

Independent Healthcare Inspection Report (Announced)

Vale Laser Aesthetics, Canton,
Cardiff

Inspection date: 9 February 2023

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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:

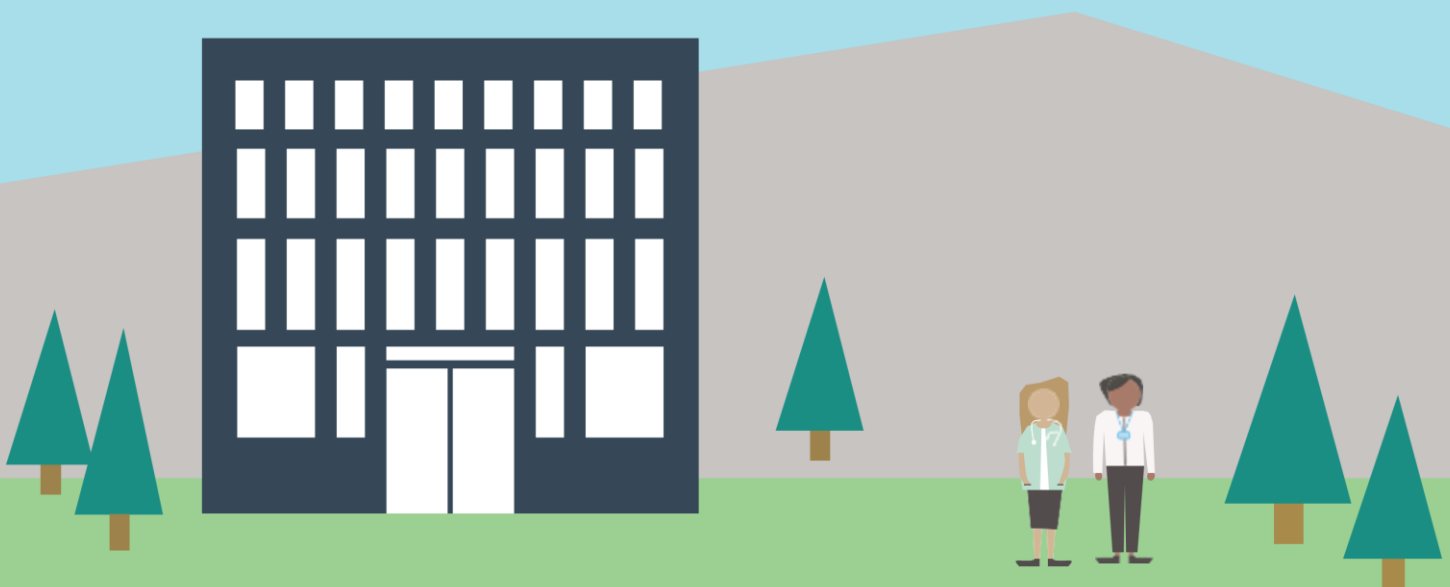
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Vale Laser Aesthetics Limited on 9 February 2023.

Our team for the inspection comprised of one HIW Healthcare Inspector.

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:

Overall, Vale Laser was committed to providing treatments to patients in a safe and welcoming environment. There were suitable arrangements in place to protect the privacy and dignity of patients.

The responsible individual ensured patients were provided with detailed information pre and post treatment so they could make informed decisions about their treatment. They made efforts to ensure 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 we recommend the service can improve:

- Inform patients of the results of feedback received.

This is what the service did well:

- Positive patient feedback
- Ensuring patients were fully involved in their treatment.

Delivery of Safe and Effective Care

Overall summary:

The clinic provided patients with safe and effective care. Suitable arrangements were in place for the maintenance and on-going safety of the intense pulsed light (IPL) / laser equipment. Good infection prevention and control arrangements were evident.

There was an effective patient records system, which provided patients with appropriate pre and post treatment information and recorded their consent to treatment.

The clinic need to ensure that the first aid kit in the building is regularly checked.

Immediate assurances:

- The first aid training of the laser operator was out of date.

This is what the service did well:

- Appropriate infection control arrangements
- Ensuring patient records were clear.

Quality of Management and Leadership

Overall summary:

The responsible individual was patient focused and familiar with the treatments provided. The clinic provided a positive service to customers with no complaints made of the setting.

There was a wide range of up-to-date policies and procedures in place.

This is what we recommend the service can improve:

- Formally documenting team meetings.

This is what the service did well:

- Ensuring all policies and procedures were in place and up to date.

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 practice. In total, we received 12 completed questionnaires. Overall, responses and comments were positive across all areas. All 12 patients rated the service as 'very good'. Patients told us:

“Nothing could improve the fantastic experience I’ve had and continue to have.”

“This clinic is the best clinic I have ever used. Staff very friendly and professional... I would like to mention on every appointment I am extremely happy...”

“Great service and easy to talk to the professional here.”

Health protection and improvement

Prior to their initial treatment we were told that patients were asked to provide a comprehensive medical history and again prior to any subsequent treatments. We confirmed medical histories were signed by the patient and the laser operator.

All 12 patients who completed the questionnaire agreed that they completed a medical history form before undertaking treatment.

Dignity and respect

Only one patient was noted at the clinic during our inspection and they were treated with dignity and respect.

Patients believed that staff treated them with dignity and respect and that measures were taken to protect their privacy. They all said that they had received enough information to understand the treatment options and the risks and benefits. All respondents felt they were treated with dignity and respect and said they were given adequate aftercare instructions. Some comments we received about patient care included:

“Staff friendly, always polite, take their time...”

“It’s always done with dignity and my wishes are respected.”

“Julie is a very knowledgeable laser technician and made my treatments enjoyable.”

Communicating effectively

A statement of purpose and a patients’ guide were available for patients to take away, which included relevant information about the services being offered. There was also information about treatments on the clinic website along with the complaints process.

We were told that patients could book in a consultation by telephone, the website or by attending the clinic in person. Once an appointment was confirmed patients were provided with the relevant paperwork to complete including their medical history.

Documentation was predominantly only available in English. We were told that there were no Welsh speaking staff at the setting. Further, we were told that there was no call for translations from other languages currently.

All patients confirmed that the costs were made clear before they received treatment and that they could access the right healthcare at the right time. Only two of the twelve patients who completed the questionnaire said that their preferred language was Welsh. However, they both confirmed that they were not actively offered the opportunity to speak Welsh during their treatment. Both confirmed that healthcare information was not available in their preferred language.

Patient information and consent

There was evidence to indicate that patients were provided with enough information to make an informed decision about their treatment. Patients were asked to provide written consent at the start of each course of treatment. All patients confirmed that they signed a consent form before receiving new treatment.

We were told that treatments were fully explained to the patient before they were asked to give consent. At the same time patients would be informed of the benefits and risks of treatment.

Care planning and provision

We were told that during the appointment the price would be discussed, the patient would receive a patch test and they were rebooked into the clinic for treatment. The clinic also used confirmation reminders by email and texts. Instructions were also provided to the patients on aftercare.

All patients said that they had been involved as much as they wanted to in the decisions about their treatment and they confirmed that they were given aftercare instructions on how to prevent infection and aid healing. Patients also confirmed that they were given clear guidance on how to check for signs and symptoms of infection and on what to do and who to contact in the event of an infection or emergency. Patients said that staff explained what they were doing throughout the treatments and that they listened to patients and answered their questions.

No patients confirmed any adverse reactions following treatment.

Equality, diversity and human rights

The clinic was located within the ground floor of another clinic, whilst there was access for patients with restricted mobility, movement within the treatment room would be slightly restricted. The website referenced a flexible pricing policy and that the clinic were sympathetic to individual circumstances. We were told that the clinic treated all patients the same.

Citizen engagement and feedback

The process used to obtain the views of people who used services was described. This was mainly online on social media sites, where patients were asked to leave a review. Whilst we were told there was ad hoc feedback requested after treatment, there was no formal feedback requested nor analysis carried out of the feedback. Patients as a result were not made aware of the results of this feedback.

Delivery of Safe and Effective Care

Managing risk and health and safety

The risks to service users were managed and minimised. The relevant safety checks were in place including an annual gas safety certificate and five yearly wiring checks. The documentation completed by the laser protection advisor (LPA) relating to risk assessment was seen, which had been reviewed annually.

The arrangements for fire safety were completed in conjunction with the building where the clinic was co-located. These included fire extinguisher servicing, fire drills and an annual fire risk assessment.

However, it was noted that the first aid kit included plasters and bandages that were out of date and the first aid training for the only operator at the clinic, who was also the responsible individual, was out of date. These issues were dealt with under HIW's non-compliance notice process. These are referred to in Appendix B of this report.

Infection prevention and control (IPC) and decontamination

The process used to ensure there were adequate infection control arrangements at the clinic was described, these included using single use equipment and sanitising the other equipment. Appropriate use of personal protective equipment (PPE) was also described.

We saw the daily, weekly and monthly cleaning schedules for the building, which included the clinic, for the last three months.

The relevant changes that were implemented during COVID-19 were no longer in place. However, there were masks and hand sanitiser available. There was also an infection control policy in place that was in date.

Waste and sharps were disposed of using the building contracts, which were all in place with an approved waste carrier.

Patients felt the setting was clean and COVID-compliant procedures were evident. One patient commented:

“Clinic is very very clean.”

Safeguarding children and safeguarding vulnerable adults

The systems in place to ensure that the clinic promoted and protected the welfare and safety of children and vulnerable adults were described and checked.

Whilst the clinic was registered to provide treatments to patients aged 13 and over, we were told that children had not been given treatment at the clinic. We were told that children could only attend if accompanied by a parent or guardian. The process that would be used if children attended was described. This included explaining the treatment in a way that the child would understand and speaking directly at the child. Additional time would be taken during the appointment to explain the process.

There was a child and adult protection policy in place with contact details of the local safeguarding team and out of hours duty team. The laser operator was qualified up to level two on adult and children safeguarding.

Medical devices, equipment and diagnostic systems

There was a contract in place with the LPA and local rules detailing the safe operation of the machine. The local rules had been regularly reviewed by the LPA and signed by the responsible individual and registered manager who could both operate the laser machine, if needed. We noted the local rules included contingency plans about what to do if there was an incident or an injury had occurred.

The laser machine had an annual service which was in date. There were also medical treatment protocols in place for the use of the laser machine and these had been approved by an expert medical practitioner.

We saw evidence that patch tests had been completed for all the patients records that we checked. Patients also stated that they were given a patch test to determine a safe and effective setting of the laser before receiving treatment.

Safe and clinically effective care

Protective eyewear was available, which we were told was checked daily as part of the daily opening procedures. The protective eyewear seen was in good condition with no visible damage.

There was evidence in place to show that the laser operator had completed core of knowledge training and training in the use of the laser machine. In addition, the laser operator had a level four certificate on hair reduction using laser and IPL.

The laser operator confirmed that the treatment room door was locked when the machine was in use to prevent unauthorised access. We were told that the machine was locked when not in use and the key was kept securely in the treatment room.

Records management

There was a suitable system to ensure the security and confidentiality of patient records, with access limited to the laser operator. The clinic had only been open for three years and all the records for this time were available on file.

We examined a sample of five patient records and found evidence that patient notes were maintained to a good standard.

There was a patient treatment register that could be accessed by downloading the application used for both appointments and treatment provided. A suggestion was made to the clinic to include additional information that would normally be provided in a treatment register, over and above what was required by regulations.

Quality of Management and Leadership

Governance and accountability framework

The policies and procedures at the clinic were up to date, having been reviewed in May 2022 and they had been read by the responsible individual. We were provided with the most up to date annual report required by the Independent Health Care Regulations (Wales) 2011. We were told that there were regular meetings between the responsible individual and registered manager. However, these had not been documented in the past.

Dealing with concerns and managing incidents

There was an in-date complaints procedure in place and this was also referenced in the patient guide. There was also information on the website about how to make a complaint to the clinic. Further information, including reference to HIW was available in the complaints policy, which was also up to date.

We were told that there was a complaints log. However, there had not been any complaints raised or made at the clinic.

All patients who completed the questionnaire said they were given information on how the setting would resolve any concerns or complaints post-treatment.

Workforce planning, training and organisational development

We were told that staff would participate in induction and training programmes appropriate to their role. There was also evidence of supervision of the laser operator by the registered manager as well as an annual appraisal.

Workforce recruitment and employment practices

There had not been any staff recruited to the clinic.

The responsible individual had an in-date disclosure barring service (DBS) check. Additionally, there was a requirement to complete an annual certification to confirm there had not been any changes to this status, since the previous DBS check.

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: Vale Laser Aesthetics

Date of inspection: 9 February 2023

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
The responsible individual must always ensure that the clinic has in place an appropriately trained first aider and that evidence of this is provided to HIW. The responsible individual must always ensure that the clinic has access to an in date first aid kit.	Regulation 20 (1) (a) and (2) (a), and 26(2a) of The Independent Healthcare Regulations (Wales) 2011	There are four first aiders, there is always one on duty when the clinic is open. The responsible individual is booked on a first aid course in March 2023	Responsible Individual	31 March 2023

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): Mandy Davies

Job role: Registered Manager

Date: 19 February 2023

Appendix C - Improvement plan

Service: Vale Laser Aesthetics

Date of inspection: 9 February 2023

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
The responsible individual is required to provide HIW with details of the action taken to ensure that feedback is regularly requested and the results and actions taken on feedback provided are displayed at the clinic and in the patients guide.	National Minimum Standards (NMS) Standard 5 Citizen Engagement and Feedback. Independent Healthcare Regulations (Wales) 2011 (IHR) regulation 19	Feedback is given verbally and via Facebook and Google reviews. We are leaving a feedback form for clients to complete if they want to and will publish the results in the client guide.	Mandy Davies	1 st May 2023
The responsible individual is required to provide HIW with details of the action taken to ensure that regular meetings at the clinic are documented.	NMS Standard 25 Workforce Planning, Training and Organisational Development. IHR regulation 20	An annual meeting will take place with the registered manager and responsible individual, minutes signed off by both.	Mandy Davies	31 July 2023

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): Mandy Davies

Job role: Registered Manager

Date: 24 April 2023