



Independent Healthcare Inspection (Announced)

Rejuva Laser and Skin Clinic

Inspection date: 25 October 2016

Publication date: 26 January 2017

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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

Rejuva Laser and Skin Clinic is registered as an independent hospital because it provides Class 3B/4 laser and Intense Pulsed Light Technology (IPL)³ treatments at Fondella Buildings, High Street, Rhuddlan, Denbighshire, LL18 2UT. The service was first registered in 2014.

At the time of inspection, the staff team included the Registered Manager and four laser operators. The service is registered to provide the following treatments to patients over the age of 18 years old:

Ellipse IPL system for the following treatments:

- Hair removal
- Skin rejuvenation
- Acne therapy
- Pigmentation therapy
- Thread vein treatment

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

What the service does well:

- Patients were provided with enough information to make an informed decision about their treatment
- The service is committed to providing a positive experience for patients.

What needs to be done to improve the service:

- The Registered Manager needs to ensure all policies and procedures are reviewed every three years and that they contain version and review dates
- All staff should sign and date the policies and procedures to confirm their understanding and responsibilities
- The Registered Manager and laser operators need to attend a relevant safeguarding vulnerable adults training course
- The Registered Manager and laser operators need to attend the Core of Knowledge training course.

Further details of these improvements are provided in Appendix A.

Given the findings from this inspection, some improvements are needed to the quality assurance and governance arrangements of this service to ensure compliance with the relevant regulations and standards. This is important to ensure the safety and effectiveness of the service provided.

Whilst our findings have not, on this occasion, resulted in the issue of a non compliance notice, there is an expectation that the Registered Manager take meaningful action to address these matters, as a failure to do so could result in HIW taking action for non-compliance with the regulations.

5. Findings

Quality of patient experience

Patient information and consent (Standard 9)

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 discussions of the risks and benefits. Patients were asked to provide written consent to treatment and we saw examples of information and aftercare guidance given to patients.

We saw that patients were asked to complete medical history forms and any updates or changes were checked at each appointment.

We saw that a treatment register was maintained and up-to-date but we saw that it did not include an area to record any adverse affects; although these were detailed elsewhere within patients' individual records.

Improvement needed

Details of any adverse affects should be included within the treatment register.

Communicating effectively (Standard 18)

A patients' guide was available and included the required information in accordance with the regulations.

A statement of purpose was available and this included the relevant information about the service being offered. However, we found that the statement of purpose did not include a date as to when it was written, reviewed and / or date of review.

Improvement needed

In accordance with the regulations the statement of purpose must include the date it was written, and any subsequent revision dates

A copy of the updated statement of purpose must be sent to HIW.

Citizen engagement and feedback (Standard 5)

We found that the clinic had a system in place for seeking patient feedback, as a way of monitoring the quality of service provided. Patients could provide feedback

via clients' questionnaires, social media or through the services own website. Comments and feedback could also be made anonymously. The clinic told us that they regularly review all comments received and where applicable, responds to patients personally.

Before the inspection, the clinic was asked to give out HIW questionnaires to obtain patient views of the services provided. Unfortunately, no HIW questionnaires were returned to us and we are therefore unable to report on the patient viewpoint from this visit.

Delivery of safe and effective care

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

On the day of inspection we were not able to see any certificates to show that the Registered Manager and all laser operators had up-to-date Core of Knowledge⁴ training. We did see certificates to show that all staff had completed training on the safe use of the laser machine.

Improvement needed

The Registered Manager must ensure that all laser operators complete up-to-date Core of Knowledge training

We saw that there was a current contract in place with a Laser Protection Adviser and there were local rules detailing the safe operation of the machine. These rules had been recently reviewed by the Laser Protection Advisor and we saw that they had been signed by the Registered Manager and all laser operators which indicated their awareness and agreement to follow these rules.

A risk management policy was available for us to view on the day of inspection; however, it did not include a date of review and we advised the Registered Manager to include this.

The environmental risk assessments had been reviewed in October 2016 by the Laser Protection Adviser and we saw confirmation that no changes were required and that all actions had been undertaken.

We saw that eye protection was available for patients and the laser operators. The eye protection appeared in visibly suitable condition.

We were told that the machine had been recently calibrated and serviced to ensure it was safe for use and the certificate was seen to confirm this.

There was a sign on the outside of the treatment room which indicated when the laser/IPL machine is in use. The Registered Manager also confirmed that the

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.

treatment room door is locked when the machine is in use in order to prevent unauthorised access.

The machine is kept secure at all times as it can only be activated by a password which is only known to the laser operators.

No medical protocols for the IPL/laser machine were seen on the day of our visit; however, following the inspection, these were sent to HIW and had been signed by an expert medical practitioner.

Safeguarding children and vulnerable adults (Standard 11)

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 and a safeguarding policy was in place providing clear procedures to follow in the event of a safeguarding concern. We advised that the Registered Manager and all laser operators needed to attend adult safeguarding training.

Improvement needed

The Registered Manager and all laser operators must attend adult safeguarding training.

Infection prevention and control and decontamination (Standard 13)

We saw the service was visibly very clean and tidy. We discussed infection control arrangements in place with the laser operator and considered these to be appropriate to protect patients from cross infection. Infection control procedures were included within the treatment protocol.

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

Managing risk and health and safety (Standard 22)

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 wiring check within the last five years. The gas certificate was not available on the day of inspection but has since been sent to HIW evidencing that a gas safety check has recently been undertaken.

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 signposted.

However, no fire risk assessments were in place and we advised the Registered Manager to develop these and provide a copy to HIW.

Improvement needed

Fire Risk assessments to be developed and sent to HIW

No fire drill had been undertaken and we advised the Register Manager of the importance of undertaking annual fire drills ensuring all staff remains conversant in the procedures.

There was an emergency first aid kit available at reception and at least one member of staff trained in first-aid.

Quality of management and leadership

Governance and accountability framework (Standard 1)

We looked at a sample of policies and procedures the service had in place. Not all policies and procedures contained a version or review date and we advised the Register Manager of the requirement to do so and ensure these are reviewed every three years. We also noted that there was no evidence of staff having read any policies and procedures since their induction and we advised the Registered Manager to ensure staff sign to confirm that they have read and understood these at relevant times.

Improvement needed

The Registered Manager to ensure all policies and procedures are reviewed every three years, contain version and review dates, along with staff signatures.

The Registered Manager told us that the team meets on a weekly basis to assess and monitor the quality of service provided; however, these meetings are informal and no record was being kept. We advised the Registered Manager of the importance of recording these meetings.

Improvement needed

The Registered Manager to ensure all team meetings are noted and recorded

We were informed by the Registered Manager that there are clear lines of accountability at the service and staff are clear of their roles and responsibilities.

The Registered Manager confirmed that they do not have a programme of annual appraisals with staff and we recommend that the Register Manager ensures formal annual appraisals are put in place.

Improvement needed

The Registered Manager to ensure a programme of annual staff appraisals is put in place for all staff

Dealing with concerns and managing incidents (Standard 23)

We saw that the service 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. At

the point of inspection there had not been any complaints, comments or patient feedback received. In the event of a complaint being received, this would be logged electronically.

Records management (Standard 20)

We found that patient information was kept securely at the service. This is because paper records were kept in a filing cabinet and the registered manger confirmed they were locked when not in use. Only the Registered Manager, laser operators and the receptionist had access to the records.

Workforce recruitment and employment practices (Standard 24)

The Registered Manager and laser operators each had enhanced Disclosure and Barring Service (DBS) checks in place.

Given the findings from this inspection, some improvements are needed to the quality assurance and governance arrangements of this service to ensure ongoing compliance with the relevant regulations and standards.

The operation of sound quality assurance and governance arrangements and a registered provider's timely response to remedy issues of concern are important indicators of a provider's ability to run their service with sufficient care, competence and skill. There is an expectation, therefore, that the Registered Manager take meaningful action to address these matters, as a failure to do so could result in HIW taking action for non-compliance with regulations.

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 Rejuva Laser & Skin Clinic 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: Rejuva Laser and Skin Clinic

Date of Inspection: 25 October 2016

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
Page 6	Details of any adverse affects should be included within the treatments register.	Regulation 23 (1)	Completed October 2016		
Page 6	The statement of purpose must include the date it was written, and any subsequent revision dates in accordance with the regulations A copy of the updated statement of purpose must be sent to HIW.	Regulation 6 (1) and Schedule 1	Will be completed by 31.1.17		

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Delivery of safe & effective care					
Page 8	Registered Manager and all laser operators to complete up-to-date Core of Knowledge training	Regulation 45 (3) Standard 25 MHRA 3 (9)	Will be completed by 31.1.17		
Page 9	The Registered Manager and all laser operators must attend adult safeguarding training.	Regulation 16 Standard 11	POVA course will be completed by 31.1.17		
Page 9	Fire Risk assessments to be developed and sent to HIW	Regulation 19	Will be completed and sent by 31.1.17		
Quality of staffing, management & leadership					
Page 11	The Registered Manager to ensure all policies and procedures are reviewed every three years, contains version and review date along with staff signatures.	Regulation 9	Completed December 2016		

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Page 11	The Registered Manager to ensure a programme of annual staff appraisals is put in place.	Regulation 20 (2) Standard 25	Annual appraisals will take place in February on an annual basis		
Page 11	The Registered Manager to ensure all team meetings are noted and recorded	Regulation 19	All meetings are recorded and action requirements noted		

Service Representative:

Name (print): **Jacqueline Burham**

Title: **Company Director**

Date: **10.1.17**