



Independent Healthcare Inspection (Announced)

Swansea Laser Clinic

3 September 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of patient experience
- Delivery of safe and effective care
- Quality of management and leadership.

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

2. Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patient's guide and website (where applicable)
- HIW patient questionnaires completed prior to inspection.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice². Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

² As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

3. Context

Swansea Laser Clinic is registered with HIW as an independent hospital to provide treatments using Class 3B/4 Laser and intense pulsed light (IPL) machines at Castell Close, Swansea Enterprise Park, Llansamlet, Swansea. The service was registered 9 November 2009.

At the time of inspection, laser and IPL treatments were provided by the responsible individual and registered manager only.

The clinic is registered to provide a range of skin treatments to patients over the age of 18 years using the following laser machines, Lumenis Ultra Pulse CO2 Laser, NLite Euphotonics laser and Lumenis diode/Nd YAG/IPL.

HIW completed an announced inspection to the service on 3 September 2015.

4. Summary

We found the clinic had a good system for regularly obtaining patient views as a way of monitoring the quality of the service provided. Samples of feedback we saw indicated patients had a high level of satisfaction with the service. We saw evidence that patients were provided with detailed treatment information. A patient's guide needed to be developed in line with regulatory requirements.

Overall, we found evidence that laser treatments were provided safely to patients at the clinic. Staff had received appropriate training on use of the laser equipment. We also saw evidence that a contract with a Laser Protection Advisor was in place and local rules had been recently updated. The clinic was visibly clean and tidy. We recommended updates should be made to the infection control policy and that the clinic should conduct a wiring check and environmental risk assessment.

It was evident from discussions with staff that the clinic placed importance on providing high levels of care and treating patients with compassion. There was a range of policies and procedures in place and there was evidence these had been reviewed within the last three years in line with the regulatory requirements. A statement of purpose was available but needed to be updated.

The following areas for improvement were identified during this inspection – patient's guide, statement of purpose, fitness of premises and manager and policies and procedures. Further details of required improvements are provided in Appendix A. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

5. Findings

Quality of patient experience

We found that the clinic had a good system for regularly obtaining the views and feedback of patients, by sampling patients each month and reviewing the results, in order to monitor the quality of the service provided. We saw a sample of these feedback questionnaires which indicated a high level of patient satisfaction.

A range of treatment information was provided to patients, but a patient's guide document was not available and needed to be developed to include all necessary information in accordance with the regulations.

Improvement needed

The service must create a patient's guide in accordance with the regulations.

We saw that appropriate patient and treatment information was recorded. We also saw a sample of records showing that patients had completed medical history forms. Medical history updates were checked at each treatment and patients signed to confirm this. A treatment register was maintained for each laser machine and this included the relevant patient and treatment information.

The registered manager told us that all patients were provided with an in-depth consultation prior to treatment, including a test patch (where appropriate) and were encouraged to take time to consider their treatment options. We saw that detailed information on the possible risk of treatment was provided and patients were asked to sign written consent to treatment. Treatment and aftercare advice was explained verbally and patients were given written information to take home. This meant that patients were able to make an informed decision about their treatment.

The registered manager demonstrated they understood the need to respect and observe patient's privacy and dignity. There were arrangements for patients to change in private, doors were kept closed during treatment and modesty blankets were provided.

Patients with mobility difficulties and wheelchair users were able to be seen at the clinic.

Delivery of safe and effective care

We looked at the documents relating to all laser/IPL machines. We saw evidence that all machines had been recently serviced to ensure they were safe to use. We also saw evidence that staff had completed training on use of the laser machines. Core of Knowledge³ training had been completed and both the registered manager and responsible individual had completed additional qualifications in laser treatment. We were also told that staff had regular training and kept up-to-date with the latest developments in laser treatments and best practice.

We saw evidence to show that a current contract with a Laser Protection Advisor, who provides expert guidance in relation to the laser equipment, was in place. We saw the latest visit report from the Laser Protection Advisor from August 2015 and the registered manager confirmed that all recommendations had been addressed.

We saw that there were up-to-date local rules in place, which detail the safe operation of the equipment. The local rules were also signed by the Laser Protection Advisor and all laser operators, to indicate their awareness and agreement to follow these rules.

We were told the treatment room was locked during treatment and we saw a sign outside to indicate the laser machine is in use. We saw eye protection was available and we were told this was regularly checked for any damage. The registered manager confirmed that the designated activation keys for the laser machines was removed when not in use and stored securely to prevent unauthorised use of the machine. The other laser machine could only be activated by a passcode.

We looked at maintenance arrangements for the premises. We saw evidence from maintenance labels that Portable Appliance Testing (PAT) testing, to check that small electrical appliances were fit for purpose and safe to use, had been recently conducted. No gas or lifts were present at the clinic. However, the clinic had not conducted a five yearly wiring check of the building.

Improvement needed

A five yearly wiring check should be conducted.

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

We saw evidence to show that fire extinguishers had been serviced. We saw that fire exits were appropriately signposted throughout the clinic. We also saw a fire risk assessment had been completed and drills were conducted as part of the wider office building. We found that the clinic had an audit sheet to assist with an environmental risk assessment, but we found that this had not been completed and there was no evidence that a full risk assessment had been conducted.

Improvement needed

An environmental risk assessment must be conducted.

We found the clinic was visibly clean and tidy. There was an infection control policy in place, but this needed to include details of all arrangements for cleaning at the clinic, including disinfection between patients. Some cleaning schedules were maintained, but we advised the clinic to also maintain cleaning schedules for the professional cleaners that were used.

Improvement needed

The infection control policy should be updated to include further details of the cleaning and disinfection arrangements at the clinic.

We discussed the emergency arrangements with the registered manager who confirmed they were aware of the procedure to follow in the event of a medical emergency. As part of their clinical training we were told that the registered manager and responsible individual had completed training in cardiovascular resuscitation.

Quality of management and leadership

Swansea Laser Clinic is run by the responsible individual and registered manager, who are also practising medical professionals. It was evident from discussions that the clinic placed importance on providing high levels of care and treating patients with compassion.

There was a statement of purpose in place which provided clear information about the clinic, but we found that the following improvements were needed in order to comply with the regulations:

- References to the superseded regulations should be amended to the current Independent Health Care Regulations or removed
- Full address and contact details of the clinic
- Further detail on the kinds of treatment, facilities and services provided, including the type and model of the laser machines and age range of patients treated
- The arrangements for seeking patient views, such as by conducting patient questionnaires
- The date the statement was written and the date of revision.

Improvement needed

The statement of purpose must be updated to include all required information.

We looked at the clinic's policies and procedures and found evidence to indicate they had been reviewed in the last three years in accordance with regulatory requirements and staff had been made aware of them.

The registered manager confirmed they had attended recent training in the Protection of Vulnerable Adults (POVA). We were told that children are not treated at the clinic.

We saw that patient records and information relating to laser treatments were kept confidential and secure in locked filing cabinets, to ensure patient confidentiality.

At the time of our inspection, the registered manager and responsible individual did not have Disclosure and Barring Service (DBS) certificates dated within the last three years in line with the regulations.

Improvement needed

The registered manager and responsible individual must have a DBS certificate dated within the last three years.

The clinic had a complaints policy which was displayed in the patient waiting area. We were told that the clinic had not received a written complaint, but we saw evidence of arrangements to record this information. Verbal complaints and patient concerns were recorded within patient files.

6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan in respect of improvements identified in this report. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at Swansea Laser Clinic will be addressed, including timescales.

The actions taken by Swansea Laser Clinic in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timely. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

Appendix A

Improvement Plan

Service: Swansea Laser Clinic

Date of Inspection: 3 September 2015

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
6	The service must create a patient's guide in accordance with the regulations.	Regulation 7	Patient guide completed 14/9/15	Gail Jones	Completed
Delivery of Safe and Effective Care					
7	A five yearly wiring check should be conducted.	Regulation 26(2)(a)	Wiring check completed by Mumbles electric company 15/9/15	Gail Jones	Completed
8	An environmental risk assessment must be conducted.	Regulation 26(2)(a)	Risk assessment completed 15/9/15. Now found in policy file	Gail Jones	Completed
8	The infection control policy should be updated to include further details of the cleaning and disinfection arrangements at the clinic.	Regulation 9	The infection control policy has been updated to include cleaning list by cleaning company 4/9/15	Gail Jones	Completed

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Staffing, Management and Leadership					
9	The statement of purpose must be updated to include all required information.	Regulation 8	Statement of purpose has been updated	Gail Jones	Completed
10	The registered manager and responsible individual must have a DBS certificate dated within the last three years.	Regulation 12(2) (c) and Schedule 2	Both DBS certificates have been renewed for registered manager and responsible individual and form sent back on 14/9/15	Gail Jones	Completed

Service Representative:

Name (print): Gail Jones

Title: Registered Manager

Date: 6 November 2015