

Independent Healthcare Inspection (Unannounced)

Clinic 10, Mold

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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 Clinic 10 on the 28 March 2018.

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 that the service was committed to providing a positive experience to patients. The feedback we received confirmed that patients were very happy with the service they received.

However, we found that the service needed to review their local rules and risk assessments with the Laser Protection Adviser.

This is what we found the service did well:

- The service is committed to providing a positive experience for patients
- The service was very clean and tidy
- The registered manager / laser operator was 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

This is what we recommend the service could improve:

- The registered manager to renew training in safeguarding
- The registered manager to arrange renewal of the local rules and risk assessments with the Laser Protection Adviser.

3. What we found

Background of the service

Clinic 10 is registered as an independent hospital because it provides Class 3B/4 laser and Intense Pulsed Light Technology (IPL)¹ treatments at 10 Grosvenor St, Mold CH7 1EJ. The service was first registered with HIW on 15 September 2015.

At the time of inspection, the staff team included the registered manager as the sole laser operator. The service is registered to provide the following treatments to patients:

Lynton Lumina F for the following treatment:

- Acne
- Hair removal
- Skin rejuvenation
- Sun damage
- Pigmentation
- Thread veins
- Skin tightening
- Wrinkles
- Rosacea

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

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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 the service was committed to providing a positive experience to patients.

The service had appropriate processes in place to ensure that consultations and treatments provided to patients were conducted in a dignified and private manner.

We found that patients were provided with enough information to be able to make an informed decision about their treatments, and patient records were detailed.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 10 questionnaires were completed, ranging from patients new to the clinic (attending for less than six months) to regular patients at the clinic (attending between one and five years).

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

"Lovely person, very helpful and excellent service"

"They provide an amazing service. The service and knowledge is fantastic. I couldn't recommend them and the service they provide any more highly."

"Extremely professional and empathetic"

Health promotion, protection and improvement

We saw that patients were asked to complete a medical history form prior to initial treatment, and this was checked for changes at each subsequent appointment to help ensure treatment is provided in a safe way.

Dignity and respect

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

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

Each patient that completed a questionnaire strongly agreed that staff are always polite, kind and sensitive when carrying out care and treatment. One patient made the following comment in their questionnaire about the staff:

"They are very professional and I always have the highest quality service and treatment. Thoroughly enjoy coming to Clinic 10. They always make me feel at ease and explain the treatment in detail."

Patient information and consent

We found that patients were provided with enough information to make an informed decision about their treatment. This is because patients were provided with a thorough face to face consultation prior to receiving treatment with the laser operator. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered.

We were told that all patients were given a patch test prior to treatment starting to help determine their suitability for treatment, and the likelihood of any adverse reactions.

A treatment register was maintained and treatment information was also recorded within individual patient files. Whilst the treatment register was up-to-date, we noticed that it did not include a space to record any adverse effects or the shot count and relevant parameters. The Registered Manager immediately amended the register during the inspection in order for this information to be captured.

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; one patient commented:

"They are very professional, friendly and caring. They went above and beyond to help and explain to me what procedures would benefit me and also the negative side of any procedures."

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

Communicating effectively

The majority of patients who completed a questionnaire told us that they would know how to make a complaint if they were unhappy with the service provided.

A statement of purpose and a patient's guide was available for patients to take away. Both the statement of purpose and patient's guide included the relevant information about the services being offered.

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

Care planning and provision

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

Equality, diversity and human rights

The service is located on the first floor and is unable to provide disabled access. However, the service will provide patients who are unable to access the premises with details of an alternative provider if necessary.

Citizen engagement and feedback

We were told that patients were able to provide feedback on the services provided via social media outlets. The Registered Manager also confirmed that the service provides a text messaging system where patients are contacted following treatments. The service must ensure that patients are made aware of the results of feedback by means of a summary included within the patients' guide. The registered manager agreed to do this immediately. We also advised

the service to consider developing some patients questionnaires for patients to provide feedback anonymously which the registered manager agreed to consider.

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 some arrangements were in place to protect patients, staff and those visiting the premises.

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

However, we found that improvements were required to the arrangements for the support of an LPA, including review of the local rules and risk assessments.

Training in safeguarding was required.

Managing risk and health and safety

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

We looked at a selection of maintenance arrangements for the premises. We saw evidence that Portable Appliance Testing (PAT) was completed in February 2018 to help ensure that small electrical appliances were safe to use.

We were unable to see certification to show that the five yearly electrical wiring check and annual gas safety certificate for the building had been completed. We were verbally assured by the registered manager that both these checks had been undertaken by the landlord.

We looked at some of the arrangements for fire safety. Servicing labels on the fire extinguishers showed they were serviced annually. Fire exits were signposted and we were told that a fire risk assessment had been carried out within the last year.

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

Improvement needed

The registered manager must ensure that a copy of the five yearly wiring check and the annual gas safety certificates are forwarded to HIW.

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. However, we did recommend that the registered manager devise a more detailed cleaning schedule for the treatment room in line with their infection control policy which the registered manager agreed to do.

There were no concerns expressed by patients over the cleanliness of the service; all of the patients who 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.

Improvement needed

Devise cleaning schedules for the treatment room in line with the infection control policy.

Safeguarding children and safeguarding vulnerable adults

The registered manager described how they would deal with any safeguarding issues. A safeguarding policy was in place with clear procedures to follow in the event of any safeguarding concern and included the local safeguarding referral team contact details. However, we recommended that the registered manager renews her training in safeguarding.

Improvement needed

The registered manager to renew training in safeguarding.

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 provided by Lynton. However, we could not see that these had been overseen by an expert medical practitioner. We advised the registered manager to contact Lynton directly for confirmation which the registered manager agreed to do.

We saw that there was a contract in place with a Laser Protection Adviser (LPA) until November 2018 and the local rules² detailing the safe operation of the machine was available. The local rules had been signed by the registered manager who operates the laser machine. However, we did identify that the local rule were due to be renewed with the LPA.

Improvement needed

Forward confirmation to HIW that the treatment protocols have been signed by an expert medical practitioner.

Arrange for the local rules to be reviewed with the LPA.

Safe and clinically effective care

We saw certificates showing that the registered manager had completed Core of Knowledge³ training and training in the use of the laser 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 damages.

² 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

³ Core of Knowledge training is intended for operators using lasers and IPL systems for various skin treatments. The training includes information and guidance on the safe use of lasers and IPL systems.

There was a sign on the outside of the treatment room which indicated when the laser 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. We advised the registered manager to consult with the LPA regarding the location of the spare key which the registered manager agreed to do.

A risk management policy was available for us to view on the day of inspection.

The registered manager confirmed that there were no changes required to the environmental risk assessments as no changes had been made to the environment. However, we advised the registered manger that these we due for renewal with the LPA.

Improvement needed

The registered manager must arrange for the LPA to visit the premises, review and update the environmental risk assessments.

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. This is because, in accordance with the regulations, the clinic regularly sought the view of patients as a way of informing care, conducts audits of records to ensure consistency of information and assesses risks in relation to health and safety. The registered manager also confirmed that she shares best practices with other providers and attends annual clinical training sessions.

Records management

We found that patient information was kept securely in filling cabinets located within the laser room. Only the registered manager had access to patients' records.

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 was provided by the registered manager.

The registered manager clearly understood her roles and responsibilities.

The registered manager as the sole laser operator was very committed to providing high quality care to her patients.

Governance and accountability framework

Clinic 10 was established in 2014 by the registered manager who is the only laser operator.

We looked at a sample of policies and procedures the clinic had in place and saw that these had been reviewed regularly. The policies and procedures contained version and / or review dates.

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

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. Details of the complaints procedure had also been included within the statement of purpose.

We saw evidence that the practice has a system in place to log formal and informal complaints and concerns. At the point of inspection no complaints had been received at the service.

Workforce planning, training and organisational development

We saw certificates showing that the registered manager who operates the laser machine had completed the Core of Knowledge training and had also completed training on how to use the laser machine via the manufacturer.

Workforce recruitment and employment practices

The registered manager confirmed that she is the only laser operator at the clinic and no other staff are employed at the service.

The registered manager confirmed that authorised users would not use the laser machine prior to appropriate pre-employment checks and training being undertaken.

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 <u>non-compliance notice</u>. 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 <u>Care Standards Act 2000</u>
- Comply with the <u>Independent Health Care (Wales) Regulations 2011</u>
- Meet the <u>National Minimum Standards</u> 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 <u>how HIW inspects independent services</u> can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified.			

Appendix B – Improvement plan

Service: Clinic 10, Mold

Date of inspection: 28 March 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
N/A				
Delivery of safe and effective care				
The registered manager must ensure that a copy of the five yearly wiring check and the annual gas safety certificates are forwarded to HIW.	22. Managing risk and health and safety 12. Environment 4. Emergency Planning Arrangements	I have been awaiting the landlord to provide this information. Please see attached scanned copies.		
Devise cleaning schedule for the treatment room in line with the infection control policy.	13. Infection prevention and control (IPC)	I do already have a policy and procedure for this which was submitted		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	and decontaminati on	with my registration in 2014, the inspectors also viewed the updated version of this on the day. I have always adhered to the very highest standards of cleanliness. I feel the draft report wording gives the impression that I haven't been doing this, which I have, and was also observed at the inspection. I didn't have a written schedule on display as it is only for me to see and check in my room, I do several times daily as a matter of course. I still feel this schedule applies/relevant to a larger clinic with staff to give guidance to others, which makes perfect sense. I have now put a cleaning schedule in my room as requested, that is for my reference only as you understand, though I am concerned that the wording implies to the general public that I wasn't keeping my clinic room compliant with hygiene standards which deeply concerns me.		
The registered manager to renew training in	11. Safeguarding	I have had some difficulty sourcing the		

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
safeguarding.	children and safeguarding vulnerable adults	correct on line course, sincere apologies as have been guided to the wrong course and I confident this will now be completed with 1to 2/52 weeks. I am liaising with the trainer to ensure this.		
Forward confirmation to HIW that the treatment protocols have been signed by an expert medical practitioner.	equipment and diagnostic systems	Please see attached information from LPA		
Arrange for the local rules to be reviewed with the LPA.		Please see attached information from LPA		
The registered manager must arrange for the LPA to visit the premises and review and update the environmental risk assessment	7. Safe and clinically effective care	Please see attached information from LPA		
Quality of management and leadership				
N/A				

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): Andrea Davies

Job role: Clinic 10 Owner and Manager

Date: 14/05/2018