



Independent Healthcare Inspection (Announced) Sun Lounge, Swansea

16 November 2015

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1. Introduction

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

HIW's primary focus is on:

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

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

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

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

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

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

2. Methodology

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

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

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

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

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

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

3. Context

Sun Lounge is registered with HIW as an independent hospital because it provides treatments using Class 3B/4 laser and Intense Pulsed Light Technology (IPL)³ at 52 Woodfield Street, Moriston, Swansea. The service was first registered on May 2011.

The service has staff team which includes a registered manager, clinic manager and five laser operators. The clinic is registered to provide the following treatments to patients over the age of 18 years:

Chromogenex Phaser Intense Pulsed Light System for the following treatments:

- Skin rejuvenation
- Hair removal
- Acne treatments.

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

4. Summary

Patient feedback from the HIW questionnaires completed prior to inspection indicated that the majority of patients were satisfied with the service provided. We recommended that the clinic develop a system for regularly obtaining the views of patients as a way of assessing the quality of the service provided. We also recommended improvements were made to the registers of treatment maintained at the clinic. A patient's guide and statement of purpose were available, but we identified updates were needed to comply with the regulations.

A current contract with a Laser Protection Advisor was in place and both laser machines had been recently serviced to ensure they were safe to use. Although staff had attended training on the use of the laser/IPL machines, Core of Knowledge⁴ training had not been completed. We found the clinic was visibly clean and tidy, but we found that an infection control policy needed to be created.

Discussions with the registered manager indicated they were aware of their obligations to comply with the regulations and standards concerning the provision of Class 3/4 laser and IPL services. However, given the areas for improvement identified during this inspection, more effective and proactive arrangements were needed to monitor the quality of the services provided and ensure ongoing compliance with the regulations and standards.

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

Services registered with HIW are only entitled to provide treatments in accordance with their conditions of registration. On the day of inspection, we found that treatments/equipment were not consistent with the conditions of registration. Arrangements were made for the clinic to vary their conditions following the inspection.

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

5. Findings

Quality of patient experience

Patient information and consent (Standard 9)

We looked at the records containing patient information. We saw evidence that patients were asked to complete medical history forms; however, we advised the clinic to also include recent sun exposure. A treatment register was maintained for the IPL and laser machine. However, the register for the IPL machine was missing details of the shot count (a laser/IPL parameter) and the register for the laser machine was missing details of the area treated and space to include details of any adverse effects.

Improvement needed

The treatment registers should be updated to include shot count, area treated and space to include details of any adverse effects.

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment. We were told that patients were provided with a verbal consultation prior to treatment which included discussion of the risks and benefits of treatment. Patients were also provided with a test patch and asked to provide written consent to treatment. We were told that patients were given information to take home and consider their treatment.

Communicating effectively (Standard 18)

A patient's guide was not available on the day, but was sent to HIW following the inspection. We found that the following improvements were needed:

- Details of the laser/IPL machines used
- A summary of the views and feedback from patients
- Details of how the most recent inspection report can be obtained by patients should be corrected. Patients do not have to request this from the clinic as it is available on HIW's website.

Improvement needed

The patient's guide must be updated in accordance with the regulations and be available for patients to view.

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

- All relevant training should be shown in sections 4 and 5 in the statement of purpose, in particular, Core of Knowledge training
- In regards to the arrangements for complaints, the contact details for HIW must be included.

Improvement needed

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

Citizen engagement and feedback (Standard 5)

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

“Salon is always very clean. Staff are very well mannered and always happy to help. Highly recommend to everyone.”

“When I first started my treatment, the consultation was fully explained. I highly recommend this treatment and salon.”

We were told that patients were encouraged to complete feedback online, but regular patient questionnaires were not conducted in accordance with the arrangements detailed within the clinic’s statement of purpose.

Improvement needed

Arrangements should be made to regularly seek the views of patients, in line with the statement of purpose.

A summary of the views of patients should be included within the patient’s guide.

Delivery of safe and effective care

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

We saw evidence that the registered manager and laser operators had completed training on use of the laser and IPL machines. While the registered manager had completed Core of Knowledge training, this had been conducted more than three years ago and updated training was needed. We also found that Core of Knowledge training had not been completed by the laser operators. We were told that all staff would complete this training in early 2016. Regular training in both the Core of Knowledge and use of the laser/IPL machines is important to ensure staff are aware of the risks and safety requirements associated with IPL/laser treatments.

Improvement needed

The registered manager and all laser operators must complete Core of Knowledge training.

We looked at the local rules, which detail the safe operation of the equipment. We saw these had been signed by the registered manager and laser operators to indicate their awareness and agreement to follow these rules. We noticed that there was an error on the local rules regarding the class of the laser machine and we advised the clinic to contact their Laser Protection Advisor regarding this.

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

We saw a sign outside the treatment room to indicate when the laser machine is in use. We found eye protection was available for the machine, but we noticed the glasses appeared slightly dirty and we advised the clinic to ensure they were effectively cleaned after each used.

The registered manager confirmed that the designated activation keys for the IPL and laser machines were removed when not in use and stored securely. We also saw evidence that the IPL and laser machines were regularly serviced to help ensure they were safe to use.

The clinic had a first aid kit available and the registered manager and two laser operators were trained in first aid. However, a resuscitation policy was not available.

Improvement needed

A resuscitation policy must be in place.

Safeguarding children and vulnerable adults (Standard 11)

We looked at the arrangements for safeguarding patients. We were told that patients under the age of 18 years were not treated at the clinic and patients were discouraged from bringing children.

The registered manager confirmed they had attended adult protection training, however, as this training was conducted five years ago, we advised they attend updated training. Training in adult protection should also be completed by the laser operators. We found that a safeguarding policy was not available on the day, but was sent to HIW following the inspection. The safeguarding policy was unclear and details of the roles of staff at the clinic following a safeguarding concern were not appropriate.

Improvement needed

The registered manager and all laser operators should attend training in the protection of vulnerable adults.

The safeguarding policy must be updated to include a clear and appropriate and procedure to follow in the event of a safeguarding concern, include the contact details of the appropriate local authorities.

Infection prevention and control and decontamination (Standard 13)

We found the clinic was visibly clean and tidy. There were suitable arrangements for the disposal of sharps waste at the clinic. However, we found that a policy with the arrangements for infection control was not in place, in accordance with regulatory requirements.

Improvement needed

The infection control policy must be in place and detail all cleaning arrangements at the clinic, including before and after each treatment.

Managing risk and health and safety (Standard 22)

We looked at maintenance arrangements at the clinic. We saw evidence that Portable Appliance Testing (PAT) testing had been conducted in 2015. A certificate of a wiring check of the building was not available on the day, but was sent to HIW following the inspection. No gas or lifts were present at the clinic.

We looked at some of the arrangements for fire safety. The registered manager confirmed they had conducted fire safety training. However, we advised that staff should have fire training. Fire extinguishers were serviced annually and fire exits had been sign posted. We saw a fire risk assessment had been completed, but evidence indicated this had not been reviewed within the last year.

Improvement needed

Fire training for staff should be conducted.

The fire risk assessment must be regularly reviewed and updated as appropriate.

We noticed that the basement area of the clinic had a fire exit which led out onto a communal court yard, with a secondary exit at the far end. We saw that the fire exit route through the courtyard was partially obstructed by building materials from another company upstairs. We advised the clinic to conduct the local fire authority regarding this, if this issue was not addressed promptly.

Quality of management and leadership

Governance and accountability framework (Standard 1)

The Sun Lounge is run by the registered manager and day to day management is also provided by a clinic manager. We were told that the clinic employed a company to assist with policies, procedures and risk assessments. However, we found that the registered manager was unaware that there were some required policies, such as an infection control policy, that were not covered by this company and would need to be created locally. Regardless of the arrangements for assistance, the registered manager has overall responsibility to ensure that all policies and procedures comply with the requirements in Regulation 9 of the Independent Healthcare Regulations, including their creation and regular review.

Improvement needed

The registered manager must ensure that policies and procedures are in place, reviewed regularly and comply with Regulation 9.

Discussions with the registered manager indicated they were aware of their obligations to comply with the regulations and standards concerning the provision of Class 3/4 laser and IPL services. However, given the areas for improvement identified during this inspection, more effective and proactive arrangements were needed to monitor the quality of the services provided and ensure ongoing compliance with the regulations and standards.

Improvement needed

Improvements should be made to the systems for monitoring the quality of the services provided and ensuring ongoing compliance with the regulations and standards.

Dealing with concerns and managing incidents (Standard 23)

A complaints policy was not available on the day, but was sent to HIW following the inspection. We found that this policy was not consistent with the complaints arrangements stated within the patient's guide regarding who complaints should be addressed to and the timescales for acknowledging and investigating complaints. The complaints policy was also missing the contact details for HIW.

Improvement needed

The registered manager must ensure there that the complaints policy is consistent with the information about complaints provided in the patient's guide.

The complaints policy must be updated with contact details of HIW.

We saw that complaints were recorded in a book and also a diary. However, we advised that all complaints should be recorded in one central location so that they can be reviewed for common themes as a way of monitoring the quality of care provided.

Records management (Standard 20)

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

Workforce recruitment and employment practices (Standard 24)

At the time of our inspection, the registered manager and laser operators did not have a Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations.

Improvement needed

The registered manager and all laser operators must have a DBS certificate dated within the last three years.

6. Next Steps

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

The improvement plan should clearly state how the improvement identified at Sun Lounge will be addressed, including timescales.

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

Appendix A

Improvement Plan

Service: Sun Lounge

Date of Inspection: 16 November 2015

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
6	The treatment registers should be updated to include shot count, area treated and space to include details of any adverse effects.	Regulation 23 (1) & 45 (2)			
6	The patient's guide must be updated in accordance with the regulations and be available for patients to view.	Regulation 7			
7	The statement of purpose must be updated to include all required information.	Regulation 6 (1) and Schedule 1			
7	Arrangements should be made to regularly seek the views of patients, in line with the statement of purpose.	Regulation 19 (2)(e)			

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	A summary of the views of patients should be included within the patient's guide.				
Delivery of Safe and Effective Care					
8	The registered manager and all laser operators must complete Core of Knowledge training.	Regulations 45 (3)			
9	A resuscitation policy must be in place.	Regulation 15 (1)(a)(b)			
9	The registered manager and all laser operators should attend training in the protection of vulnerable adults. The safeguarding policy must be updated to include a clear and appropriate procedure to follow in the event of a safeguarding concern, include the contact details of the appropriate local authorities.	Regulation 16 (1)& (3)(a); Standard 11 NMS			
9	The infection control policy must be in place and detail all cleaning arrangements at the clinic, including before and after each treatment.	Regulation 9 (1)(n)			
10	Fire training for staff should be	Regulation			

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	<p>conducted.</p> <p>The fire risk assessment must be regularly reviewed and updated as appropriate.</p>	26(5)(b)			
Quality of Management and Leadership					
11	The registered manager must ensure that policies and procedures are in place, reviewed regularly and comply with Regulation 9.	Regulation 9			
11	Improvements should be made to the systems for monitoring the quality of the services provided and ensuring ongoing compliance with the regulations and standards.	Regulation 19 (1)(a)			
12	<p>The registered manager must ensure there that the complaints policy is consistent with the information about complaints provided in the patient's guide.</p> <p>The complaints policy must be updated with contact details of HIW.</p>	Regulation 24 (4)			
12	The registered manager and all laser operators must have a DBS	Regulation 12(2) (c)			

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	certificate dated within the last three years.	and Schedule 2			

Service Representative:

Name (print):

Title:

Date: