

Independent Healthcare Inspection (Announced)

Swansea Laser 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 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 announced inspection of Swansea Laser Clinic on the 08 January 2020.

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

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 Swansea Laser Clinic was providing an effective service to patients in an environment that was conducive to providing Intense Pulsed Light (IPL) and laser treatments.

Patient notes and records were being maintained to a good standard and supported the clinic to deliver individualised care to patients.

We found that some recommended training was required for the IPL/laser operators in line with expert guidance.

This is what we found the service did well:

- Patients were provided with the relevant information to help them make an informed decision about their treatment
- The environment was clean and well maintained
- Processes were in place to ensure the privacy and dignity of patients was maintained
- The IPL/laser machines had been serviced and calibrated in line with manufacturer's guidelines
- Appropriate arrangements were in place for infection prevention and control.

This is what we recommend the service could improve:

- Implement a more structured process to collect feedback from patients about their experiences of the treatment and care they have received
- Out of date first aid materials need to be replaced and staff must regularly check that all first aid materials remain in date
- The IPL/laser operators must undertake Core of Knowledge training.

There were no areas of non-compliance identified at this inspection that required immediate corrective action.

3. What we found

Background of the service

Swansea Laser Clinic is registered to provide an independent hospital at Castell Close, Llansamlet, Swansea, SA7 9FH.

The service employs a staff team of five, which includes three IPL/laser operators, one of whom is a trainee.

The service was first registered on 22 January 2016 and provides a range of services which include:

- Hair removal
- Skin rejuvenation
- Pigmentation removal
- Active acne reduction
- Repair from sun damage
- Removal of skin tumours (benign and malignant)
- Skin tag removal.

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 were assured that the clinic was providing a positive experience for patients.

Patients received detailed information to help them make an informed decision about their treatment.

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

The clinic needs to do more to collect and act on feedback from patients about their experiences of the treatment and care they have 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 20 questionnaires were completed.

Overall, patient feedback was positive; the majority of patients who completed a HIW questionnaire rated the care and treatment they were provided with as excellent. Patient comments included the following:

"Very professional in all the dealings that I have had. Excellent staff"

"From the start of making arrangements over the phone with them and having actual treatment you are made to feel well cared for and you know that there is nothing that is too much trouble. Outstanding."

"Staff are very informative and caring. Can be contacted at any time following treatment for advice and support"

Health promotion, protection and improvement

We were told that patients complete a medical history form at their initial consultation and must sign to confirm at each subsequent treatment session

that there have or have not been any changes in their medical history. This follows best practice guidance and helps to ensure treatment is safe and suitable for each patient.

We saw evidence of completed and signed medical history forms within patient records to confirm this approach. All of the patients who completed a HIW questionnaire also confirmed that they completed a medical history form, or had their medical history checked, before undertaking any treatment.

Dignity and respect

Consultations with patients take place in private to ensure that confidential and personal information can be disclosed without being overheard. The registered manager told us that patients are able to change in the empty treatment room if necessary and are provided with towels in order to help maintain their dignity. The door to the treatment room is always locked during treatment to maintain the patient's dignity before and during treatment.

Every patient who completed a HIW questionnaire agreed that they had been treated with dignity and respect by the staff at the clinic and felt that they were always able to maintain their own privacy, dignity and modesty during their appointments.

Patients are able to have a family member, friend or a formal chaperone present for support during consultations and treatment sessions.

Patient information and consent

The registered manager described how they would assess the capacity of patients to consent to treatment and we were assured that patients would be able to make their own informed decision to consent to treatment. Patients receive a face-to-face consultation prior to treatment to help them understand the options available to them and the risks and benefits associated with each treatment option. Each patient that completed a HIW questionnaire agreed that they had received enough information to help them understand the treatment options available to them and the risks and benefits associated with each treatment option. Patients also told us that the cost of any treatment was always made clear to them before they received the treatment.

All of the patients who completed a HIW questionnaire said that they had to sign a consent form before receiving any new treatment. We saw evidence of consent forms within patient records that had been signed by the patient and countersigned by the IPL/laser operator to confirm this approach.

Communicating effectively

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

We saw that copies of the clinic's patients' guide and statement of purpose¹ were contained within a patient information folder that was available for patients in the waiting area. We found both documents contained all the relevant information required by the regulations.

Care planning and provision

The registered manager described suitable pre-treatment checks that are performed on patients to help determine a safe and effective setting of the IPL/laser for their skin and hair type. Patients are required to undergo a patch test on a small area of their skin before receiving treatment, the results of which are documented in their patient records. Where applicable, all of the patients who completed a HIW questionnaire confirmed that a patch test had been carried out before they received treatment.

Patients also told us that they had been given aftercare instructions about how to prevent infection and aid healing after their treatment.

We examined a sample of patient records and found evidence that they were being maintained to a high standard meaning care was being planned and delivered with patients' safety, wellbeing and individual needs in mind.

Equality, diversity and human rights

A private car park was available for patients outside the clinic. A ramp leading to the front door was available for people with mobility difficulties. The reception, waiting area and treatment room were all located on the ground floor of the clinic. We also noted that wheelchair accessible toilets were available in a separate part of the building.

¹ A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

Citizen engagement and feedback

The registered manager explained that they regularly speak to patients to find out how their treatment has gone. However, in order to further monitor the quality of service effectively we recommend that the clinic implements a more structured process to regularly seek the views of patients such as issuing questionnaires or feedback forms. Best practice would be to enable patients to provide their views anonymously, discuss patient feedback regularly with staff and to inform patients of any changes made to demonstrate that feedback is being listened to and acted upon.

Improvement needed

The clinic must begin to regularly collect feedback from patients on their experiences of the treatment and care they have received.

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 evidence that patients were receiving focussed individualised care that was documented in well maintained patient records.

Clinical facilities were in good condition and the IPL/laser machines had been regularly serviced to help ensure patients were being treated as safely as possible.

The IPL/laser operators need to undertake training as required by the Medicines and Healthcare products Regulatory Agency guidance for the safe use of IPL/lasers.

Managing risk and health and safety

Overall, we found suitable maintenance arrangements were in place to protect the safety and well-being of staff and people visiting the premises.

We saw certification that confirmed an electrical wiring check had been undertaken within the last five years. Portable Appliance Testing (PAT) had also been carried out annually to help ensure small electrical appliances were fit for purpose and safe to use.

A fire risk assessment of the premises had been undertaken to mitigate against potential fire hazards and risks and help provide adequate protection in the event of a fire. Fire exits were signposted and we saw evidence that fire extinguishers throughout the premises had been serviced annually to ensure they worked properly. However, we noticed that one fire extinguisher in the treatment room had not been serviced during the last maintenance check. We received evidence shortly after the inspection that this fire extinguisher had subsequently been serviced.

The registered manager described suitable procedures to follow in the event of an emergency such as patient collapse and we saw that staff had been trained in first aid to treat minor injuries. We saw that a wide range of basic first aid materials were available throughout the clinic however we found that some

items were outside their expiry date and therefore not fit for purpose. These items need to be replaced and in future staff must regularly check to ensure all first aid materials remain in date.

Improvement needed

Out of date first aid materials need to be replaced and staff must regularly check to ensure all first aid materials remain in date.

Infection prevention and control (IPC) and decontamination

We found the premises to be in good condition and the treatment room was clean and clutter free. There were no concerns given by patients regarding cleanliness; all of the patients that completed a HIW questionnaire felt that, in their opinion, the premises were very clean.

The registered manager described suitable infection control arrangements at the clinic which included ensuring good hand hygiene and the completion of cleaning schedule checklists to document the cleaning undertaken of the treatment room and IPL/laser equipment. We found these arrangements were consistent with those outlined in the clinic's infection control policy.

Safeguarding children and safeguarding vulnerable adults

The registered manager confirmed that the service complies with their condition of registration to only treat patients over the age of 18 years old. Any children accompanying adults at appointments are not permitted into the treatment room when treatment is taking place for their safety.

The procedures for staff to follow in the event of any safeguarding concerns were detailed in a policy for the protection of vulnerable adults. We recommended to the registered manager that the policy should be updated to include the contact details of relevant local adult safeguarding agencies to ensure any concerns can be reported appropriately and in a timely manner. We received evidence after the inspection that the policy had been updated accordingly.

We were assured that all of the IPL/laser operators at the clinic had sufficient knowledge and awareness relating to the protection of vulnerable adults due to their requirements to undertake safeguarding training as part of their separate certified membership with the General Medical Council (GMC) and Nursing and Midwifery Council.

Medical devices, equipment and diagnostic systems

During the inspection we looked at the arrangements that were in place at the clinic to protect the safety of patients when receiving treatment. The IPL/laser machines had been regularly serviced and calibrated to help ensure they perform consistently and as expected. We saw that protocols for IPL/laser operators to follow to ensure treatment is delivered safely was displayed by each machine. However, we could not be assured that these had been overseen by an expert medical practitioner as required by the regulations. We received confirmation shortly after the inspection that the treatment protocols had been collated into one folder which had been reviewed and authorised by the responsible individual² in their capacity as a registered medical practitioner with the GMC.

A contract was in place with a Laser Protection Adviser (LPA) to provide expert advice on the safety of the IPL/laser machines installation and day to day operational use. Comprehensive local rules³ developed by the LPA that detailed the safe operation of the IPL/laser machines were in place and had been signed by each IPL/laser operator to evidence their awareness and agreement to follow these rules.

Safe and clinically effective care

We saw that two of the IPL/laser operators had received training by the IPL/laser machine manufacturers on how to use the equipment. The trainee IPL/laser operator had received training from the responsible individual in their role as Laser Protection Supervisor as defined in the Medicines and Healthcare products Regulatory Agency guidance for the safe use of IPL/lasers⁴.

² A responsible individual means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry (Wales) Regulations 2017).

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.

⁴ [Medicines and Healthcare Regulatory Agency Laser Guidance](#)

We were told that two of the IPL/laser operators had last received Core of Knowledge⁵ training in 2012 and we recommend that both operators re-attend the course in order to maintain their knowledge and awareness levels in line with best practice. The trainee IPL/laser operator had not received Core or Knowledge training since joining the clinic. Details on how our concerns on this issue were resolved are detailed in Appendix A.

Protective eyewear was available for patients, chaperones and the IPL/laser operators. We saw that the glasses and goggles had been kept in good condition and the registered manager confirmed that they were checked regularly for any damage. The glasses and goggles were colour coded to help ensure the correct eyewear was used with the relevant IPL/laser machine which we noted as good practice.

No patients received treatment on the day of the inspection, but the registered manager described the safety precautions taken when treatment is in progress; a warning sign on the outside of the treatment room door indicates that the IPL/laser machine is in use and the room is locked to prevent any unauthorised persons from entering during treatments. We were told that the keys to each IPL/laser machine are locked away after every appointment to ensure they are kept secure when not in use.

We saw evidence that the LPA had recently visited the clinic to complete an environmental risk assessment to identify and mitigate for any hazards associated with the use of the IPL/laser machines and the environment of each treatment room.

Improvement needed

All IPL/laser operators must attend Core of Knowledge training.

Participating in quality improvement activities

The registered manager told us that they actively contact patients throughout their course of treatment to understand how their treatment is progressing. This

⁵ Training in the basics of the safe use of IPL/laser machines.

helps the clinic provide improved individualised care and to monitor the quality of service they provide to patients.

Records management

We saw evidence that patient records were being maintained in line with best practice and professional guidelines and supported the service to deliver good quality patient care. Patient notes were detailed and of good quality and a comprehensive patient treatment register was being maintained for each IPL/laser machine.

We found that patient information was being kept securely. Paper patient records were kept in a locked cabinet to prevent unauthorised access.

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.

Suitable governance arrangements had been established at the clinic to support staff in their roles.

A range of policies and procedures had been produced for the safety of staff and patients which had all been reviewed on a regular basis.

The complaints procedure in place at the clinic would enable patient complaints to be handled effectively and in a timely manner.

Governance and accountability framework

Swansea Laser Clinic is owned by the responsible individual, who is also an IPL/laser operator. There are four other members of staff of which two are also IPL/laser operators.

We found a wide range of policies and procedures were in place that had been reviewed in line with the regulations; staff had to sign to evidence that they had read and understood each policy.

We saw that the clinic had an up to date liability insurance certificate in place to protect against compensation claims and associated legal costs.

Dealing with concerns and managing incidents

The clinic had an appropriate complaints procedure which included the correct contact details for HIW in line with regulatory requirements. The complaints procedure was contained within a patient information folder that was available for patients in the waiting area. A summary of the complaints procedure was also included within the statement of purpose and in the patients' guide as required by the regulations.

We saw that suitable systems were in place to record and manage any formal or informal complaints and concerns received by the clinic.

Workforce planning, training and organisational development

We recommended earlier in the report that the IPL/laser operators must undertake Core of Knowledge training. However, we found that the IPL/laser operators, as part of their continuing professional development⁶ (CPD), had undertaken training in a number of other areas relevant to their role which demonstrated that they were committed to keeping their skills and knowledge up to date.

The registered manager told us that daily meetings are held to discuss any potential issues, identify lessons learned and provide an opportunity for staff to raise any issues they may have.

We saw evidence of an induction schedule for the trainee IPL/laser operator that included a period of training and supervision from the other IPL/laser operators to help the trainee gain an effective understanding of their new role.

Workforce recruitment and employment practices

We found that all clinical staff had Disclosure and Barring Service⁷ (DBS) checks in place to help comply with the regulatory requirements that staff are of suitable integrity and good character and to help protect patients against the risk of inappropriate, or unsafe, care and treatment.

We saw that a selection and recruitment of staff policy was in place that outlined appropriate pre-employment checks to ensure any new members or staff are fit to work and have the relevant skills and knowledge to undertake the role.

⁶ Continuing professional development (CPD) is the process of documenting skills, knowledge and experience gained formally and informally to help improve the safety and quality of care provided to patients.

⁷ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

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
<p>IPL/laser operators are recommended to undertake Core of Knowledge training specified by the Medicines and Healthcare products Regulatory Agency guidance for the safe use of IPL/lasers.</p> <p>The trainee IPL/laser operator had been treating patients under supervision but had not undertaken Core or Knowledge training since joining the clinic.</p>	<p>This meant that we could not be assured that the trainee IPL/laser operator had level of competence to provide safe and care treatment to patients.</p>	<p>We raised our concerns regarding this immediately with the registered manager during the inspection.</p>	<p>The registered manager confirmed after the inspection that the trainee IPL/laser operator would not undertake any treatments on patients (supervised or unsupervised) until they had undertaken the Core of Knowledge training course.</p>

Appendix B – Improvement plan

Service: Swansea Laser Clinic

Date of inspection: 08 January 2020

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 clinic must begin to regularly collect feedback from patients on their experiences of the treatment and care they have received.	National Minimum Standards for Independent Health Care Services in Wales Standard 5	Feedback will now be collected regularly from five random patients per month.	Max Murison	Ongoing
Delivery of safe and effective care				
Out of date first aid materials need to be replaced and staff must regularly check to ensure all first aid materials remain in date.	Health and Safety (First-Aid) Regulations 1981	All out of date stock has been removed from the clinic.	Max Murison	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
All IPL/laser operators must attend Core of Knowledge training.	National Minimum Standards for Independent Health Care Services in Wales Standard 20	Core of Knowledge training for all staff will be completed on 25 February 2020.	Max Murison	To be completed on 25/02/2020
Quality of management and leadership				
No recommendations made.				

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): Max Murison
Job role: Responsible Individual
Date: 21 February 2020