (1)(n)	Has been rewritten according to recommendations	Rupa Dave	20/11/15
Quality of Management and Leadership					
11	The complaints policy should be updated with the correct address of HIW.	Regulation 24(4)(a)	Has been updated	Rupa Dave	20/11/15
12	The laser operator must have a DBS certificate dated within the last three years.	Regulation 21(2) and Schedule 2	will apply in march 16 as the person concerned is in New Zealand until 1/3/16	Rupa Dave	April2016

Service Representative:

Name (print): RUPA DAVE

Title: OWNER AND MANAGER

Date: 14 December 2015