

# Independent Healthcare Inspection (Unannounced)

Rejuva, Rhuddlan

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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 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 unannounced inspection of Rejuva, Fondella Buildings, High Street, Rhuddlan, Rhyl LL18 2TU on the 10 December 2019.

Our team, for the inspection comprised of two HIW staff members. The inspection was led by a HIW inspection manager.

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 that Rejuva was committed to providing a positive experience for patients and we found suitable processes in place to support this.

The environment was welcoming and the team comprised of longstanding staff who had received appropriate training in order to carry out their roles.

However, we found evidence that the service was not fully compliant with all of the relevant standards and regulations.

This is what we found the service did well:

- We observed positive engagement with patients
- Good mechanisms existed for obtaining informed consent and medical histories
- Patients were provided with enough information to help them make an informed decision about their treatment
- Longstanding and committed staff team.

This is what we recommend the service could improve:

- To produce written, localised procedures for infection prevention control
- To review the servicing interval for the IPL machine
- To attend fire marshal training.

Refer to Appendix A for a full table of recommendations made.

## 3. What we found

### Background of the service

Rejuva is registered as an independent hospital to provide Class 3B/4 laser and Intense Pulsed Light Technology (IPL)<sup>1</sup> treatments at Rejuva, Fondella Buildings, High Street, Rhuddlan, Rhyl LL18 2TU

The service employees a staff team of six which includes the registered manager and five authorised IPL operators<sup>2</sup>.

The service is registered to provide range of services to those over the age of 18, which includes:

- Hair reduction
- Pigmentation treatment
- Thread vein removal / reduction
- Skin rejuvenation
- Acne treatment

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<sup>1</sup> 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

<sup>2</sup> 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.*

We found that the service was committed to providing a positive experience for patients.

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

Patients were provided with sufficient information pre and post treatment to help them make an informed decision about their treatment.

However, the service must produce a consent policy to assist both the service and potential patients when consulting on available treatment options.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 8 questionnaires were completed. Half of the completed questionnaires were from patients who had been a patient at the clinic for more than 2 years.

Overall, patient feedback was very positive, all but one of patients who completed a questionnaire rated the care and treatment that they were provided with as 'excellent'.

Patient comments included the following:

*"The service I have received has been brilliant. The staff have been very thorough and are very knowledgeable. I am treated with dignity and always put at ease. I cannot recommend their services enough"*

*"Excellent service. Warm and welcoming environment"*



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

We saw evidence that patients were asked to complete a medical history prior to their initial treatment, and that this was checked for changes at any subsequent appointment. We also saw that medical histories were signed by the patient and operator, which helps to ensure that appropriate treatments are provided in a safe way.

All patients who completed a HIW questionnaire confirmed that they had their medical histories taken prior to treatment.

## **Dignity and respect**

To ensure patient privacy, the registered manager confirmed that patient consultations are always carried out in the treatment room.

To ensure patient dignity pre and post treatment, we were told that patients are provided with a towel to change, in private if necessary, and that the room is locked throughout each course of treatment. We also saw that the treatment room was fitted with locks and 'do not enter' signs displayed to further protect patient dignity.

There was a policy in place to allow patients to attend with a chaperone for part or all of the treatment. If the patient preferred for the chaperone to remain in the room throughout the treatment, we saw that additional safety glasses were available.

All patients who completed a questionnaire agreed that they had been treated with respect by staff and felt that they were always able to maintain their own privacy, dignity and modesty during their appointments.

## **Patient information and consent**

All patients who completed a questionnaire agreed that they had been given enough information about their treatment, including the available treatment options, costs, risks and benefits.

We saw evidence that patients were provided with sufficient information in order to make an informed decision about their treatment. This is because the service provides information in a variety of formats. This includes a patients' guide which is available for patients to take away and read in their own time. This is supplemented by a detailed web page which outlines the treatments offered.

We confirmed that, prior to treatment, all patients are provided with a face-to-face consultation. This includes a discussion around the risks, benefits and likely outcome of the desired treatment.

We found that the provisions for obtaining informed consent were of a good standard and we confirmed that this is obtained prior to initial treatment and at any subsequent treatment sessions. We were told that following treatment all patients receive verbal aftercare advice and saw evidence of the information that is provided to patients.

We would recommend that the service produces a consent policy covering arrangements, such as how consent from patients is obtained, what constitutes valid consent and how treatment for those lacking capacity is managed.

#### Improvement needed

The service must produce a consent policy for the treatment of patients.

#### Communicating effectively

A patients' guide was available for patients to take away and read in their own time before committing to any course of treatment. The guide, which included the statement of purpose<sup>3</sup>, contained all of the necessary information regarding the services available.

The service also has a comprehensive website which outlines the services available and a range of supporting information.

Each patient who completed a questionnaire also said that staff listened to them during their appointment and that they were able to speak in their preferred language. All patients also told us that they felt that they had been involved as much as they wanted to be in decisions about their treatment.

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<sup>3</sup> Every service provider is required to have a statement of purpose which should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used

## Care planning and provision

We saw evidence to confirm that all patients receive a face-to-face consultation prior to the start of any treatment. As part of this consultation, patient histories are collected to ensure suitability of the chosen treatment.

We reviewed a sample of patient notes and found evidence of good record keeping, including hard copy notes that were kept consistently in individual patient files.

We also found an up-to-date hard copy patient treatment register was maintained. This enables the service to monitor the treatments provided and to respond to any incidents that may arise. However, we recommend that the service includes column within their treatment register to record any adverse effects or incidents as a result of treatment.

All of the patients who completed a questionnaire said that they had been given a patch test to determine a safe and effective setting of the laser for their skin and hair type before they received treatment.

### Improvement needed

The service must include a column within their treatment register to record any adverse effects or incidents as a result of treatment.

## Equality, diversity and human rights

The service is located over two floors, with access to the laser treatment room on the first floor of the premises. The service makes this clear to prospective patients in their patients' guide and is able to suggest alternative services for prospective patients who may be affected by this.

## Citizen engagement and feedback

We saw that the patients' guide made reference to an annual satisfaction survey of clients, however, the registered manager told us that this had not been undertaken. Instead of this, the registered manager told us that patients frequently provide verbal and informal feedback, which is recorded in the patients' file and is acted upon accordingly, where appropriate. We were also told that patients are able to provide feedback and reviews through social media, which is monitored by the registered manager.

All but one of the patients who completed a HIW questionnaire said that they were aware of being asked for their views about the service provided at the clinic.

#### Improvement needed

The service must either recommence the annual satisfaction survey or update the patients' guide to clarify arrangement for 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.*

The service was welcoming and visibly clean, however, the service must implement localised, written procedures for infection prevention control arrangements.

Staff had received appropriate training in a number of areas, such as in safeguarding, IPL machine training and Core of Knowledge for the safe use of IPL equipment. However, the service must review the training needs of its staff in the areas of fire safety and first aid.

We have made a number of recommendations in other areas which the service must review in order to fully promote the delivery of safe and effective care.

### Managing risk and health and safety

We saw evidence that appointments had been made for Portable Appliance Testing (PAT) and a five-yearly building electrical wiring check shortly after the date of the inspection. To help ensure that electrical appliances are safe to use, the service must provide HIW with written confirmation once these tasks have been completed.

We saw evidence that the most recent gas safety certificate was issued in 2016. As this is an annual requirement within the regulations, the service must ensure that a gas safety check is booked and that HIW is provided written confirmation once this has been completed.

In support of fire safety, all fire extinguishers had up-to-date servicing labels and a valid fire service maintenance contract was in place.

We also saw that a comprehensive fire risk assessment was last completed in 2017 and that no actions had been identified. Despite this, we would recommend that the fire risk assessment is reviewed on an annual basis. As part of any new risk assessment, the service should review its provision of fire exit / escape signage due to the absence of signage within the vicinity of the treatment room.

We would further recommend that at least one member of staff undertakes a formal fire safety training course and that this knowledge is then disseminated to the wider team and a record maintained of when the training took place, who attended and what was covered. Fire drills should also be conducted every 6 months and a record of this logged.

The registered manager told us they had undertaken a first aid course, but had not undertaken a refresher course in order to maintain up-to-date skills and knowledge. However, the registered manager told us that there were plans to attend a first aid course shortly after the date of the inspection. Confirmation of attendance must be forwarded to HIW once completed.

We also reviewed the contents of one of the available first aid kits and found a number of out of date items. The service must review the contents of all kits and replace items, where necessary.

#### Improvement needed

The service must provide HIW with confirmation that PAT testing and a building electrical wiring check has been completed.

The service must provide HIW with an updated gas safety certificate.

The service must ensure that its fire risk assessment is reviewed on an annual basis, including a review of the fire signage throughout the premises.

The service must provide HIW with confirmation that fire marshal training has been undertaken.

The service must conduct fire drills every 6 months and maintain a record of these.

The service must provide HIW with confirmation that a first aid (full or refresher) course has been undertaken.

The service must review the contents of all first aid kits on the premises.

#### Infection prevention and control (IPC) and decontamination

We saw that the service was visibly clean and inviting. All of the patients that completed a HIW questionnaire felt that, in their opinion, the premises were clean.

The service had a high-level health and safety policy and the registered manager described to us the infection prevention and control (IPC) arrangements that were in place for the service.

To ensure consistency and to help mitigate against potential risks, we would recommend that these arrangements are detailed in localised, written procedures. For example, covering arrangements for hand hygiene and daily checklists for cleaning equipment and treatment areas.

We saw that appropriate hand washing facilities and toilet facilities were available. We also saw that the treatment room contained an appropriate clinical waste bin and evidence that there was a contract in place for both general and clinical waste.

#### Improvement needed

The service must produce a set of localised, written infection prevention and control (IPC) arrangements.

### Safeguarding children and safeguarding vulnerable adults

The service is registered to provide treatment to adults over the age of 18 only. We saw evidence of a policy which explicitly excludes treatment or services to those under the age of 18. The registered manager confirmed that this is complied with.

An adult safeguarding policy was in place with clear procedures to follow in the event of a safeguarding concern. This included local authority points of contact, individual staff roles, responsibilities and guidance on signs of abuse.

We saw evidence that all laser operators had undertaken an appropriate level of safeguarding training. We would advise the service that all laser operators attend a new or refresher course in January 2020 to ensure that they are up-to-date with safeguarding issues and to ensure that staff are confident to respond to safeguarding issues should the need arise.

### Medical devices, equipment and diagnostic systems

We saw evidence that appropriate treatment protocols were in place, which had been overseen by an expert medical practitioner.

We also saw that there was a contract in place with a Laser Protection Advisor (LPA) and local rules<sup>4</sup> detailing the safe operation of the machines. The local rules had been reviewed within the last 12 months by the LPA and signed by all operators. The service is advised that the provision of an LPA contract should be continuous and that no gaps should exist.

We saw evidence which confirmed that servicing of the IPL machine was last undertaken in 2016. However, we were unable to confirm the appropriate servicing interval, in accordance with the manufacturer guidelines.

Following the inspection, the registered manager confirmed to us that, due to the low usage of the IPL machine, servicing was not required as frequently, but had nevertheless scheduled for the IPL machine to be serviced. The service must provide HIW with confirmation of servicing once completed.

#### Improvement needed

The service must provide HIW with confirmation of servicing of the IPL machine once completed.

#### Safe and clinically effective care

We saw evidence that all operators had completed Core of Knowledge<sup>5</sup> training and manufacturer training in the use of the IPL machine. We would advise the service that all laser operators should attend a Core of Knowledge refresher training session in January 2020 to ensure their skills and knowledge in the safe and effective use of laser / IPL machines is up-to-date.

We saw that eye protection was available for patients, operators and chaperones (if required). The eye protection was in adequate condition, but required cleaning. The service must ensure that all eye protection is regularly cleaned and its

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<sup>4</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 LED's. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/474136/Laser\\_guidance\\_Oct\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf)

<sup>5</sup> Core of Knowledge training provides a foundation in the safe and effective use of laser and IPL machines



condition checked for any damage. We also saw eye shields in use which provides added eye protection for patients receiving laser treatments to the facial area.

The treatment room was fitted with a lock and 'do not enter' signs to prevent unauthorised access whilst the machines are in use. As this type of IPL machine is not operated through the use of keys, we would recommend that the service ensures the door to the treatment room is closed at all times.

#### Improvement needed

The service must regularly review the condition and cleanliness of the eye protection, in line with its IPC arrangements.

The service must ensure that the door to the treatment room is closed at all times when not in use.

#### Participating in quality improvement activities

We found evidence of some quality improvement activities being undertaken by the service. The registered manager told us that regular staff meetings act as a method of identifying any areas for improvement. We were also told by the registered manager that the service retains a number of its patients who have been patients for a number of years.

We recommend that the service explores further quality improvement activities, such as re-implementing its annual satisfaction questionnaire or carrying out record keeping audits in order to continuously improve the service it provides.

#### Improvement needed

The service should explore further quality improvement activities.

#### Records management

We reviewed a sample of patient records and found evidence of good record keeping. The records were completed in a sufficiently detailed, consistent and clear manner, which promotes safe and effective care in the planning and recording of patient treatment.

We found that hard copy files were kept securely at the service.

## 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.*

Overall we found evidence of good management and leadership from the registered manager, who was supported by a team of committed staff.

The service was underpinned by a range of policies, procedures and a clear management structure. However, we would advise that the registered manager re-familiarises themselves with the relevant standards and regulations.

### Governance and accountability framework

Rejuva is run by the registered manager who is responsible for the day to day management of the service. The service employs five IPL operators.

The service had a number of policies and procedures in place. We reviewed a sample of these and found that these had been reviewed on a regular basis and that they had been signed by staff to confirm awareness and understanding.

The registered manager confirmed to us that they held regular staff meetings, including weekly team meetings and one-to-one meetings with staff members. This helps to ensure clear lines of accountability and that all staff have a clear understanding of their roles and responsibilities. However, we would recommend that service ensures that brief minutes from each meetings are recorded and kept on file.

We also saw a current HIW certificate of registration and public liability insurance certificate on display in the public reception area.

#### Improvement needed

The service should maintain minutes from each team meeting.

## Dealing with concerns and managing incidents

We found that the service had an appropriate complaints policy and procedure in place, which included the contact details for HIW.

The registered manager confirmed that the service had not received any complaints to date, but described an appropriate mechanism to us to log both formal (written and verbal) and informal complaints.

## Workforce planning, training and organisational development

The registered manager told us that all staff are provided with a formal appraisal on an annual basis which allows the registered manager to monitor and assess the quality of the service provided by the authorised laser operators. However, we were unable to see evidence of complete appraisals due a lack of individual and complete staff files available for us to view on the day of the inspection. The service must ensure that both appraisals and staff files are maintained and available on site at all times.

### Improvement needed

The service must ensure that staff appraisals and staff files are maintained and available on site at all times.

## Workforce recruitment and employment practices

We saw evidence that all IPL operators employed by the service had an appropriate Disclosure and Barring Service (DBS) certificate in place, which is required to protect patients against the risks of inappropriate or unsafe care and treatment.

We also saw evidence of an enhanced DBS certificate for the registered manager, however, this had lapsed the required period of renewal and must be renewed as soon as possible.

### Improvement needed

The registered manager must provide evidence of an updated enhanced DBS certificate to HIW as soon as possible.

## 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
No immediate concerns were identified on this inspection.			

## Appendix B – Improvement plan

**Service:** Rejuva, Rhuddlan

**Date of inspection:** 10 December 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 produce a consent policy for the treatment of patients.	Independent Healthcare (Wales) Regulations 2011  Applicable standard:  9. Patient information and consent			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The service must include a column within their treatment register to record any adverse effects or incidents as a result of treatment.	8. Care planning and provision			
The service must either recommence the annual satisfaction survey or update the patients' guide to clarify arrangement for feedback	9. Citizen engagement and feedback			
<b>Delivery of safe and effective care</b>				
<p>The service must provide HIW with confirmation that PAT testing and a building wiring check has been completed.</p> <p>The service must provide HIW with an updated gas safety certificate.</p> <p>The service must ensure that its fire risk assessment is reviewed on an annual basis, including a review of the fire signage throughout the premises.</p> <p>The service must provide HIW with confirmation that fire marshal training has been undertaken.</p>	<p>22. Managing risk and health and safety</p> <p>12. Environment</p> <p>4. Emergency Planning Arrangements</p>			



Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>The service must conduct fire drills every 6 months and maintain a record of these.</p> <p>The service must provide HIW with confirmation that a first aid (full or refresher) course has been undertaken.</p> <p>The service must review the contents of all first aid kits on the premises.</p>				
<p>The service must produce a set of localised, written infection prevention and control (IPC) arrangements.</p>	<p>13. Infection prevention and control (IPC) and decontamination</p>			
<p>The service must provide HIW with confirmation of servicing of the IPL machine once completed.</p>	<p>16. Medical devices, equipment and diagnostic systems</p>			
<p>The service must regularly review the condition and cleanliness of the eye protection, in line with its IPC arrangements.</p>	<p>7. Safe and clinically effective care</p>			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The service must ensure that the door to the treatment room is closed at all times when not in use.				
The service should explore further quality improvement activities.	6. Participating in quality improvement activities  21. Research, Development and Innovation			
<b>Quality of management and leadership</b>				
The service should maintain minutes from each team meeting.	1 Governance and accountability framework			
The service must ensure that staff appraisals and staff files are maintained and available on site at all times.	25. Workforce planning, training and organisational development			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered manager must provide evidence of an updated enhanced DBS certificate to HIW as soon as possible.	24. Workforce recruitment and employment practices			

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):**

**Job role:**

**Date:**