



Independent Healthcare Inspection (Announced)

New Image, Bangor

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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
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of New Image on the 3 January 2018.

Our team, for the inspection comprised of two HIW inspectors.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that New Image were providing safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

This is what we found 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
- 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
- The clinic had a system in place for seeking the views of patients.

This is what we recommend the service could improve:

- The registered manager to renew training in the protection of vulnerable adults
- Updates to the patient's guide and statement of purpose are required.

3. What we found

Background of the service

New Image is registered as an independent hospital because it provides Class 3B/4 laser and Intense Pulsed Light Technology (IPL)¹ treatments at 317 High Street, Bangor, Gwynedd, LL57 1YA. The clinic was first registered with HIW on 4 October 2007.

At the time of inspection, the staff team included the registered manager as the sole laser operator. The clinic is registered to provide the following treatments to patients over the age of 18 years old:

Ellipse Light SPT for the following treatments:

- Hair reduction
- Skin rejuvenation
- Vascular
- Acne

¹ ¹ 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

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found evidence that New Image provided safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the clinic to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 15 questionnaires were completed, ranging from patients new to the clinic (attending for less than 12 months) to regular patients at the clinic (attending for more than five years).

Overall, patient feedback was very positive, and patients rated the care and treatment that they were provided with as excellent. Patient comments praising the service provided at the clinic included the following:

"Consistently high standards and very efficiently run."

"Always welcomed with a smile. Friendly and professional environment. Salon has been decorated very nicely and creates a nice relaxing atmosphere."

Health promotion, protection and improvement

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 said that staff were always polite, kind and sensitive when carrying out care and treatment and that they had been treated with respect when visiting the clinic. Patient comments in the questionnaires about staff included:

"Always very friendly and professional"

"I have been a customer at New Image since 1996 and would never consider going elsewhere. It's a comfortable environment and [named staff] is very friendly and always listens to my life tales!"

"Staff are very friendly and provide all the information and advice I require."

There was space available for staff to have conversations with patients in a private area, away from other patients, if required, for the purpose of maintaining confidentiality. We discussed with the registered manager, the process followed to maintain patient privacy and dignity, during treatment. Patients can prepare for treatment in private and modesty towels and dressing gowns were provided.

Patient information and consent

All patients who completed a questionnaire strongly agreed that staff listen to them during their appointment. All patients who completed a questionnaire agreed that they have been given enough information about their treatment, including the risks, different treatment options available, the costs for services 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 a course of treatment and were also asked to sign consent at each subsequent treatment.

Communicating effectively

The majority of 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.

A statement of purpose and a patient's guide was available in the waiting room for patients to take away. The statement of purpose included the relevant information about the services being offered. However, we found that the following information should be included:

- the arrangements made for seeking patients' views about the quality of service provided.

We also found that the patient's guide required the following updates in order to fully comply with the regulation:

- the amount and method of payment of charges by patients for all aspects of their treatment
- the arrangements made for seeking patients' views about the quality of service provided.

Only patients over the age of 18 can be treated as per condition of registration.

The clinic has a website and its own information 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.

Improvement needed

The patient's guide and statement of purpose must be updated in accordance with the regulations and a copy sent to HIW.

Care planning and provision

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

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

We saw that a treatment register was maintained and kept up-to-date. However, we did advise the registered manager to record the area treated which the registered manager agreed to do immediately.

Equality, diversity and human rights

The clinic is located on the first floor and is unable to provide disabled access. 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 was clearly on display in the waiting room.

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

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we found evidence that patients were provided with safe and effective care.

The treatment room was well equipped and visibly clean and tidy.

We found the clinic had taken steps to protect the health, safety and welfare of staff and patients.

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 there had been a building electrical wiring check within the last five years.

We looked at some of the arrangements for fire safety. The registered manager confirmed they had conducted internal fire safety training. Servicing labels on the fire extinguishers showed they were serviced annually and fire exits were clearly signposted. Fire risk assessments were in place and we saw evidence that these had been regularly reviewed. The registered manager had undertaken weekly fire alarm tests and annual fire drills.

There was an emergency first aid kit available and one member of staff trained in first-aid. We advised the registered manager to regularly check the content of the first-aid kit ensuring all items are within their expiry date.

Infection prevention and control (IPC) and decontamination

We saw 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. However, we did recommend that the registered manager reviews the infection control policy ensuring it reflects the cleaning procedures for the premises and the laser room. We also recommended that the registered manager devise a more detailed cleaning schedule in line with the revised policy.

There were no concerns expressed by patients over the cleanliness of the clinic; all of the patients who completed a questionnaire felt that, in their opinion, the environment was clean and tidy.

Clinical waste was disposed of appropriately and we saw that the service had a contract in place with an approved waste carrier

Improvement needed

Review and update the infection control policy to reflect current cleaning procedures for the premises and the laser room and devise a more detailed cleaning schedule in line with the revised policy.

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 and included the local safeguarding referral team contact details. However, we recommended that the registered manager undertakes training in adult safeguarding.

Improvement needed

The registered manager to renew training in the protection of vulnerable adults.

Medical devices, equipment and diagnostic systems

We saw evidence that the laser machine had an annual service and calibration certificate which was in date. We saw that there were treatment protocols in place for the laser machine and these had been overseen by an expert medical practitioner.

We saw that there was a contract in place with a Laser Protection Adviser (LPA) and local rules² 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 Knowledge³ training and training in the use of the laser machine.

We saw that 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 access.

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 Laser Protection Adviser and we saw confirmation that all actions had been undertaken.

Participating in quality improvement activities

We found evidence that the clinic had suitable systems in place to regularly assess and monitor the quality of service provided. This is because, in

² Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

³ 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.

accordance with the regulations, the clinic regularly sought the view 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 high standard.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

New Image has an established team with good leadership.

The day to day management of the clinic was provided by the registered manager who clearly understood her role and responsibilities and was very committed to providing high quality patient care.

Governance and accountability framework

New Image is owned and run by the registered manager.

We looked at a sample of policies and procedures the clinic had in place and saw that these had been reviewed regularly. The policies and procedures 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

We saw that the clinic had a complaints policy in place and it provided the correct contact details of HIW in line with the regulatory requirements. Details of the complaints procedure had also been included within the statement of purpose.

We saw evidence that 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.

The majority of patients who completed a questionnaire told us that they knew how to make a complaint if they needed to do so.

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 via the manufacturer.

Workforce recruitment and employment practices

The registered manager stated that the current staff team is well established and described the recruitment processes. New staff apply for post via advertisement, are interviewed with references being sought and an induction process is used. Authorised users would not use the laser machine prior to appropriate training being undertaken 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. What next?

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 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.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

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.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our 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
No immediate concerns were identified on this inspection.			

Appendix B – Improvement plan

Service: New Image

Date of inspection: 3 January 2018

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	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The patient's guide and statement of purpose must be updated in accordance with the regulations and a copy sent to HIW.	18. Communicatin g effectively	Updating Patient Guide and Statement of Purpose.	Lisa Owen	28/02/2018
Delivery of safe and effective care				
Review and update the infection control policy to reflect current cleaning procedures for the premises and the laser room and devise a more detailed cleaning schedule in line with the revised policy.	13. Infection prevention and control (IPC) and decontaminati on	Updating infection control policy and cleaning schedule in IPL room.	Lisa Owen	28/02/2018
The registered manager to renew training in the protection of vulnerable adults	11. Safeguarding children and	Process of finding a Protection of Vulnerable Adult course has already	Lisa Owen	09/03/2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	safeguarding vulnerable adults	started.		
Quality of management and leadership				
N/A				

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): LISA OWEN

Job role: Registered Manager

Date: 06/02/2018