

Independent Healthcare Inspection Report (Announced)

Dean's Lasers and Aesthetics, Cardiff

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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 Dean's Lasers and Aesthetics, Unit 3 Rear of Norman Road, Whitchurch, Cardiff on 18 July 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors.

Prior to the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of three were completed. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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 Dean's Lasers and Aesthetics was committed to providing a positive experience for their patients. The treatment room was found to be clean and well presented.

We found systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what we recommend the service can improve:

- Update patient's guide to include costs, summary of patient views and contact details for Healthcare Inspectorate Wales

This is what the service did well:

- The clinic was committed to providing a positive experience for patients
- The clinic was very clean and tidy.

Delivery of Safe and Effective Care

Overall summary:

We found that Dean's Laser and Aesthetics was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The clinic was very well maintained and well equipped to provide the services and treatments they are registered to deliver. All areas were very clean and free from any visible hazards.

There were good arrangements in place to ensure that the laser machine was used appropriately and safely.

The registered manager was very knowledgeable, professional and demonstrated good understanding of how and when to access advice and guidance.

We found evidence that patients were provided with safe and effective care.

Immediate assurances:

- Fire extinguishers had not been subject to the required annual maintenance inspection by a competent person.

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

This is what we recommend the service can improve:

- The registered manager must ensure an up-to-date fire risk assessment is in place
- The registered manager must ensure damaged safety glasses are replaced
- The registered manager must obtain a full copy of the up-to-date environmental risk assessment from the LPA.

This is what the service did well:

- The clinic and treatment room had been designed and finished to a high standard
- Treatment room was clean, well equipped and fit for purpose
- Patients were provided with enough information to make an informed decision about their treatment.

Quality of Management and Leadership

Overall summary:

The day-to-day management of Dean's Lasers and Aesthetics was the responsibility of the clinic manager, who we found to be very committed to providing high quality patient care.

We observed that he worked very well with his partner whose business was located next door. By working in conjunction with one another, albeit as separate businesses, they were able to consolidate skills and knowledge to ensure good governance and management of the clinic.

This is what the service did well:

- We saw certificates showing that authorised users of the laser machine had completed the Core of Knowledge training and training on how to use the laser machine
- Patient information was kept securely
- We saw a co-operative working relationship with adjacent business.

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 three completed questionnaires.

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

"... clinic is very clean & he is very knowledgeable & made me feel comfortable at every step..."

"... very friendly & professional & put me at ease..."

"Great caring service received."

Health protection and improvement

Prior to their initial treatment, we were told that patients were asked to provide a comprehensive medical history. This information was documented on a secure patient records system prior to a patient receiving any initial treatment. Patients were asked about any changes to their medical history prior to any subsequent treatments and this was documented on their records.

Dignity and respect

We saw that Dean's Aesthetics and Lasers had one laser treatment room situated on the first floor. We found the room to be clean, tidy, and well organised. The room had blinds and a lockable door where patients could change in privacy. Towels were available for patients to use throughout treatments to protect dignity. It was confirmed that the door was locked during treatment to maintain privacy.

We were told that patients could be accompanied by a chaperone for both their consultation and during treatments.

Communicating effectively

We saw a range of information leaflets available for patients. We reviewed the patient's guide and the statement of purpose provided to us by the registered manager. The statement of purpose was found to be compliant with the regulations.

The patients' guide did not contain all the necessary information as required by the regulations and therefore required review. Notably the guide did not contain a summary of the views of patients or the contact details for Healthcare Inspectorate Wales. Additionally, the guide did not reference clear guidelines for costs for treatments. There was, however, a separate price list available online.

We recommend that the service update the patients' guide to ensure compliance with the regulations.

Documentation was only available in English and we were told that there were no Welsh speaking staff at the setting. We were told that there had been no requests for translation from other languages.

Patient information and consent

There was evidence to indicate that patients were provided with enough information to make an informed decision about their treatment. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered along with aftercare guidance.

We were told that all patients were given a patch test prior to treatment starting to help determine the likelihood of any adverse reactions. Patients were asked to provide written consent at the start of each course of treatment.

Care planning and provision

During the inspection, we reviewed a sample of five patient records. There were detailed individual patient notes available on the clinic's digital system, with evidence of good record keeping processes. There was evidence that any changes in medical condition, and consent to treatment, were obtained at each appointment.

We were told that the clinic's IT systems would automatically email guidance for the aftercare of patients following each treatment.

Equality, diversity and human rights

We were assured that the clinic was an inclusive environment irrespective of any protected characteristic. We were told that the human rights of transgender patients would be actively upheld with additional time provided before and after such appointments to ensure the privacy of the patient on arrival and departure.

The clinic and the treatment room were located on the first floor of the premises. The premises do not have a lift and were prevented from installing any such facility under the terms of the lease. The clinic, therefore, was unable to offer

treatment to patients with mobility issues. There is reference to this access issue within the statement of purpose.

Citizen engagement and feedback

We were told by the registered manager that patient feedback was obtained via online reviews and social media and that this could be anonymised by the sender if required. We were told there was ad hoc feedback after treatment and at subsequent appointments. However, we were told that as they had not received any complaints there was no formal analysis carried out.

Delivery of Safe and Effective Care

Managing risk and health and safety

We saw that Portable Appliance Testing (PAT) had been conducted to help ensure that small electrical appliances were safe to use.

We saw that the premises had an electrical system inspection on April 2023, however, the fire risk assessment provided was out of date. The registered manager believed a new risk assessment may have been conducted at the same time as the system inspection but was unsure.

The registered manager must ensure that an up-to-date fire risk assessment is in place.

Infection prevention and control (IPC) and decontamination

We saw that the clinic was visibly very clean and tidy. We discussed the infection control arrangements with the clinic manager and registered manager and considered these to be appropriate to protect patients from cross infection.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients over the age of 18 years old. The registered manager confirmed that this was complied with.

The registered manager described how they would deal with any safeguarding issues. Policies were in place for safeguarding vulnerable adults. There were clear procedures to follow in the event of any safeguarding concerns which included the local safeguarding referral team contact details.

The registered manager explained that children were not permitted on the premises, and this is explained to patients prior to their appointment. In the event that a child is brought onto the premises the patient would be refused treatment.

Medical devices, equipment and diagnostic systems

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

There was a contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the machines. However, the local rules indicated they had been issued in September 2021 and therefore required review.

The registered manager must ensure that the local rules are reviewed in accordance with HIW conditions of registration.

Safe and clinically effective care

Eye protection was available for patients and the laser operators. The laser glasses had slight damage to a lens, and there was also a pair of old damaged IPL glasses which had been replaced and kept for unclear reasons. We considered that retaining the damaged pair of glasses could pose an unnecessary risk that they be used in error, or as back-up if the undamaged pair were misplaced.

The registered manager must replace damaged glasses in compliance with the local rules. The registered manager should consider removing damaged glasses from the clinic to avoid any mistaken use.

There were signs on the outside of the treatment room to indicate the presence of the laser machine. The registered manager also confirmed that the treatment room door is locked when the machine is in use, to prevent unauthorised access. We were told that the machine is always kept secure and can only be activated by a pin code known only to them, preventing unauthorised operation.

What appeared to be an environmental risk assessment was available for us to view on the day of inspection although this was missing the front pages. We saw that a laser/IPL risk assessment had been conducted by the LPA in June 2023.

The registered manager must obtain a full copy of the up-to-date environmental risk assessment conducted by the LPA.

Participating in quality improvement activities

There were suitable systems in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered manager regularly seeks the views of patients as a way of informing care and is an active member of the AW3 manufacturers forum to ensure best practice when using the laser.

Records management

We found patient records were kept securely at the service. We examined five samples of patient records and found that these were maintained to a good standard.

Quality of Management and Leadership

Governance and accountability framework

Dean's Lasers and Aesthetics is owned and run by the registered manager.

We looked at a sample of policies and procedures and found them to be sufficient.

Dealing with concerns and managing incidents

There was a detailed complaints policy in place. A summary of the complaint procedure was also included within the statement of purpose and patients' guide.

Workforce planning, training and organisational development

We saw certificates showing that the authorised user of the laser machine had completed Core of Knowledge training and received device specific instruction from the manufacturer on how to use the laser machine.

We saw evidence of continued personal development within various aspects of the aesthetics industry. It is anticipated that this will improve his knowledge of the industry and thereby enhance advice provided regarding treatment options for patients.

As the registered manager is the owner and sole employee there were no records to inspect in relation to employee workforce planning.

Workforce recruitment and employment practices

We were provided with a current Disclosure and Barring Service (DBS) check for the registered manager.

As the registered manager is the only person employed at the clinic, there were no workforce recruitment or employment practices in relation to employees.

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 resolved during the inspection.			

Appendix B - Immediate improvement plan

Service: Dean's Lasers and Aesthetics

Date of inspection: 18 July 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 registered manager must immediately arrange for: All fire extinguishers in the building to be serviced and relevant inspection labels put in place before conducting further treatments to patients.	Regulation 26(4)(a) Independent Health Care (Wales) Regulations 2011	Hartson Fire Ltd serviced all fire extinguishers and replaced any faulty extinguishers	Mr Dean Cawley	02/08/2023

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): Mr Dean Cawley

Job role: Laser Technician

Date: 11/08/23

Appendix C - Improvement plan

Service: Dean's Lasers and Aesthetics

Date of inspection: 18 July 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
<p>The registered manager must update the patients' guide to ensure compliance with the regulations.</p> <ul style="list-style-type: none"> • Cost of treatment: as minimum, guide should signpost patients to separate on-line price list. • Summary of customer views • HIW contact details 	Regulation 7 (b)(e) & (f) of the Independent Health Care (Wales) Regulations 2011	<p>Patient guide updated with link to current price list and caveat that prices are subject to change upon consultation.</p> <p>Summary of customer views added from statement of purpose.</p> <p>HIW contact details added in multiple sections of the patient guide along with insurance company information.</p>	Dean Cawley	To be completed by 18/09/23

The registered manager must provide evidence that an up-to-date fire risk assessment is in place.	Regulation 26(4)(f)	Fire risk assessment completed on 03/07/2023 and had been sent to HIW for review.	Dean Cawley	To be completed by 18/09/23
The registered manager must provide evidence that up-to-date laser/IPL local rules are in place. This must be reviewed annually by the LPA in accordance with the conditions of registration.	Standard 16, National Minimum Standards for Health Care Services in Wales	Local rules updated by our LPA Mr Simon Wharmby and have been sent to HIW for review.	Dean Cawley	To be completed by 18/09/23
The registered manager must ensure the damaged glasses are replaced with glasses in compliance with the local rules.	Regulation 15(2)	Damaged glasses have been disposed of and technician is using IPL laser photon protection eyepatch in stainless steel.	Dean Cawley	To be completed by 18/09/23
The registered manager must obtain a full copy of the up-to-date risk assessment conducted by the Laser Protection Advisor (LPA).	Regulation 19(1)(a)(b) & (2)(a)	Risk assessment updated by our LPA Mr Simon Wharmby and have been sent to HIW for review.	Dean Cawley	To be completed by 18/09/23

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): Dean Cawley

Job role: Registered manager and laser technician

Date: 12/09/23