



# **Independent Healthcare Inspection (Announced)**

Quayside Medical Aesthetics Clinic

Inspection date: 11 February 2019

Publication date: 13 May 2019

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

## Contents

1.	What we did .....	5
2.	Summary of our inspection .....	6
3.	What we found .....	7
	Quality of patient experience .....	8
	Delivery of safe and effective care .....	12
	Quality of management and leadership .....	17
4.	What next? .....	19
5.	How we inspect independent services .....	20
	Appendix A – Summary of concerns resolved during the inspection .....	21
	Appendix B – Improvement plan .....	22

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

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **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 Quayside Medical Aesthetics Clinic on the 11 February 2019.

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

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

We found Quayside Medical Aesthetics Clinic was committed to providing an effective service to its patients in an environment that was conducive to providing laser treatments.

The environment was clean and well maintained and processes were in place to ensure the privacy and dignity of patients.

Patient feedback we received was very positive with all patients rating the care and treatment that they were provided with as excellent.

This is what we found the service did well:

- Patients were provided with detailed information to help them make an informed decision about their treatment.
- We saw patient records were stored securely.
- The service is committed to improving services where applicable and regularly seeks feedback from patients.
- Documentation was available to show that the laser machines are regularly serviced and maintained.
- Staff had up to date training on how to use the laser machines safely.

This is what we recommend the service could improve:

- More staff at the clinic to undertake first aid training.
- The adult safeguarding policy requires amendment.
- Ensure that the keys for the laser machines are stored securely in between use.

There were no areas of non-compliance identified at this inspection.

## 3. What we found

### Background of the service

Quayside Medical Aesthetics Clinic is registered as an independent hospital to provide laser services at 9 John Street, Llanelli, SA15 1UH.

The service employs a staff team which includes a receptionist and two trained IPL and laser operators; one of which is the registered manager who, at the time of the inspection, was the only operator providing treatments to patients.

The service was first registered on 7 December 2017.

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

- IPL hair reduction
- IPL skin rejuvenation
- Vascular lesions reduction
- Pigmented lesions reduction
- Fungal nail infection
- Tattoo reduction

At the time of the inspection the clinic was applying to HIW for a variation of their conditions of registration to add a further laser, and to start providing weight management and weight reduction advice and treatment to patients.

## 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 registered manager was committed to providing a positive experience for patients.

Suitable arrangements were in place to protect the privacy and dignity of patients during consultation and treatments.

We found that the service ensures that patients are provided with detailed information pre and post treatment to help them make an informed decision about their treatment.

Prior to the inspection, we invited the service to distribute questionnaires to patients to obtain views on the services provided. A total of 24 questionnaires were completed.

Overall, patient feedback was very positive, and all 24 patients that completed a questionnaire rated the care and treatment that they were provided with as excellent. Patient comments praising the service provided at the clinic included the following:

*"There is always such a professional and friendly service provided, and the doctors are so knowledgeable and able to explain treatment in an interesting and caring manner. I am always impressed with the results, which are always pain free and long lasting. The prices are also very reasonable for such an outstanding service"*

*"From initial consultation, everything was clearly explained to me. I was under no pressure to commit and I felt secure in my choice of clinic. After several treatments I have seen great results and am looking forward to saying goodbye to hair forever"*

*"Staff are amazing at explaining things in depth, they are very charismatic and understand it's more than the removal of a*

*mistake for some like myself. They are very welcoming and make you feel very comfortable and put you at ease when waiting”*

### **Health promotion, protection and improvement**

We were told that patients are asked to complete a medical history form at their initial consultation, which is checked verbally with the patient by the laser operator before any treatment is given. The medical history form is then checked for changes at each subsequent appointment to help ensure treatment is provided in a safe way.

Each patient that completed a questionnaire confirmed that they always complete a medical history form, or have their medical history checked, before undertaking any treatment.

### **Dignity and respect**

Without exception, all patients who completed a questionnaire told us they were always treated with dignity and respect by staff when they visited the service.

The registered manager told us that the door to the treatment room is always locked during treatment and that patients are left alone in the treatment room to undress if necessary. This was done in order to maintain patients' dignity prior to, during and post treatment. All patients that completed a questionnaire felt that they were always able to maintain their own privacy, dignity and modesty during their appointments at the clinic.

Consultations with patients take place in the treatment room to ensure that confidential and personal information can be disclosed without being overheard.

### **Patient information and consent**

We found that patients receive sufficient information to make an informed decision about their treatment. All new patients receive a 'fact sheet' providing a wide range of information about their laser treatment, and then a face-to-face consultation prior to undergoing treatment. Both the fact sheet and discussion include information on the risks, benefits and likely outcome of the treatment offered.

Each patient that completed a questionnaire told us that they had been given aftercare instructions about how to prevent infection and aid healing after their treatment. Patients also agreed that they had been given enough information to help them understand the treatment options available to them, and the risks and benefits associated with each treatment option.

Where applicable, all patients that completed a questionnaire confirmed that they always sign a consent form, and that the cost of any treatment was always made clear to them, before receiving any new treatment.

### **Communicating effectively**

A detailed statement of purpose<sup>1</sup> was provided to us by the registered manager and a patients' guide was available to patients in the waiting area and on the clinic's website. The guide contained the essential information as required by the regulations.

Without exception, all of the patients that completed a questionnaire said that they were always able to speak to staff in their preferred language.

All patients that completed a questionnaire also said that staff listened to them during their appointment and felt that they had been involved, as much as they wanted to be, in decisions about their treatment.

### **Care planning and provision**

We saw evidence that initial consultation appointments, conducted prior to treatment being started, were documented on paper forms which had been signed and dated by the patient, and countersigned by the laser operator. We were told that prior to treatment, all patients are either given a patch test to determine a safe and effective setting of the laser for their skin and hair type or are asked to sign a disclaimer if they refuse to have the test. Where applicable, all but two of the patients that completed a questionnaire said that they had been given a patch test before they received treatment.

We saw examples of patient records, which were updated by the patient and operator at each appointment. We found the service maintained appropriate patient treatment registers for each laser operator.

---

<sup>1</sup> A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

## Equality, diversity and human rights

Quayside Medical Aesthetics Clinic is situated over two floors and is not easily accessible to patients with mobility issues. While there is an accessible treatment room on the ground floor, the main treatment room, and patient toilet, are situated on the first floor. We recommend that these accessibility issues are made clear to patients in the statement of purpose and the patients' guide.

### Improvement needed

The service must update its statement of purpose and patients' guide with respect to how patients with mobility issues can access the clinic, and provide a copy to HIW.

## Citizen engagement and feedback

Patient feedback is obtained by the clinic through the completion of customer satisfaction questionnaires that were available in the waiting room and through encouraging patients to complete Facebook or Google reviews.

All but two of the patients that completed a questionnaire said that they were aware of being asked for their views about the service provided at the clinic, for example, through patient questionnaires. However, the clinic has not yet received a significant amount of completed questionnaires to undertake meaningful analysis; the registered manager told us that they will shortly be launching an electronic version of the questionnaire to enable more patients to provide feedback.

## Delivery of safe and effective care

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

We found that systems were in place to ensure patients were being treated as safely as possible. The laser machines were maintained in accordance with the manufacturer's guidelines and staff had up to date training on the use of the machines.

The treatment room was visibly clean and tidy and we found the service had taken steps to protect the health, safety and welfare of staff and patients.

The service was committed to providing a high standard of care, but some training was required for staff in adult safeguarding, and the policy was in need of updating.

First aid training for more members of staff is required, and the first aid kits need to be regularly checked for out of date materials.

## Managing risk and health and safety

We found suitable arrangements were in place to protect the safety and well-being of the staff and people visiting the premises.

We looked at a selection of maintenance arrangements for the premises. We saw evidence that Portable Appliance Testing (PAT) was up to date, to help ensure that small electrical appliances were fit for purpose and safe to use.

Certification was provided to show that the building had recently had all of its electrical wiring replaced.

We looked at the arrangements in place with regard to fire safety and saw that fire exits were signposted. We noted that a fire risk assessment had been undertaken, and that fire extinguishers had been tested, within the last 12 months. The registered manager told us that the alarms are tested every three months, however, we did not see written evidence of this. Regular fire alarm tests and drills should be recorded and signed off with each check.

### Improvement needed

The service must create a log to record each fire alarm test and fire drill undertaken at the clinic, which is signed off each time by the registered manager.

We saw that the service had access to a first aid kit but we found the contents to have exceeded their expiry dates and were therefore not fit for purpose. We recommend this is replaced and a system is put in place to regularly check for out of date first aid materials in future. We were told that only one member of staff had received first aid training. We recommend arrangements are made for at least one other member of staff at the clinic to be trained in first aid in case the other first aider is absent.

### Improvement needed

The service must replace any out of date first aid kits and implement a system to ensure all the contents of its first aid kits are within their expiry date at all times.

The service must ensure that at least two members of staff have undertaken first aid training.

## 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 premises were very clean.

The registered manager described in detail the infection control arrangements at the service. We saw that a cleaning contract was in place and maintained.

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

The registered manager described how they would assess a patient's capacity to consent to treatment during the initial consultation before providing treatment.

A policy for the safeguarding of adults was in place which contained a procedure for staff to follow in the event of any safeguarding concerns. However, it did not contain the correct contact details for the relevant local safeguarding agencies.

We were told that only one of the laser operators had undertaken any training in the protection of vulnerable adults, however, the registered manager was unable to produce evidence of this on the day of the inspection.

Within two days of the inspection we were provided with evidence by the registered manager that all members of staff at the clinic had since undertaken level 3 training in the protection of vulnerable adults. The service should give due consideration to ensuring all staff training is regularly reviewed to ensure it is in date.

#### Improvement needed

The safeguarding of adults policy must be updated to include the correct contact details of the appropriate local safeguarding agencies.

### Medical devices, equipment and diagnostic systems

We saw evidence that the Pulsar IPL SILK laser machine had been regularly serviced and calibrated<sup>2</sup> in line with the manufacturer's guidelines. The clinic had recently removed their Nd:YAG laser machine from the treatment room and installed their new Nd:YAG Picosecond laser machine in line with their application to HIW for a variation of their conditions of registration. The registered manager confirmed that this new laser was not in use and would only begin to be used once the variation had been approved by HIW.

The registered manager informed us that he intended to keep the old Nd:YAG laser machine as a spare; we advised the registered manager that the old Nd:YAG laser machine must be serviced and calibrated before being used again to treat patients.

---

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

We saw that there was a treatment protocol in place for each laser machine, both of which had been overseen by an expert medical practitioner.

We saw that there was a contract in place with a Laser Protection Adviser (LPA) and there were local rules<sup>3</sup> detailing the safe operation of each laser machine. The rules had been reviewed by the LPA and we saw they had also been signed by the registered manager, indicating his awareness and agreement to follow these rules. The registered manager told us that the second laser operator would review and sign the local rules before treating patients.

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

We saw certificates displayed in the clinic to show that the IPL and laser operators had completed the Core of Knowledge<sup>4</sup> training within the relevant timescales. Both laser operators had also received training on how to use the laser machines via the manufacturer.

We saw that eye protection specific to each laser machine was available for patients and the laser operators. The registered manager confirmed that the glasses were checked regularly for any damage. We noticed that the glasses for both laser machines were stored together. We advised the registered manager to store the glasses separately for each laser machine to reduce the risk of incorrect glasses being used during treatments; the registered manager actioned this during the inspection.

No patients were being treated on the day of the inspection, but the registered manager described the treatment process in detail; a sign is placed on the outside of the treatment room door when either laser machine is in use, and the treatment room is locked to prevent any unauthorised persons from entering during treatments.

---

<sup>3</sup> 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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf)

<sup>4</sup> Training in the basics of the safe use of lasers and IPL systems

We were told that activation keys to the laser machines are stored securely at the end of each day, but not routinely stored securely between each use during the day; patients are left alone in the treatment room to undress if necessary and could in theory have unauthorised access to each machine. We received sufficient assurance from the registered manager during the inspection that a new process would be put in place with immediate effect.

We reviewed documentation in place relating to various risk assessments undertaken by the clinic. We saw evidence that the LPA had completed a recent risk assessment, in which no improvements had been identified.

#### Improvement needed

The service must ensure that the activation keys for the laser machines are removed and kept secure at all times between treatment sessions.

#### Participating in quality improvement activities

We found evidence that the service had suitable systems in place to regularly assess and monitor the quality of service provided. For example, following treatment, the service provided the opportunity for patients to provide feedback through questionnaires and online reviews.

We advised the registered manager to undertake internal quality assurance audits, such as patient records and treatment observations when the second laser operator begins undertaking treatments.

The clinic are active members of professional organisations such as the British Medical Laser Association and the Welsh Aesthetics and Cosmetic Society which provide opportunities to continually develop their medical and business knowledge and ultimately help provide improved patient care.

#### Records management

We found that patient information was kept securely. Paper patient records were kept in a locked cabinet and were only accessible by authorised staff.

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.*

The day to day management of the service and operation of the laser machines was the responsibility of the registered manager.

Systems were in place to ensure policies and procedures were updated on a regular basis or in response to a serious incident.

All authorised laser operators had the appropriate training and relevant knowledge to deliver safe treatment to patients.

### Governance and accountability framework

Quayside Medical Aesthetics Clinic is owned by the registered manager and is supported by an additional IPL and laser operator and one part-time member of non-clinical staff. The service had a number of policies in place and we noted they had been recently reviewed. Staff are required to sign a separate page to demonstrate that they had read and understood all policies rather than sign each policy individually.

We were told that there are no formal team meetings but that all staff regularly meet at the end of each day to discuss any specific issues that may have occurred. We would advise that the registered manager gives consideration to recording actions that arise from these staff discussions in future so that they can be brought to the attention of any staff members that may be absent.

We saw that the service had an appropriate and up to date liability insurance certificate.

### Dealing with concerns and managing incidents

The service had a complaints procedure which included the correct contact details of HIW in line with the regulatory requirements. Details of the complaints procedure had been included within the statement of purpose and in the patients' guide.

We were told that the service had not received any complaints to date. We advised the registered manager to set up a system to log any future formal and informal complaints and concerns.

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

As mentioned earlier within the report, we saw certificates showing that the authorised users who operated the laser machines had completed the Core of Knowledge training and had also completed the training on how to use the laser machines via the manufacturer's guidelines.

### **Workforce recruitment and employment practices**

HIW recommends that all authorised laser operators that have direct unsupervised access to patients undertake a Disclosure and Barring Service (DBS)<sup>5</sup> check every 3 years in order to satisfy Regulation 19, which requires that patients must be protected against the risks of inappropriate or unsafe care and treatment.

We saw an appropriate DBS certificate in place for the registered manager, but not for the second laser operator. We told the registered manager that evidence of a recent DBS check undertaken for the second laser operator must be submitted to HIW as soon as possible; the registered manager provided evidence to assure us of this two days after the inspection.

The provider told us about the recruitment and employment process he would follow to recruit new staff. This included appropriate employment checks, references, and an induction and suitable probation period.

---

<sup>5</sup> The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

## 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, measurable, 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
Through a discussion with the registered manager it became clear that keys to the laser machines are not routinely stored securely between each use during the day.	This means that potentially unauthorised staff and patients could use the machine and cause harm.	This was discussed immediately with the registered manager.	The registered manager told us that in future keys to the laser machines would be stored securely during the day.

## Appendix B – Improvement plan

**Service:** Quayside Medical Aesthetics Clinic

**Date of inspection:** 11 February 2019

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
<b>Quality of the patient experience</b>				
The service must update its statement of purpose and patients' guide with respect to how patients with mobility issues can access the clinic, and provide a copy to HIW.	National Minimum Standards for Independent Health Care Services in Wales Standard 2	We have updated our Statement of Purpose and our Patients' Guide to include details on how patients with mobility issues can access the clinic. Updated versions submitted to HIW.	Dr Peter Hughes	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
The service must create a log to record each fire alarm test and fire drill undertaken at the clinic, which is signed off each time by the registered manager.	National Minimum Standards for Independent Health Care Services in Wales Standard 12	We have created a log book dedicated to recording each fire alarm test, false alarms and servicing history for the fire alarm (and fire extinguishers). The log is signed by the registered manager each time.	Dr Peter Hughes	Completed
The service must replace all their out of date first aid kits and implement a system to ensure all the contents of its first aid kits are within their expiry date at all times.	National Minimum Standards for Independent Health Care Services in Wales	First Aid kit(s) have been updated and items replaced where necessary. A review date has been added to each First Aid kit.	Dr Peter Hughes	Completed
The service must ensure that at least two members of staff have undertaken first aid training.	Standard 22 Health and Safety (First-Aid)	We will ensure that all non-medical staff undergo first aid training.	Dr Peter Hughes	To be completed within 12 weeks

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Regulations 1981			
The safeguarding of adults policy must be updated to include the correct contact details of the appropriate local safeguarding agencies.	National Minimum Standards for Independent Health Care Services in Wales Standard 11	Our <i>Safeguarding of Adults Policy</i> has been updated to include contact details of the appropriate local safeguarding agencies.	Dr Peter Hughes	Completed
Quality of management and leadership				
No recommendations made.				

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):** Dr Peter Hughes

**Job role:** Clinical Director / Registered Manager

**Date:** 12 March 2019