

Independent Healthcare Inspection (Announced)

1192 Laser and Beauty

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2018

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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 1192 Laser and Beauty on the 14 February 2018.

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

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 1192 Laser and Beauty was committed to providing an effective service to its patient. Systems were in place to ensure that the laser and intense pulsed light (IPL)¹ machines were maintained. The registered manager needed to inform HIW of the intention to de-register those machines no longer being used.

The environment was clean and well maintained and this was supported by patient feedback HIW received from questionnaires.

We have made a few recommendations that we have asked the setting to consider and/or implement to be fully compliant with all standards and regulations..

This is what we found the service did well:

- Patients were provided with detailed information prior to treatment and post treatment advice.
- The service is committed to providing a positive experience for patients.
- The service was clean, tidy and well maintained
- The service had an annual contract in place with a Laser Protection Advisor.

This is what we recommend the service could improve:

¹ Intense pulsed light (IPL) is a technology used by cosmetic and medical practitioners to perform various skin treatments for aesthetic and therapeutic purposes, including hair removal, photorejuvenation (e.g. the treatment of skin pigmentation, sun damage, and thread veins) as well as to alleviate dermatologic diseases such as acne.

- Medical histories are to be updated, signed by the patient and countersigned by the operator at the time of each treatment
- The service is to update its Statement of Purpose and Patients' Guide
- The service is to provide HIW with evidence that all operators have undertaken Core of Knowledge training.
- All operators to undertake appropriate safeguarding training.
- The registered manager introduce processes for the recording of staff meeting minutes and actions and staff appraisals.

We identified the service was not compliant with:

- HIW can not be assured that the machine (Magma Natura Studios ND YAG) had been checked and calibrated and the appropriate paperwork had been in place, since the use of that machine from August 2016.
- There was insufficient evidence available to verify that two of the four registered laser machines had been calibrated and serviced in line with the manufacturer's guidelines. We saw evidence that both machines had been used recently, after servicing and calibration² was due. Both machines were not on the premises during the inspection and HIW were told that they were currently with the service provider for servicing and calibration.

These are serious matters and resulted in the issue of a non compliance notice to the service. At the time of publication of this report, HIW has received sufficient assurance of the actions taken to address the improvements needed.

² Regular calibration can help insure the laser machine's performance stays consistent over time, ensuring top performance and output quality.

3. What we found

Background of the service

1192 Laser & Beauty is registered as an independent hospital at Unit 2 Liberty Stadium, Landore, Swansea, SA1 2FA

The service was first registered on 6 October 2014

The service employs a staff team which includes the registered manager and two IPL and laser operators.

A range of services are provided to persons over the age of 18 years which include:

- Tattoo Removal
- Skin Rejuvenation
- Skin Pigmentation
- Acne Scarring
- Thread Veins
- Face and body hair reduction
- Reduction of body fat

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 that patients were very happy with the service provided and the team was committed to providing a positive experience for patients.

The service ensures that patients are provided with detailed information pre and post treatment to help them make an informed decision about their treatment. The service needs to ensure that the patients' notes are completed at the time of each treatment.

The service had appropriate processes in place to ensure that consultations with patients were held in a dignified manner.

The service needs to put in place a process for obtaining, reviewing and disseminating patient feedback.

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

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:

"The staff are very friendly and welcoming always, feel relaxed at the salon, nothing is too much trouble. The treatments are excellent, all my family use this salon"

"1192 is exceptionally clean and tidy and all the staff are well trained and professional at all times"

Health promotion, protection and improvement

We saw that patients were asked to complete a medical history form prior to initial treatment, which was signed by both the patient and operator. In the majority of cases seen, patients' medical history/condition/s were checked at each appointment to ensure that treatment was provided in a safe way and recorded on the patient record, but there were some omissions. We recommended that in all cases, when checking patients' medical history all boxes must be ticked by the patient, and the form signed by both the patient and operator.

Improvement needed

The service to ensure that when checking patients' medical histories all necessary paperwork to be completed fully and signed and countersigned.

Dignity and respect

Each patient that completed a questionnaire agreed that staff are always polite to them and are kind and sensitive when carrying out care and treatment.

We saw that the door to the treatment room was able to be locked from the inside, and staff confirmed they did this during treatment. Patients were also provided with towels to protect their dignity if required, and patients were left alone to undress if necessary.

Consultations with patients were carried out in the treatment room, to ensure that confidential and personal information could be discussed without being overheard.

Patient information and consent

All patients that 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. One patient provided the following comment in their questionnaire:

“Friendly, knowledgeable staff. Always willing to discuss and explain treatments”

All patients that completed a questionnaire also said that staff listened to them during their appointment.

We found that patients were provided with sufficient information to make an informed decision about their treatment. This is because patients were provided

with a face to face consultation prior to any treatment. Discussions with patients included the risks, benefits and likely outcome of the treatment offered. We were told that patients were given a patch test prior to treatment as well as provided with after care advice following treatment. This meant that the service was taking steps to ensure patients' safety. We also saw examples of written information provided to patients.

Communicating effectively

The majority of patients that 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 patients' guide was available providing information about the service and included the areas required by the regulations. We recommended the patients' guide be updated to reflect HIW's new email address. In addition, following the inspection visit, the patient guide will need to reflect how patients can access the latest report.

A statement of purpose was available, and we found this was in need of updating to ensure compliance with the regulations. The registered provider must ensure that the details, relevant qualifications and experience of all applicable staff must be included as well as the service's organisational structure. The statement of purpose must also be updated to include the correct contact details for HIW, the date it was written and any subsequent revision dates.

Improvement needed

The patient guide needs to be updated to reflect HIW's contact details and information on how patients can access the latest inspection report need to be included. The updated patient guide should be submitted to HIW.

The registered provider must update the statement of purpose in accordance with the regulations and submit a copy to HIW.

Care planning and provision

All patients received a consultation appointment prior to treatment being started, which included a skin type assessment and patch test to help determine suitability for treatment.

We saw examples of patient records, which were updated by the patient and operator at each appointment.

We found the service maintained treatment registers for each machine. The records were completed as required by the regulations but we recommend the operator include provision to record any adverse effects.

Improvement needed.

The service to include a column in its treatment registers to record any adverse effects.

Equality, diversity and human rights

1192 Beauty & Laser was situated on the ground floor of the Liberty Stadium site, and therefore accessible to anyone with a mobility difficulty. The treatment room and toilet were on one level, providing easy access. The bed in the treatment room could be raised and lowered to suit patients' needs.

Citizen engagement and feedback

We were told that following a course of treatment patients received an email from the service requesting feedback. We recommend the service consider additional avenues to obtain patient feedback. It must also ensure that patients are made aware of the results of feedback by means of a summary included within the patients' guide.

Improvement needed

The service to provide additional means for obtaining patient feedback.

The service to include a summary of patient feedback in the patients' guide.

Delivery of safe and effective care

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

There were systems in place which ensured that patients were being treated as safely as possible.

The treatment room was visibly clean and tidy and there were cleaning schedules in place to ensure that tasks were completed.

We found the service had taken steps to protect the health, safety and welfare of staff and patients. All operators are to undertake appropriate safeguarding training.

We recommended the operators ensure they complete all fields of the patient records to confirm discussions with the patient at each treatment.

Managing risk and health and safety

We found some arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

We looked at a selection of maintenance arrangements for the premises. We did not see evidence that Portable Appliance Testing (PAT) was up to date, to help ensure that small electrical appliances were safe to use and would recommend that this is rectified in order to help protect the safety and well being of staff working at, and people visiting the practice.

We were told that the responsibility of the 5 yearly wiring checks lay with the landlord, namely Liberty Stadium. We advise that the service request a copy of the latest certificate for its records.

We looked at some of the arrangements for fire safety. Servicing labels on the fire extinguishers showed they were serviced annually and fire exits were clearly signposted. A fire risk assessment was in place. We saw that staff had received fire safety training and that fire drills were carried out.

Improvement needed

It is recommended that the service make arrangements for portable appliance testing to be undertaken.

Infection prevention and control (IPC) and decontamination

We found the premises to be visibly clean and tidy. There were no concerns given by patients over the cleanliness of the setting; all of the patients that completed a questionnaire felt that, in their opinion, the environment was clean and tidy.

Staff described in detail, the infection control arrangements at the service. We also saw that a cleaning schedule was maintained.

We found that suitable arrangements were in place for the storage and collection of clinical waste.

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.

A policy for the safeguarding of adults was in place which contained a clear procedure for staff to follow in the event of any safeguarding concerns. The policy needed to be updated to include the contact details for the local safeguarding agencies.

Staff described how they would assess a patient's capacity to consent to treatment and how they would deal with any safeguarding issues. Arrangements need to be made for staff to undertake training in the protection of vulnerable adults.

Improvement needed

The service must ensure that all laser and IPL operators undertake training in the protection of vulnerable adults.

Medical devices, equipment and diagnostic systems

At the time of the inspection the service was unable to provide certificates to evidence that all the laser/IPL operators had completed Core³ of Knowledge training. We saw documentation to show that all laser operators had received training on the use of the laser and IPL machines.

We saw there was a contract in place with a LPA and there were local rules detailing the safe operation of the machines. We reviewed the documentation relating to the environmental risk assessment. We were told that the LPA had completed an updated risk assessment but this report was not available on the day of the inspection. This is to be made available to HIW upon receipt.

We saw certificates to show that three of the five machines had been serviced within the last 12 months to help ensure they were safe to use. We were told that the two machines that had not been serviced were to be decommissioned. The registered manager is to ensure that the de-registration process in respect of these two machines is initiated.

Improvement needed

The service must ensure that evidence of Core of Knowledge training for all laser and IPL operators is retained and copies are forwarded to HIW.

The service to provide HIW with a copy of the report following the LPA's last visit to the premises.

The registered manager to formally notify HIW of a change to its conditions of

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.

registration.

Safe and clinically effective care

We saw that eye protection was available for patients and the operator of the laser and IPL machines. Staff confirmed that glasses were checked regularly for any damage. On the day of the inspection we saw some scratches on the lenses of one pair of glasses. We asked the registered manager to seek advice from the Laser Protection⁴ Adviser (LPA) to ensure they were suitable for use.

There was a sign on the outside of the treatment room which indicated when the machines were in use. We were told that the machines are kept secure at all times. The activation keys for all machines were stored securely at the end of the day but not always during the day. We recommend that when the machines are not in use the keys are always removed and stored securely.

Improvement needed

The service to ensure that when the machines are not in use the keys are always removed and stored securely

Participating in quality improvement activities

We found that the service did not have sufficient systems in place to regularly assess and monitor the quality of service provided to ensure it is consistent with the regulations and standards. The service did seek patient feedback following

⁴ The Laser Protection Adviser is someone having sufficient skill in, and knowledge and experience of, relevant matters of laser safety, and able to provide appropriate professional assistance in determining hazards, in assessing risks, and in proposing any necessary protective controls and procedures. Many Laser Protection Advisers also provide training in laser safety.

treatment. We recommend it put in place a programme of quality assurance audits, for example, patient files, treatment observations and incident audits.

Improvement needed

The service to implement a programme of quality assurance audits.

Records management

We found that patient information was kept securely. We examined a sample of patient notes and found evidence that patient notes were maintained to a good standard but the operators must ensure that all fields are completed at the time of each treatment to confirm discussions with the patient.

Improvement needed

The service to ensure all operators completed all fields of the patient records to confirm discussions with the patient at each treatment.

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.

We found that there was a clear management structure in place.

At the time of the inspection we saw a wide range of policies and procedures.

The service must put in place a process to log all concerns and complaints received to enable shared learning and to improve patient experience.

Governance and accountability framework

1192 Laser and Beauty is owned and managed by the registered manager. The registered manager is supported by one laser/IPL operator.

We saw the service had a number of policies in place. We saw review dates which evidenced that they are updated.

We were told that team meetings were held monthly but on an informal basis. We recommend that the registered manager may wish to formally document the minutes for future reference. We were also told that there are informal "daily catch up" sessions.

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

Improvement needed

The registered manager should formally document the minutes of the monthly staff meetings.

Dealing with concerns and managing incidents

We found that the service had a complaints procedure in place but did not have a suitable process in place for recording complaints. To support learning from any concerns or complaints received we would recommend the registered manager put in place a process for logging formal and informal complaints.

At the point of inspection, only one complaint had been received at the service, which had been dealt with appropriately.

Improvement needed

The service to introduce a process for logging concerns and complaints received.

Workforce planning, training and organisational development

As mentioned earlier within the report, we saw certificates showing that all authorised operators had completed training on how to use the machines via the manufacturers' guidelines. We did not see evidence that the operators had completed the Core of Knowledge training.

Workforce recruitment and employment practices

We were told that appropriate employment checks are undertaken in respect of new staff. This included a disclosure and barring service (DBS) check. Good practice is for these checks to be renewed every three years for all staff. At the time of the inspection we noted that the DBS certificates in respect of the registered manager and the second operator were out of date and recommend that these are renewed.

An induction programme was in place to support new starters.

We were told that staff appraisals are conducted regularly but are not recorded. We recommend a formal note of appraisals is prepared for future reference.

Improvement needed

The registered manager is to ensure that all staff appraisals are to be documented.

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.

4. 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: 1192 Health and Beauty

Date of inspection: 14 February 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 service to ensure that when checking patients' medical histories all necessary paperwork to be completed fully and signed and countersigned.	The Independent Health Care (Wales) Regulations 2011 Regulation 23 (1) (a) (ii)			
The patient guide needs to be updated to reflect HIW's contact details and information on how patients can access the latest inspection report	The Independent Health Care			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
need to be included. The updated patient guide should be submitted to HIW.	(Wales) Regulations 2011 Regulation 7			
The registered provider must update the statement of purpose in accordance with the regulations and submit a copy to HIW.	The Independent Health Care (Wales) Regulations 2011 Regulation 7			
The service to include a column in its treatment registers to record any adverse effects.	The Independent Health Care (Wales) Regulations 2011 Regulation 23 (1)			
The service to provide additional means for obtaining patient feedback.	The Independent Health Care (Wales) Regulations			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	2011 Regulation 24			
The service to include a summary of patient feedback in the patients' guide.	The Independent Health Care (Wales) Regulations 2011 Regulation 7			
Delivery of safe and effective care				
It is recommended that the service make arrangements for PAT testing to be undertaken	The Independent Health Care (Wales) Regulations 2011 Regulation 26			
The service must ensure that all laser and IPL operators undertake training in the protection of vulnerable adults.	The Independent Health Care (Wales) Regulations 2011			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Regulation 20			
The service must ensure that evidence of Core of Knowledge training for all laser and IPL operators is retained and copies are forwarded to HIW.	The Independent Health Care (Wales) Regulations 2011 Regulation 20			
The service to provide HIW with a copy of the report following the LPA's last visit to the premises.	Regulation 15			
The registered manager to formally notify HIW of a change to its conditions of registration.	Regulation 8			
The service to ensure that when the machines are not in use the keys are always removed and stored securely	The Independent Health Care (Wales) Regulations 2011			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Regulation 15			
The service to implement a programme of quality assurance audits.	The Independent Health Care (Wales) Regulations 2011 Regulation 19			
The service to ensure all operators completed all fields of the patient records to confirm discussions with the patient at each treatment.	The Independent Health Care (Wales) Regulations 2011 Regulation 23			
Quality of management and leadership				
The registered manager should formally document the minutes of the monthly staff meetings.	The Independent Health Care (Wales) Regulations 2011 Regulation 9			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The service to introduce a process for logging concerns and complaints received.	The Independent Health Care (Wales) Regulations 2011 Regulation 24			
The registered manager is to ensure that all staff appraisals are to be documented.	The Independent Health Care (Wales) Regulations 2011 Regulation 9			

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: