

# Independent Healthcare Inspection Report (Announced)

## Cutis Cosmetic Clinic

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In writing:

Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

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# Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

## Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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# 1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Cutis Cosmetic Clinic on 4 July 2022.

Our team for the inspection comprised of two HIW Inspectors.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found Cutis Cosmetic Clinic was committed to providing treatments to patients in an environment that was conducive to providing laser treatments. There were suitable arrangements in place to protect the privacy and dignity of patients.

The registered manager ensured patients were provided with detailed information pre and post treatment so they could make informed decisions about their treatment.

We found the registered manager was dedicated to ensuring patients received a quality experience and this was reflected in the patients' feedback; with all patients rating the service they received as 'very good'.

This is what the service did well:

- We saw evidence that patients were provided with care in a dignified and respectful manner
- The clinic was accessible for anyone with a mobility issue.

### Safe and Effective Care

Overall summary:

We found the clinic was meeting the relevant regulations and standards associated with promoting the health, safety and welfare of staff and patients.

We found there were suitable arrangements in place for the maintenance and ongoing safety of the laser equipment. Patients' records were maintained to a high standard, which included recording of consent and ongoing treatment information.

This is what we recommend the service can improve

- The local rules need to be signed and dated by all staff authorised to use the laser machine
- Evidence of the safeguarding training completed by staff needs to be submitted to HIW
- Evidence of the training provided by the laser machine manufacturer needs to be submitted to HIW.

This is what the service did well:

- The laser machine was being maintained in accordance to manufacturing guidelines
- The registered manager was maintaining comprehensive patient notes to ensure effective outcomes for the patients
- The treatment room was visibly clean and free from any trip hazards.

## Quality of Management and Leadership

Overall summary:

We found the registered manager was patient focused and had appropriate skills and knowledge to deliver safe treatments to patients.

The clinic had a range of policies and procedures in place which were being reviewed and updated regularly.

This is what the service did well:

- Appropriate policies and procedures were in place which had been reviewed regularly.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the clinic. In total, we received two completed questionnaires. The completed questionnaires were from patients who had visited the clinic within the last two months.

Some of the comments provided by patients on the questionnaires included:

*"Clear information was given about expected results"*

*"Very clean. Felt I could trust the doctor"*

#### Health protection and improvement

We were told the registered manager completes a verbal medical history, which is documented, prior to a patient receiving any initial treatment. Patients are asked about any changes to their medical history prior to any subsequent treatments and documented on their notes.

The patients who completed a HIW questionnaire strongly agreed that their medical history was checked before undertaking any treatment.

#### Dignity and respect

We were told consultations with patients are held in the treatment room to ensure that discussions are private and confidential. The registered manager confirmed that patients are able to change, if necessary, either in the lockable treatment room or cloak room. Patients can be accompanied by a chaperone for both their consultation and during treatments. Chaperones are required to wear appropriate safety glasses while treatments are being undertaken.

The patients who completed a HIW questionnaire strongly agreed that they were treated with dignity and respect and measures were taken to protect their privacy.

#### Communicating effectively

A patient's guide and a statement of purpose were provided to us by the registered manager. We found both documents contained the essential information required by the regulations.



Due to COVID-19, these documents were removed from the foyer. However, the registered manager confirmed copies can be printed out for patients.

All the patients that completed a questionnaire told us they felt listened to during their appointment and felt that they had been involved, as much as they wanted to be, in decisions about their treatment.

### **Patient information and consent**

We were assured that patients were able to make an informed decision about their treatment. This is because patients were provided with a face-to-face consultation, which included sufficient information around the risks, benefits, and likely outcomes of the desired treatment.

Patients are required to provide consent before each treatment. The consent form contained suitable information and we saw evidence of consent forms signed by the patient and countersigned by the registered manager.

All the patients that completed a questionnaire agreed that they had been given 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 patients that completed a questionnaire confirmed that they always sign a consent form before receiving any new treatment. Each patient also told us that they had been given aftercare instructions about how to prevent infection and aid healing after their treatment.

### **Care planning and provision**

We reviewed the records of five patients and found evidence of a good standard of record keeping, which covered all areas of the patient journey. This included details of the consultation, initial and additional consent, and the risks and likely outcomes of the chosen treatment.

The registered manager told us that patients receive a patch test for their safety prior to any treatments starting. All patients that completed a questionnaire confirmed that they had been given a patch test before they received treatment.

### **Equality, diversity and human rights**

The service was accessible to anyone using a mobility aid. Where applicable, parking arrangements can be made prior to arrival to allow patients closer access to the building.

The registered manager demonstrated an understanding of how they would meet the needs of all patient groups. We were told of how the registered manager records the choices and preferences of patients so that their dignity and rights are protected. This information is also available in the patient's guide.

Documentation was predominantly only available in English. However, we were told that where possible, options would be sought to provide information in another language or format upon request.

### **Citizen engagement and feedback**

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

The registered manager told us that feedback can be provided by patients through online reviews or via the website. A feedback book was available prior to COVID-19, however this was removed and has not been re-introduced. We saw that evidence of patient feedback was displayed in the foyer and we were told that any feedback is reviewed to help monitor the quality of the service provided.

## **Delivery of Safe and Effective Care**

### **Managing risk and health and safety**

We found suitable maintenance arrangements were in place to protect the safety and well-being of the registered manager and people visiting the premises.

Portable appliance testing had been undertaken on all relevant appliances within an appropriate timeframe. We saw that fire extinguishers had been reviewed within the last twelve months and we saw that fire alarm tests were carried out and documented. A fire risk assessment was in place and was being reviewed annually to ensure risks were being monitored.

A suitable first aid kit was available at the clinic and we were assured that the registered manager has received sufficient first aid training as part of her certified membership with the General Medical Council (GMC).

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

We observed all areas of the clinic to be visibly clean and clutter free. There were no concerns given by patients over the cleanliness of the clinic. Patients that completed a questionnaire felt that, in their opinion, the premises were 'very clean'. In addition, they agreed that where appropriate COVID-19 infection control measures were being followed.

The registered manager described a range of suitable infection control arrangements in place at the clinic. This included appropriate hand hygiene measures and sanitising of the laser machine hand pieces and patient couches before and following each use.

We saw that a sharps disposal bin in the clinic was being stored appropriately. Clinical waste arrangements were in place through a contract with an external provider.

### **Safeguarding children and safeguarding vulnerable adults**

We found that there was an adult and children safeguarding policy in place to follow in the event of a safeguarding concern. The policy contained contact details for the local authority safeguarding team. The registered manager told us she had undertaken appropriate safeguarding training. The certificate of training wasn't available on the day of inspection and therefore we asked for evidence of the training to be submitted.

The service is registered to provide some treatments to patients over the age of 13 years old. We were told that the clinic requires parental consent to undertake treatment on patients aged between 13 and 17 years old.

### **Medical devices, equipment and diagnostic systems**

We found appropriate arrangements were in place to protect the safety of patients when using the laser machine. These included:

- A contract was in place with a Laser Protection Advisor (LPA) who had provided advice and support on the safe use of the laser machine
- Local rules had been reviewed by the LPA within the last twelve months to confirm their on-going suitability
- The laser machine has been serviced annually and was last serviced in August 2021
- Suitable eye protection was available for patients, visitors and the registered manager
- A key was required to use the laser machine, which was removed when the machine was not being used and stored securely.

However, we saw that the local rules had not be signed or dated. Therefore, we recommended that the registered manager request a copy of the local rules in a format that will enable them to be signed, dated and saved digitally.

### **Safe and clinically effective care**

We were assured that the registered manager was a competent user of the laser machine. We saw evidence that the registered manager had completed Core of

Knowledge training within the last three years. We were told that training from the manufacturer of the laser machine on how to operate it safely had been completed. The evidence for this wasn't available on the day of inspection and we requested a copy be sent to HIW.

There were treatment protocols in place and these were being reviewed by the registered manager who was a General Medical Council registered professional.

The treatment room was fitted with a lock to ensure patient dignity and safety during treatments. Appropriate signage was displayed on the treatment room door to warn people not to enter when the laser machine was in use.

We saw evidence that the LPA had completed an environmental risk assessment to identify and mitigate for any hazards associated with the use of the laser machine and the environment of the treatment room.

### **Participating in quality improvement activities**

The registered manager demonstrated comprehensive knowledge and understanding of the treatments provided and had recognised qualifications in this area of practice. The registered manager also described the importance of post treatment observations and follow ups with patients to help provide improved individualised care throughout a course of treatment.

### **Records management**

We found evidence of good record keeping. The sample of records reviewed were sufficiently detailed in a clear and consistent manner for new and returning patients. A comprehensive patient treatment register was also being appropriately maintained.

Patients' records were predominantly paper notes and we saw these being kept securely in a locked cabinet. Some additional patient information was kept electronically, which was password protected.

# Quality of Management and Leadership

## **Governance and accountability framework**

Cutis Cosmetic Clinic is run by the registered manager who is responsible for the day to day management of the service and is the only laser machine operator.

We found that the service had several policies in place and saw evidence that they had been reviewed regularly.

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

## **Dealing with concerns and managing incidents**

Staff confirmed that there had been no recent concerns or incidents. They described the complaints process and we found that the procedure was appropriate, with HIW listed as an additional point of contact.

## **Workforce planning, training and organisational development**

We were assured that the registered manager, as the only authorised operator of the laser machine, had the appropriate knowledge, skills, and experience to provide safe and effective care to patients.

## **Workforce recruitment and employment practices**

The registered manager described the recruitment process that would be followed before any new members of staff joined the clinic. This included appropriate pre-employment checks and proof of relevant qualifications prior to providing any treatments.

We saw evidence the registered manager had an appropriate Disclosure and Barring Service (DBS) certificate in place.

## 4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

# 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 - Immediate improvement plan

**Service:** Cutis Cosmetic Clinic

**Date of inspection:** 4 July 2022

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No non compliance issues were identified during this inspection.				

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:**



## Appendix C - Improvement plan

**Service:** Cutis Cosmetic Clinic

**Date of inspection:** 4 July 2022

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	Standard/ Regulation	Service action	Responsible officer	Timescale
Evidence of safeguarding training to be submitted to HIW.	The Independent Health Care (Wales) Regulations 2011 - Regulation 15(1)(c) & 45(3)(a)(b)(c)(d)(e)	Certificate submitted	Rupa Dave	
The local rules need to be signed and dated.	The Independent Health Care (Wales) Regulations 2011 - Regulation 45(3)(a)(b)(c)(d)(e)	Done	Rupa Dave	

Evidence of the training provided by the laser machine manufacturer to be submitted to HIW.	The Independent Health Care (Wales) Regulations 2011 - Regulation 20(1)(a)	Done	Rupa Dave	
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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):** Rupa Dave

**Job role:** Owner, manager and Clinician

**Date:** 28 July 22