

Independent Healthcare Inspection (announced)

The Bay Laser and Beauty Clinic

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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 The Bay Laser and Beauty Clinic on the 15 August 2017.

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

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

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

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. However, we found evidence that the service was not fully compliant with all Independent Health and Care Standards and regulations in all areas.

This is what we found the service did well:

- The service is committed to providing a positive experience for patients
- The service was clean and tidy
- Staff were polite, caring and listened to patients
- Patients were provided with enough information to make an informed decision about their treatment
- We saw evidence that patients were satisfied with their treatments and services provided
- The service had a system in place for seeking the views of patients
- Staff had up to date training in the use of IPL machine, Core of Knowledge and Adult Safeguarding

This is what we recommend the service could improve:

- Updates to the patient's guide and statement of purpose are required
- Ensure the complaint file is reviewed and introduce some clear formats for responding to concerns and complaints
- Ensure that the risk management policy is reviewed and updated
- The registered manager to renew training in the protection of vulnerable adults
- Ensure that the safeguarding policy is reviewed and updated with clear procedures for staff to follow, along with local safeguarding team contact details.

- Details of the relevant parameters and any adverse affects should also be included within the treatment register.

We identified regulatory breaches during this inspection as identified above. Further details can be found in Appendix B.

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.

3. What we found

Background of the service

The Bay Laser and Beauty Clinic is registered as an independent hospital because it provides Class 3B/4 laser and Intense Pulsed Light Technology (IPL)¹ treatments at 28 Conway Road, Colwyn Bay, LL29 7HT. The service employs a staff team which includes three authorised users², one of whom is the registered manager.

The service is registered to provide treatments to patients over the age of 18 years.

A range of services are provided which include:

- Fungal nail treatment
- Tattoo removal
- Facial thread vein treatment
- Pigmentation removal
- Leg thread veins
- Skin Rejuvenation full face (also known as magic miracle facial)
- Acne laser solution
- Permanent laser hair removal

¹ IPL is a broad spectrum light source technology and is used by cosmetic and medical practitioners to perform various skin treatments for aesthetic and therapeutic uses.

² Staff who perform treatments or operate the laser machine are referred to as an authorised user.

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.

Overall we found evidence that The Bay Laser and Beauty Clinic were providing safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 20 questionnaires were completed, ranging from patients new to the service (attending for less than six months) to regular patients at the service (attending for more than five years).

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

"I have had good quality care here and I am impressed with the service"

"Fantastic service, excellent treatment. I am a very happy customer"

"Excellent patient service, have been coming here for over 5 years. Always safe patient standards when using laser and have trust in confidentiality over such a sensitive issue to me personally"

Health promotion, protection and improvement

We saw that patients were asked to complete and sign a medical history form at the start of each treatment.

Dignity and respect

All patients who completed a questionnaire said that staff were always polite, kind and sensitive when carrying out care and treatment and that they had been treated with respect when visiting the service. We observed that a warm,

friendly and professional approach was adopted by staff. Patient comments in the questionnaires about staff included:

“They are extremely professional and knowledgeable and clients are treated with utmost care”

“Excellent caring approach - with health and safety of patient forefront. Very well explained”

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

Patient information and consent

All patients who completed a questionnaire strongly agreed that staff listen to them during their appointment. All patients who completed a questionnaire agreed that they have been given enough information about their treatment, including the risks, different treatment options available, the costs for services and after care services.

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment. Patients were asked to provide written consent at the start of a course of treatment and were also asked to sign consent at each subsequent treatment.

Communicating effectively

A statement of purpose was available, but we found this needed to be reviewed and updated in line with the regulations. A patient's guide was available, this also needed to be reviewed and updated in line with the regulations.

The service has a website and its own leaflet which provides information on available treatments.

We looked at a sample of patients' records and found evidence that there was a clear and transparent approach to treatment pricing.

Improvement needed

The statement of purpose must be updated in accordance with the regulations. A copy must be sent to HIW.

The patients' guide must be updated in accordance with the regulations. A copy must be sent to HIW.

Care planning and provision

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

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

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

Improvement needed

Details of the relevant parameters and any adverse affects should also be included within the treatment register.

Equality, diversity and human rights

The service is fully accessible to patients with mobility difficulties and patients could access the reception, waiting area, and all treatment room and toilet facilities.

Citizen engagement and feedback

We found that the service had a system in place for seeking patient feedback, as a way of monitoring the quality of service provided. Patients could provide feedback via patients' questionnaires. Comments and feedback could also be made anonymously. The service told us that they regularly review all comments received and where applicable, responds to patients personally. The registered

manager was advised to produce a summary of the feedback following this process so that patients are informed of the overall outcomes of patient surveys and included within 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.

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

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

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

Managing risk and health and safety

We saw evidence that Portable Appliance Testing (PAT) had been conducted, to help ensure that small electrical appliances were safe to use. We also saw evidence that there had been a building electrical wiring check within the last five years.

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

There was an emergency first aid kit available and two members of staff were trained in first-aid.

Infection prevention and control (IPC) and decontamination

We saw the service was visibly very clean and tidy. We discussed the infection control arrangements in place with the registered manager and considered these to be appropriate to protect patients from cross infection.

There were no concerns expressed 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.

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

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients over the age of 18 years only. The registered manager confirmed that this was complied with.

The registered manager described how they would deal with any adult safeguarding issues. A safeguarding policy was in place. This needed to be updated, however, to provide staff with clear written procedures to follow in the event of an adult safeguarding concern and also include the local safeguarding referral team contact details. All staff at the service had been trained in the protection of vulnerable adults. We noted that the registered manager is due to renew her training in adult safeguarding

Improvement needed

Ensure that the safeguarding policy is reviewed and updated with clear procedures for staff to follow, along with local safeguarding team contact details.

The registered manager to renew training in the protection of vulnerable adults. Training certificate to be forwarded to HIW.

Medical devices, equipment and diagnostic systems

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

We saw that there was a contract in place with a Laser Protection Adviser (LPA) and there were local rules³ detailing the safe operation of the machine.

³ 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

These rules had been recently reviewed by the LPA and we saw that they had been signed by the registered manager and staff that use the laser/IPL machine which indicated their awareness and agreement to follow these rules.

Safe and clinically effective care

We saw certificates showing that the registered manager and the laser operators had completed Core of Knowledge⁴ training and training in the use of the IPL machine.

We saw that eye protection was available for patients and the laser operator. The eye protection appeared in visibly good condition and the registered manager confirmed that glasses were checked regularly for any damage.

There was a sign on the outside of the treatment room which indicated when the IPL machine is in use. The registered manager also confirmed that the treatment room door is locked when the machine is in use in order to prevent unauthorised access. We were told that the machine is kept secure at all times. The activation key for the IPL machine is stored securely when not in use, preventing unauthorised access.

A risk management policy was available for us to view on the day of inspection. We advised the registered manager that the policy was in need of review and updating.

The environmental risk assessments had recently been reviewed by the Laser Protection Adviser and we saw confirmation that all actions had been undertaken.

Improvement needed

Ensure that the risk management policy is reviewed and updated.

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.

Participating in quality improvement activities

We found evidence that the registered manager had conducted some quality improvement activities in that the infection control measures and patient record keeping was found to be very good. However, the registered manager was advised to formalise and broaden the quality improvement activities and to keep a record of these to demonstrate the work being undertaken.

Records management

We found that patient records were kept securely in lockable filing cabinet. The registered manager confirmed the records were locked when not in use. We found evidence that patient records 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 Bay Laser and Beauty Clinic has an established team with good leadership. Staff understood their roles and responsibilities. The day to day management of the service was provided by the registered manager. Staff we spoke with were committed to providing high quality care for patients.

Governance and accountability framework

The Bay Laser and Beauty Clinic is owned and run by the registered manager.

We looked at a sample of policies and procedures the service had in place and saw that these had been reviewed regularly. The policies and procedures contained version and / or review dates. Any changes to policies or procedures are brought to the attention of staff at team meetings.

We were informed by the registered manager that there were clear lines of accountability at the service, and staff were clear of their roles and responsibilities.

Dealing with concerns and managing incidents

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.

We discussed with the registered manager the process of how concerns and complaints were captured at the service and we found that the process was in line with the complaints policy. We looked at the complaints file and we advised the registered manager to review the file and introduce some clear formats for responding to concerns and complaints.

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

Improvement needed

Ensure the complaint file is reviewed and introduce some clear formats for responding to concerns and complaints.

Workforce planning, training and organisational development

We saw certificates showing that all authorised users who operate the laser machine had completed the Core of Knowledge training and had also completed training on how to use the laser via the manufacturer. We did identify that the registered manager is required to renew training in safeguarding.

Workforce recruitment and employment practices

The registered manager stated that the current staff team is well established and described the recruitment processes. New staff apply for post via advertisement, are interviewed with references being sort and an induction process is used. All staff at the service are Disclosure and Barring Service (DBS) checked. Authorised users would not use the laser machine prior to appropriate training being undertaken. Staff must read and sign policies to indicate they have understood them as part of their induction.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

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

The improvement plans should:

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

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect independent services

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

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

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

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

We also consider other professional standards and guidance as applicable.

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

Further detail about [how HIW inspects independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
There were no immediate concerns identified during this inspection.			

Appendix B – Improvement plan

Service: The Bay Laser and Beauty Clinic

Date of inspection: 15 August 2017

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 statement of purpose must be updated in accordance with the regulations. A copy must be sent to HIW.	18. Communicating effectively Regulation 6 (1)/Schedule 1	An updated copy of Statement of purpose has been emailed to HIW. The updated document has been signed and dated now complete	Catherine Green	Review Annually
The patients' guide must be updated in accordance with the regulations. A copy must be sent to HIW.	Regulation 7	This has now been updated and emailed to HIW	Catherine Green	Review Annually
Details of the relevant parameters and any adverse affects should also be included within the treatment register.	8. Care planning and provision Regulation 23 (1,2 and 3)	The Laser record log has now been updated to include which parameters were used and any observed reactions. A photocopy example of this has been scanned and emailed to HIW and will be	Catherine Green	On going

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Regulation 45 (2) Standard 20	available for future inspection		
Delivery of safe and effective care				
Ensure that the safeguarding policy is reviewed and updated with clear procedures for staff to follow, along with local safeguarding team contact details.	11. Safeguarding children and safeguarding vulnerable adults	This is now in review. The local safeguarding team details will be updated and all procedures will be clear for staff to follow in line with the updated safeguarding policy	Catherine Green	By November 30 th 2017
The registered manager to renew training in the protection of vulnerable adults. Training certificate to be forwarded to HIW.	Regulation 16 (1) Standard 11	POVA update training has been booked in for 14 th February 2018 Certificate to be forwarded to HIW when obtained	Catherine Green	February 14 th 2018 complete Review annually
Ensure that the risk management policy is reviewed and updated.	7. Safe and clinically effective care Regulation 19 (1) (b) Standard 22	Contact LPA to obtain the up to date relevant paperwork. This is due from the 30 th November 2017	Catherine Green	December 31 st 2017

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
Ensure the complaint file is reviewed and introduce some clear formats for responding to concerns and complaints.	23 Dealing with concerns and managing incidents Regulation 24 Standard 23	This is currently in review. Ensure there is new paperwork to show follow up of complaints and detail action taken to resolve the complaint. Once resolved can be signed off. This is paperwork which is currently being discussed and as a team and being created	Catherine Green	By November 30 th 2017

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): Catherine Green

Job role: Director

Date: 26th October 2017