

**HIW activities and  
enforcement:  
Class 3B/4 Laser and  
Intense Pulsed Light  
services**

**Annual Report  
2015 - 2016**

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163  
Email: [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.

# Contents

1. Foreword	5
2. Executive summary	6
3. What we did	8
4. What we found	11
Quality of the patient experience	11
Delivery of safe and effective care	12
Quality of management and leadership	15
5. Conclusions	17
6. What next	18
Appendix A	19
Recommendations	

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

## Our purpose

To provide the public with independent and objective assurance of the quality, safety and effectiveness of healthcare services, making recommendations to healthcare organisations to promote improvements.

## Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Openness and honesty:** in the way we report and in all our dealings with stakeholders
- **Collaboration:** building effective partnerships internally and externally
- **Professionalism:** maintaining high standards of delivery and constantly seeking to improve
- **Proportionality:** ensuring efficiency, effectiveness and proportionality in our approach.

## Our outcomes

Through our work we aim to:

<b>Provide assurance:</b>	Provide independent assurance on the quality, safety, and effectiveness of healthcare by reporting openly and clearly on our inspections and investigations.
<b>Promote improvement:</b>	Encourage and support improvements in care through reporting and sharing good practice and areas where action is required.
<b>Strengthen the voice of patients:</b>	Place patient experience at the heart of our inspection and investigation processes.
<b>Influence policy and standards:</b>	Use our experience of service delivery to influence policy, standards and practice.

# 1. Foreword

This is HIW's first annual report for Class 3B/4 laser and Intense Pulsed Light (IPL) services.

The purpose of this report is to summarise our findings from our inspections during 2015-16 and to highlight the areas for improvement we have identified across services. As a result of the themes identified from our inspections, we have made overarching recommendations for services in this area (Appendix A).

HIW is responsible for the registration and inspection of independent healthcare services in Wales, including Class 3B/4 laser and IPL services. However, healthcare services are primarily responsible for ensuring patients receive safe and effective treatments. The Independent Health Care (Wales) Regulations 2011 place legal obligations on service providers in this respect.

We hope that services and individuals working in this area will carefully consider the contents of this annual report and our overarching recommendations and use this to make improvements to their services.

## 2. Executive summary

Services providing treatments to patients using Class 3B/4 laser and IPL<sup>1</sup> are registered with HIW as independent hospitals under the Independent Health Care (Wales) Regulations 2011. The majority of these services are provided within beauty salons and clinics for aesthetic skin treatments, such as hair removal, wrinkle reduction and tattoo removal.

During 2015-16, HIW conducted a total of 19 inspections of Class 3B/4 laser and IPL services across Wales.

Although most patients were very satisfied with their experiences when visiting these services, our inspections identified a significant number of areas for improvement and regulatory breaches within the services we visited. Whilst we found that most services generally provided safe treatments, we identified areas of concern at six services which we believed could potentially pose risks to patient safety. As a result, HIW sought the agreement of these services to voluntarily cease providing treatments to patients until these issues were addressed and sufficient assurance had been provided to HIW. Following our inspections, five of these services expressed their wish to cancel their registration with HIW as they no longer wanted to continue providing treatments using Class 3B/4 lasers and IPL.

Of particular concern, was that the majority of services lacked sufficient awareness and understanding of the standards and regulations concerning the provision of Class 3B/4 laser and IPL services. Furthermore, most services did not have effective systems and processes in place to ensure they were meeting the relevant standards and complying with the regulations.

We found that services needed to make improvements in the following areas:

- Providing up-to-date training for staff in the safe use of lasers and IPL
- Ensuring the safe use of laser and IPL equipment including regular servicing, availability of up-to-date local rules<sup>2</sup> and contact with a Laser Protection Adviser<sup>3</sup>
- Arrangements for safeguarding children and vulnerable adults, including safeguarding training and suitable policies detailing clear procedures for staff to follow
- Up-to-date Disclosure and Barring Service checks<sup>4</sup> in accordance with regulatory requirements
- Arrangements for managing risk and health and safety
- Developing and keeping under review the documentation, policies and procedures required by the regulations
- Effective governance and quality assurance systems.

<sup>1</sup> 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.

<sup>2</sup> Local rules are a written document setting out the safe operation and day to day safe management of the laser / IPL, within the establishment. It is a condition of registration with HIW that local rules are in place and reviewed at least annually by a Laser Protection Adviser.

<sup>3</sup> Laser Protection Adviser is a qualified medical physics expert who provides advice on the safety aspects of laser / IPL installations.

<sup>4</sup> Criminal Records Bureau (CRB) checks are now called Disclosure and Barring Service (DBS) checks and involve checking someone's criminal record. These checks are required by the Independent Health Care (Wales) Regulations 2011 for anyone working at or managing an independent hospital.

Where necessary, services were required to complete an improvement plan in order to provide HIW with assurance that the findings from inspections were being addressed. In general, we found that the quality of improvement plans was poor, often because services had failed to sufficiently familiarise themselves with the requirements of the standards and regulations in order to take appropriate actions. In these cases, we took further action to ensure that services provided HIW with the necessary level of assurance.

Reports on all of our inspections and their associated improvement plans are published on HIW's website.

### 3. What we did

HIW is responsible for the registration and inspection of independent healthcare services in Wales under the Care Standards Act 2000 and the Independent Health Care (Wales) Regulations 2011. Services providing treatments using Class 3B/4 lasers and IPL are registered with HIW as independent hospitals.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and the 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 Wales.<sup>5</sup>

In 2015-16, HIW developed a new approach to the inspection of Class 3B/4 laser and IPL services. This was the first year that services experienced our new approach to inspection in this area. This included announcing our inspections to services approximately four weeks in advance and the introduction of a new style of inspection report to provide greater clarity for services about the expectations under the standards and regulations. Between April 2015 and March 2016, a total of 19 inspections were conducted across Wales.

We aim to ensure that the maximum period between inspections for these services is three years. However, services may be inspected more frequently as we take into account findings from previous inspections and information and intelligence we receive when considering our risk based approach to inspection.

Each inspection was announced (generally four weeks in advance) and conducted by at least two members of HIW staff.

Independent healthcare services are responsible for ensuring the quality and safety of the treatments provided. During each inspection, HIW considered whether there were effective systems and processes in place to ensure the service was:

- Meeting the relevant national minimum standards and complying with regulations
- Providing high quality, evidence based treatment and care through services that are patient/service user focussed
- Continually monitoring the quality of treatment and services
- Putting things right quickly, when they go wrong
- Providing treatment and services in accordance with the statement of purpose.<sup>6</sup>

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

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

<sup>5</sup> 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://gov.wales/docs/legislation/inforcenonsi/nationalhealth/110401nmstandards16.pdf>

<sup>6</sup> A statement of purpose is the written statement about the service which must be in place in accordance with Regulation 6 of the Independent Health Care Regulations 2011. This statement includes information about the service such as their aims and objectives, staff, organisational structure, kinds of facilities and treatments provided.

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

- Information held by HIW
- Interviews with staff (where appropriate) and the 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 provided an overview of our main findings to representatives of the service to ensure that they received appropriate feedback.

Our 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.

HIW took a balanced and proportionate approach with services when seeking action from them to address any improvements identified. Central to this approach, however, was ensuring that patients using these services were not being put at risk. Where HIW has immediate patient safety concerns, it raises and escalates these at the time of the inspection and requests that where possible they are resolved by service staff before the end of the inspection. This year, HIW has on a number of occasions sought the agreement of services to voluntarily cease providing treatments to patients until the issues identified have been addressed. Where serious regulatory non-compliance is identified resulting in poor outcomes for patients and indicating systemic failing within a service, the registered provider will be notified via a non-compliance notice.<sup>7</sup>

Following each inspection, the service was sent a draft report to check for factual accuracy. This included an improvement plan for the service to complete, in order to inform HIW of the actions being taken to address the issues identified. All improvement plans were separately evaluated by HIW to determine whether the service had responded appropriately or if further action was required. Once the improvement plan was agreed, this was published alongside the inspection report on HIW's website.

---

<sup>7</sup> 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.

For the purpose of this report, we refer to the responsibilities of the following groups/ individuals:

- **Registered manager:** A person who is registered under Part II of the Care Standards Act 2000 as a manager of an independent healthcare service. They are locally accountable for ensuring that the service meets National Minimum Standards and complies with regulations
- **Registered provider:** A person who is registered under Part II of the Care Standards Act 2000 as the person carrying out the independent healthcare service
- **Laser/IPL operators:** Anyone providing any type of treatment to patients using a Class 3B/4 laser and IPL.

## 4. What we found

### Quality of the patient experience

#### Patient engagement and feedback

Before the inspection, services were asked to give out HIW questionnaires to obtain patient views of the services provided. We noticed a significant variation in the numbers of patient questionnaires completed at each service. This was mainly due to differences in the numbers of patients treated in the weeks prior to inspection, with some services seeing very few patients. On the whole, we found that patients were very satisfied with their experiences whilst visiting the services. The majority of patients agreed, or strongly agreed, with statements that services were clean, tidy and that staff were polite, caring, listened, and provided enough information about their treatment.

However, the majority of the services did not have a robust system to regularly obtain patient views and feedback, as a way of monitoring the quality of the service provided. The regulations require that a summary of patient views is included within the patients' guide<sup>8</sup> for patients to see, but we found this was missing in most cases.

#### Patient information and consent

We found all services provided patients with appropriate information in order to help them make an informed decision about their care. This is because we found that patients were provided with a consultation prior to treatment and given information about the risks and benefits. Patients were also asked to sign written consent to treatment and complete medical history forms. Whilst most services recorded appropriate information about each treatment performed, we found that four services were not recording this information sufficiently. We reminded services of their responsibilities under the regulations to ensure that comprehensive health care records are maintained for all treatments provided to patients.

#### Communicating effectively

In accordance with regulatory requirements, all services must have a patients' guide and statement of purpose in place, which detail the types of services and treatments provided as well as other relevant information about the service. It was therefore disappointing to find that a quarter of services needed to create at least one of these documents. The remaining services needed to make a number of amendments to the statement of purpose and patients' guide to ensure they were accurate, up-to-date and contained all the required information. We also found that many services made incorrect or misleading references, within patient information and documentation, about the regulations and the role of HIW as a regulator of independent healthcare. We made recommendations for services to address this.

---

<sup>8</sup> Patients guide: In accordance with Regulation 7 of the Independent Health Care Regulations, services must also have a patient's guide which includes relevant information for patients, such as the costs and terms of conditions of treatment, summary of patient views, summary of the complaints procedure, and contact details of HIW.

## Delivery of safe and effective care

Whilst we found that the majority of services provided safe treatments using Class 3B/4 lasers and IPL, we identified areas of concern at six services which we believed could potentially pose risks to patient safety. As a result, HIW sought the agreement of these services to voluntarily cease providing treatments to patients until these issues were addressed and sufficient assurance had been provided to HIW. Following our inspections, five of these services expressed their wish to cancel their registration with HIW as they no longer wanted to provide treatments using Class 3B/4 lasers and IPL. The sixth service provided HIW with assurance that the issues identified had been addressed as a matter of urgency, so that patients were not at risk.

### Training

Regular training is important to ensure anyone providing treatments using a laser/IPL is fully aware of the risks and safety requirements associated with their use. Failure to attend regular training may mean that laser and IPL operators do not have the skills necessary for performing treatments safely.

In most services, we found that staff providing treatments had received up-to-date training in laser and IPL safety known as Core of Knowledge<sup>9</sup> and had also completed training in the correct use of the machines (usually provided by the manufacturer). However, staff at a number of services needed to attend update training since this had been conducted more than three years ago. The importance of this was reinforced on the day of inspection and services were required to address this.

### Servicing and maintenance of equipment

In accordance with regulatory requirements, all equipment must be safe, maintained in good condition and suitable for use. Regular servicing and calibration of laser and IPL equipment is important to meet this requirement.

We found the majority of services had arrangements to regularly service their laser and IPL equipment to help ensure they were safe for use. However, we found some services could not provide evidence that their machines had been suitably serviced. We recommended services to address this and ensure that servicing records were maintained.

In order to ensure that staff and patients are protected while laser and IPL machines are in use, suitable eye protection must be worn at all times. While all services we inspected had eye protection in place, we were concerned to find damage to eye protection in several services. In these instances, we asked services to stop providing treatments to patients until alternative eye protection was in place. In a number of services, we also saw that eye protection was in need of cleaning and we also advised services to ensure this was regularly checked for any damage.

---

<sup>9</sup> 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.

## **Laser Protection Adviser**

It is a requirement for each service to have a Laser Protection Adviser in place to provide advice and guidance on the safety of the environment, equipment and its day-to-day operational use. This is fundamental to the safety of patients receiving treatment. HIW expects a Laser Protection Adviser to review these areas at least annually in order to meet this requirement.

While most services had a contract with a Laser Protection Adviser, we were concerned that two services did not have an adviser in place. Furthermore, we found a number of services only had arrangements with a Laser Protection Adviser through remote self-assessments, by email and phone, rather than through conducting an onsite visit to the service. In the majority of these cases, we found that a Laser Protection Adviser had not visited the service for a number of years and we found evidence that not all potential hazards had been sufficiently assessed, such as damage to eye protection and reflective surfaces. Therefore, HIW could not be assured that self-assessment arrangements were sufficient to ensure the safety of the environment, equipment and patients at these services. These services were required to arrange an onsite visit from a Laser Protection Adviser as soon as possible following the inspection.

## **Local rules for safe use of equipment**

For each laser and IPL machine in use, there must be local rules in place which detail the safe use of the equipment. It is a requirement of HIW registration that the local rules must be reviewed at least annually by the Laser Protection Adviser.

We found that most services had up-to-date local rules which had been signed by the Laser Protection Adviser and all operators to indicate their awareness and agreement to follow these rules. However, a quarter of services did not have up-to-date local rules in place, the majority of which had not been reviewed for several years. We also found a number of cases where the local rules included incorrect references to regulatory requirements and aspects of the equipment in place and we recommended services to address this with their Laser Protection Adviser.

## **Infection control**

We generally found that services were visibly clean and tidy and had suitable arrangements for infection control. However, these arrangements were often not sufficiently detailed within an infection control policy and the majority of services were required to make amendments to address this. It was disappointing to find that a quarter of services did not have an infection control policy in place, despite this being a clear regulatory requirement.

## **Safeguarding**

We found that improvements were needed to the arrangements for safeguarding children and vulnerable adults at the majority of services we inspected. In most cases, services needed to review and update their safeguarding policies to provide a clear procedure for staff to follow in the event of a safeguarding concern, including the relevant local organisations for

reporting these concerns. We also found that the majority of registered managers and laser/IPL operators had not attended safeguarding training. A quarter of services had neither a safeguarding policy nor training in place.

Where services were registered to provide treatments to children under the age of 18 years, we often found improvements were needed to the arrangements to safeguard these patients. This included the procedures for obtaining patient and or parental consent and the arrangements for the presence of a chaperone/parent or guardian during treatment, if appropriate.

It is a regulatory requirement for any person managing or working at an independent healthcare service to have a Disclosure and Barring Service (DBS) check conducted within the last three years. Despite this, of the 19 services we inspected, 15 services did not comply with this requirement.

## Health and safety

We found variation in the quality of arrangements relating to health and safety at services we inspected. We identified the following areas for improvement:

- Fire safety arrangements, including a comprehensive and up-to-date fire risk assessment, ensuring fire exits are signposted and free from obstruction and fire extinguishers are regularly serviced
- Regular completion of Portable Appliance Testing (PAT)
- Availability of a five yearly wiring check of the premises
- Up-to-date environmental risk assessments
- Arrangements for the security of laser and IPL equipment in order to prevent unauthorised use
- Ensuring materials within first aid kits are within date, suitable and safe for use and replaced when appropriate.

Where we felt that patients and members of the public were not adequately protected from the risk of fire, we shared our findings with the appropriate fire safety authority. For example, at one service located within a large indoor market, we could not find evidence that a fire risk assessment was in place, staff were unclear about the procedure to follow in the event of a fire, fire alarms were not routinely tested and fire drills were not carried out. We therefore shared our concerns with South Wales Fire Service who subsequently conducted a visit to the premises.

Services and registered persons were reminded about their responsibilities under the regulations to ensure that all appropriate measures and precautions are in place to protect the health, safety and welfare of patients and staff.

## Quality of management and leadership

### Governance and accountability

Services providing treatments to patients using a Class 3B/4 laser and IPL are registered with HIW as independent hospitals. However, the majority of these services are provided within non medical settings such as beauty salons and clinics for aesthetic skin treatments (e.g. hair removal, wrinkle reduction and tattoo removal).

We were concerned to find that the majority of services lacked sufficient awareness and understanding of the standards and regulations regarding the provision of Class 3B/4 laser and IPL services. Given the findings from our inspections, most services did not have effective systems and processes in place to ensure they were meeting the relevant standards and complying with the regulations.

Prior to the inspections, HIW provided services with a list of the required documents, policies and procedures<sup>10</sup> approximately four weeks in advance. It was therefore disappointing that a number of services had not been sufficiently proactive in ensuring this information was available on the day of inspection.

Most services needed to make amendments to policies and procedures to ensure they were up-to-date and contained accurate and relevant information. We were concerned to find that four services had no policies and procedures in place whatsoever, despite this being a clear requirement of the regulations. We also found a number of services had not updated their policies in accordance with the requirements of the Independent Health Care Regulations 2011 and still referenced superseded regulations (Private and Voluntary Health Care Regulations 2002).

Of particular concern were the substantial areas for improvement we identified in a small number of services, demonstrating a significant weakness in the quality assurance and governance arrangements of these services, despite this being a clear expectation within the regulations and standards. Following our inspections, many of these services subsequently expressed their wish to cancel their registration with HIW as they no longer wanted to provide laser and IPL treatments.

The operation of sound quality assurance and governance arrangements and a registered provider's timely response to remedy issues of concern are important indicators of a registered provider's ability to run their service with sufficient care, competence, and skill. HIW expects that registered providers take meaningful action to address the findings from our inspections, as a failure to do so could result in HIW taking enforcement action for non-compliance with regulations.

Given our findings, HIW will be following up on the inspections we conducted in 2015-16, in order to seek assurance that services have taken appropriate action to address the areas for improvement identified during our inspections and to consider whether further action from HIW is necessary.

<sup>10</sup> A list of the policies and procedures required prior to inspection can be found on HIW's website – <http://hiw.org.uk/about/whatwedo/inspect/laser/?lang=en>

## **Dealing with concerns and complaints**

While most services told us they had not received written complaints, most had a complaints policy in place and arrangements for recording complaints if received. Many of the complaints policies we saw needed to be updated to ensure the information was correct and included HIW's contact details for patients to raise their concerns. We also advised services to record verbal and informal complaints in order to identify any emerging themes as a way of monitoring the quality of the service provided.

## **Records management**

In general, we saw that patient records and information relating to laser and IPL treatments were kept securely in order to help maintain patient confidentiality. However, some services needed to make improvements in this respect, including ensuring that records were kept in a secure area which was locked when not in use.

## **Workforce recruitment and employment practices**

In many of the services we inspected, laser and IPL treatments were conducted by the registered manager only, therefore information relating to workforce planning and training arrangements (i.e. induction and appraisals) did not form part of these inspections.

The majority of services who employed staff to provide laser and IPL treatments generally had suitable arrangements in place to help ensure that staff received induction training, annual appraisals, could participate in staff meetings, and were able to raise any concerns. We advised services to ensure these arrangements were formalised, including ensuring that clear records of induction training and appraisals were maintained.

## 5. Conclusions

Overall, we concluded that the areas for improvements identified across the services we inspected were indicative of registered providers' lack of awareness and understanding of the standards and regulations regarding the provision of Class 3B/4 laser and IPL services. Despite the obligations upon these businesses to ensure that the services they provide meet the necessary standards and regulations, it was evident that many providers did not ensure that the arrangements and documentation required upon registration were maintained on an on-going basis.

A potential contributory factor to these issues is that the majority of services registered with HIW are provided by non-medical professionals, many of whom have little or no prior experience of working within regulated sectors. As non-medical professionals, these providers also do not have the support of a professional body (such as the General Dental Council for dentists or the General Medical Council for doctors) to assist them with continuing professional development and regulatory compliance, in order to provide safe and effective care.

Through our discussions during inspections, it appeared that many registered providers were not aware of the ongoing financial, managerial and time commitments needed to effectively run their service and meet the necessary requirements. The business implications of this were particularly evident within smaller services that treated relatively few patients. We found these were common factors leading registered providers deciding to cancel their registration following our inspections.

## 6. What next

As part of our work, HIW shared our inspection findings with other stakeholders and regulatory authorities, including Welsh Government Healthcare Quality and Patient Safety, Welsh Ministers and relevant fire authorities where we identified potential fire hazards. HIW will also be following up on our 2015-16 inspections to seek assurance that services have taken sufficient action to address the areas for improvement we identified and to consider whether further action from HIW is necessary.

During 2015-16, we consulted with a Laser Protection Adviser regarding our approach to inspections, which has been extremely useful in informing our work within this sector. We will continue to make links with Laser Protection Advisers working in Wales in the coming year, to share our findings and raise awareness of the areas of concern we are identifying from our inspections.

In the next year, we intend to work more closely with the Radiation Protection Standing Specialist Advisory Group, which provides expert scientific advice on radiation (ionising and non-ionising, including lasers and IPL) protection matters through the Welsh Scientific Advisory Committee, to help inform our working in this area.

In summer 2016, HIW will be providing a placement to a trainee Laser Protection Adviser. We believe this will be mutually beneficial and will help to further inform our inspection methodology and approach to registering and inspecting Class 3B/4 laser and IPL services, in addition to helping increase awareness of HIW and its approach within the sector.

HIW has recently met with the Health and Safety Executive and we are currently exploring how we can best share information and the common interests we have together in this area.

As a result of the learning from our inspections and the feedback we have received from services, we have continued to review and make improvements to our registration process of new services. We have introduced meetings with prospective providers at the start of the registration process, as an extra measure, to provide greater detail and clarity about the requirements for registration and the ongoing expectations and implications of running a registered service.

HIW will continue to investigate intelligence received regarding unregistered services which may be providing laser and IPL services and could need registration. During 2015-16, this work resulted in 21 unannounced visits to these services. These visits were conducted to establish whether registerable services are being provided and to advise that to do so is a prosecutable offence. Our visits resulted in the need for four services to register with HIW. Any settings which continue to provide Class 3B/4 laser or IPL services without being registered will be considered for further action under HIW's enforcement process.<sup>11</sup>

---

<sup>11</sup> Details of HIW's non-compliance and enforcement process can be found on our website <http://hiw.org.uk/providing/enforce/?lang=en>

# Appendix A

## Recommendations

As a result of the findings from our Class 3B/4 laser and IPL inspections in 2015-16, we have made the following overarching recommendations which all services should consider as part of providing a safe and effective service.

Recommendations	Regulation / Standard
<b>Patient Experience</b>	
Comprehensive health care records and a register of all treatments performed must be maintained.	Regulation 23 and 45
A patient's guide and statement of purpose must be in place and kept under review.	Regulation 6 and 7
Services must regularly seek the views and feedback of patients as a way of monitoring the quality of the service provided.	Regulation 19 (2)(e)
<b>Delivery of safe and effective care</b>	
A Laser Protection Adviser must be in place who assesses and advises on the safe use of laser/IPL equipment and operational use at least annually, and as required.	Regulation 15 and 19 Standard 16
All laser/IPL operators must have up-to-date training in the use of this equipment and in Core of Knowledge.	Regulations 45 (3) Standard 25
All equipment must be maintained in a safe and suitable condition, including the regular servicing of laser/IPL machines.	Regulation 15
Local rules must be in place and reviewed at least annually by a Laser Protection Adviser.	HIW conditions of registration Regulation 15 Standard 16
Robust processes must be in place to ensure the welfare and safety of children and vulnerable adults who may use the service. Including, staff training in this area and adequate policies and procedures.	Regulation 16 Standard 11

Recommendations	Regulation / Standard
<b>Patient Experience</b>	
All appropriate measures and precautions must be in place to protect the health and safety of patients, including all appropriate fire safety measures and comprehensive risk assessments.	Regulation 15, 19 and 26
There must be suitable eye protection available at all times which is of a good condition.	Regulation 15
There must be suitable infection control arrangements in place, including a policy detailing these arrangements.	Regulation 9 and 15
<b>Quality of management and leadership</b>	
Services must have effective management and quality assurance systems in place to ensure compliance with the standards and regulations, to ensure safe and effective laser treatments are provided to patients.	Regulation 19
Policies and procedures must be in place in accordance with regulatory requirements and kept under review.	Regulation 9
Patients should be clearly informed about how to make a complaint and there must be a suitable complaints policy in place.	Regulation 24
All registered persons and laser/IPL operators should have an up-to-date DBS certificate.	Regulation 12, 21 and Schedule 2
There must be appropriate measures in place to ensure the security and confidentiality of patient information.	Regulation 23