

Independent Healthcare Inspection Report (Announced)

Modern Man, Bargoed

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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:

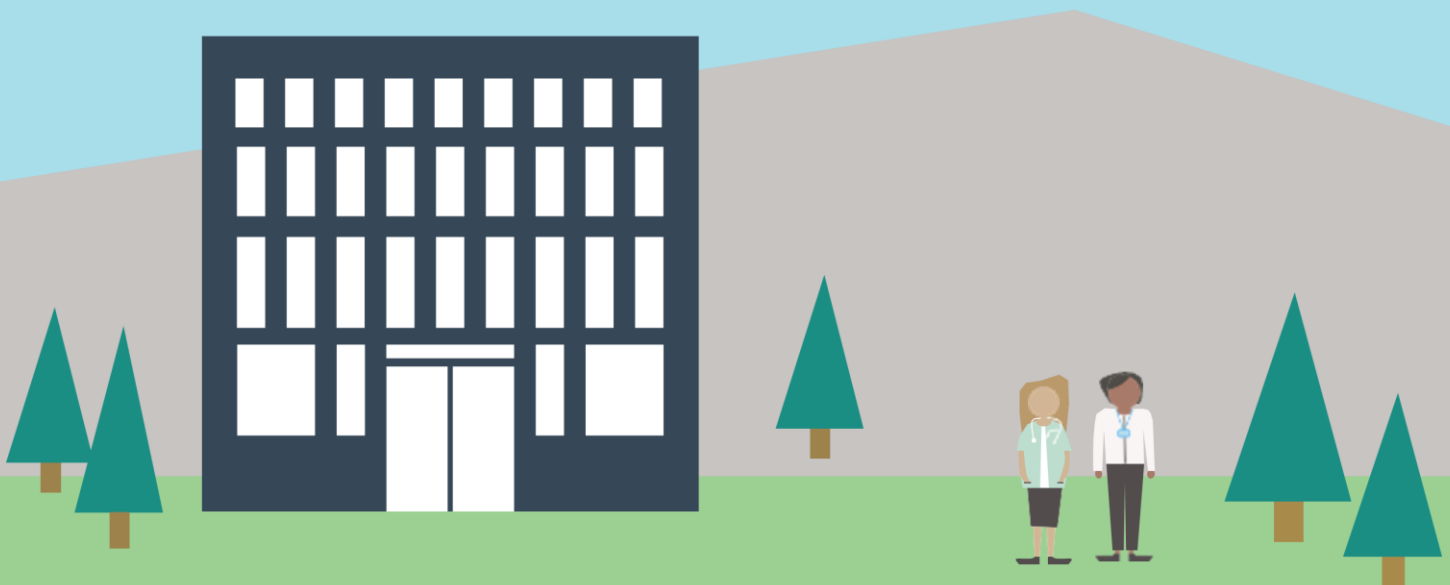
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Modern Man, 22 High Street, Bargoed, CF81 8RA on 14 May 2024.

The inspection was conducted by a HIW healthcare inspector.

During 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 15 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.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Modern Man was committed to providing a positive experience for their patients in a pleasant environment with friendly and professional staff.

In general, we found systems and processes in place to ensure patients were being treated with dignity and professionalism. Patients were provided with sufficient information during initial consultation to understand the risks, benefits and expected outcomes of the treatment. Respondents to the HIW questionnaire confirmed that they had been given enough information to understand their treatment options.

We found the clinic to be an inclusive environment where everyone was treated fairly and saw an up-to-date equality and diversity policy in place. However, there were steps from the street into the premises and to the patient toilet in the basement that made access difficult for patients with impaired mobility. The premises were not considered wheelchair accessible.

All respondents to the HIW questionnaire rated the service as very good.

This is what we recommend the service can improve:

- Advise patients of access issues within clinic information
- To ensure patient consent is recorded and signed prior to every treatment
- Maintain a separate register recording each occasion laser and Intense Pulsed Light (IPL) treatments are provided.

This is what the service did well:

- Welsh speaking operator available for patients who wish to have treatment provided in the Welsh language
- Positive response to feedback with knee break couches obtained to aid patients with impaired mobility.

Delivery of Safe and Effective Care

Overall summary:

We found that Modern Man 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. Treatment areas were clean and free from any visible hazards.

There were good arrangements in place to ensure that the laser and IPL machine was used appropriately and safely, and that staff were suitably trained, although daily diagnostic checks needed to be evidenced.

We saw appropriate signs on the outside of the treatment rooms and there were locks on the doors to prevent unauthorised entry when the laser and IPL machines were in use.

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

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

This is what we recommend the service can improve:

- Ensure an up-to-date Portable Appliance Test (PAT) is conducted on all electrical equipment within the premises
- Implement a system of checks to ensure the first aid kit is in date
- Daily laser and IPL machine diagnostics check logs to be kept.

This is what the service did well:

- Treatment rooms were clean, well maintained and the equipment serviced as required
- Contract in place with a Laser Protection Adviser (LPA) with updated local rules and IPL risk assessment available
- Patient records were kept securely.

Quality of Management and Leadership

Overall summary:

Modern Man has a small but dedicated team with good leadership and clear lines of accountability.

The day-to-day management of the clinic was the responsibility of the owner/ registered manager, who we found to be very committed to providing high quality patient care.

We found a good range of policies and procedures which were reviewed within the last year, although we found staff had not countersigned the latest relevant versions.

Patient feedback was continually monitored and responded to. However, we saw no documented evidence of clinical audits being undertaken to review the quality of service provision in accordance with the regulations.

This is what we recommend the service can improve:

- Implement a system of audits to assess and monitor the quality of the services and treatments provided
- Staff to countersign policy documents to confirm they have read and understood them.

This is what the service did well:

- Evidence of continual training and personal development of the laser and IPL operators
- Disclosure and Barring Service (DBS) checks were in place to ensure staff were fit to work for the clinic.

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 15 completed questionnaires.

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

“Very clean and helpful staff, really make me feel comfortable.”

“Clinical environment very clean and professional.”

“Immaculate setting. Staff are amazing.”

Dignity and respect

We saw that Modern Man had two treatment rooms, one located on the ground floor and the other in the basement. There were several steps into the premises from the street, and the patient toilet was located in the basement making access difficult for patients with mobility impairment. The premises were not considered wheelchair accessible. There is no mention of access issues within the clinic information literature.

We recommend the registered manager update the patient information leaflet, statement of purpose and website to advise patients of the access issues at the premises.

We found the treatment rooms to be clean, tidy, and well organised. Each room had a lockable door where patients could change in privacy, and towels were available for patients to use throughout treatments to protect dignity. We were told that the doors were locked during treatments to maintain patient privacy.

The clinic had an up-to-date equality and diversity policy in place and we saw that all staff had received training. We were told that chaperones were not routinely used but would accommodate any request to provide one.

Consultations with patients were carried out within the treatment rooms to ensure patient confidentiality.

All respondents to the HIW questionnaire felt they were treated with dignity and respect, and felt staff listened to them and answered their questions.

Communicating effectively

We reviewed the patients' guide and the statement of purpose provided to us by the registered manager and found both to be compliant with the regulations. We found the patients' guide contained comprehensive details relating to the complaint procedure, terms and conditions of treatment, with the price list signposted to the clinic's website.

We found patient information was only available in English, but the registered manager confirmed they can get copies translated into Welsh if requested. The clinic had a Welsh speaking laser operator available to conduct treatments or provide assistance as required to patients that spoke Welsh.

We were told that appointments were arranged via telephone or in person so that bookings could be made by patients without digital access. There was no on-line booking system.

Patient information and consent

Prior to commencing any treatment, patients were provided with a thorough face to face consultation during which they were asked to provide a full medical history. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered. Treatment advice and aftercare leaflets were also provided.

We were told that all patients had their skin type assessed and 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. We saw evidence of this within most patient records. However, we did notice one treatment record where ongoing consent was unsigned.

The registered manager must ensure that consent is recorded and signed prior to every treatment.

All respondents to the HIW questionnaire agreed that they had been given enough information to understand their treatment options and their risks and benefits. All confirmed their medical history was checked before undertaking treatment, that they were given a patch test and that they had signed a consent form before receiving new treatment.

Care planning and provision

During the inspection we reviewed a sample of five patient records. Overall, there was evidence of good record keeping processes with detailed individual patient notes available. The records indicated all patients were asked about any updates to their medical history.

We asked to see the IPL treatment register as required by the regulations. The registered manager informed us that they did not have one as the laser and IPL treatment parameters were automatically recorded within the laser and IPL machines. However, we had difficulties cross checking this data against some patient notes as access was restricted to the individual operators. We also had concerns that should there be any fault with the machines, this information may be rendered irretrievable.

We recommend that the registered manager maintains a separate register recording each occasion laser and IPL treatments are provided, which is specific to each machine.

Equality, diversity and human rights

We were assured that the clinic was an inclusive environment irrespective of any protected characteristic. We were told that everyone was treated fairly, and we saw that there was an up-to-date equality and diversity policy in place which had been signed by staff. As an example of making reasonable adjustments for patients with mobility impairment, the clinic had recently replaced their standard treatment couches with fully adjustable knee-break couches.

We were told that the rights of transgender patients were actively upheld with the option of later appointments to prevent patient crossover, ensuring the privacy of the patient on arrival and departure. Pronouns and preferred names were sought and used according to patient requirement.

Citizen engagement and feedback

We were told that patient feedback was provided either in person, online via social media or via the clinic electronic consent system. Whilst online feedback can be anonymised, we found there was no facility for patients to provide anonymous feedback in person. This was raised with the registered manager who installed a suggestions box shortly following the inspection.

The registered manager advised that feedback is monitored and assessed on a continual basis and confirmed that they would provide immediate responses to online reviews. There have been no common themes or trends identified as a result of patient feedback analysis.

Delivery of Safe and Effective Care

Managing risk and health and safety

We saw that a five yearly electrical system inspection had been undertaken in 2021. Whilst electrical equipment within the treatment rooms had been subject of a recent Portable Appliance Test (PAT) we found that most other electrical items within the premises had not.

The registered manager must ensure that an up-to-date Portable Appliance Test (PAT) is conducted on all electrical equipment within the premises and provide evidence of this to HIW.

We saw evidence that a recent fire risk assessment had been conducted and that fire extinguishing equipment had been checked and serviced in January 2024. Whilst fire exits were appropriately signposted, we found one exit was partially obstructed by a shelf unit and no smoking signs were not on display. Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

In addition, we were told that six monthly fire drills were conducted but not being recorded in a fire safety log and saw that the exit route to the rear was overgrown and could potentially impede easy evacuation.

The registered manager must:

- **Ensure that regular fire drills are conducted and recorded in the fire safety log**
- **Manage and maintain rear fire exit to limit plant obstructions and ease evacuation.**

We found that a comprehensive risk assessment had been conducted by the Laser Protection Advisor in April 2024 and was due for review in 2025.

We inspected the first aid kits located in each treatment room and found several items out of date. Replacements were ordered by the registered manager at the time of the inspection.

The registered manager must implement a system to ensure the first aid kit is checked to ensure expiry dates are not exceeded and all items are present or replaced.

Infection prevention and control (IPC) and decontamination

We saw that the treatment rooms were visibly clean and tidy, and appropriately furnished to promote effective cleaning. A suitable contract was in place for the collection and disposal of clinical waste. We discussed the infection control arrangements with the registered manager and generally considered these to be appropriate to protect patients from cross infection. However, we found that cleaning schedules were not being used.

The registered manager must implement a detailed cleaning schedule to evidence that the IPC obligations are being met.

We saw an up-to-date infection prevention and control policy was in place along with a housekeeping policy and a hazardous management procedure. These covered arrangements for the sanitising of the equipment, patient treatment tables and work surfaces and the management of needlestick accidents.

All respondents to the HIW questionnaire felt that infection and prevention control measures were being followed and that the setting was clean.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients aged 18 years and over. The registered manager confirmed that this condition was complied with.

Whilst children were permitted on the premises, they were not permitted in the treatment rooms. If children do attend, patients must provide their own childcare or they would be refused treatment and asked to re-schedule the appointment.

We viewed the safeguarding policy in place which detailed the appropriate steps to follow in the event of a safeguarding concern. The policy included all necessary information, including contact details for the local authority safeguarding team. The document was updated in accordance with the All-Wales Safeguarding Protocol. There was evidence of appropriate safeguarding training for all staff.

Medical devices, equipment and diagnostic systems

We saw that the laser and IPL machines were those that had been registered with HIW and that the service and calibration checks were in date. We were told daily system diagnostics checks were carried out and digitally recorded on the relevant machine, but the registered manager was unable to access these at the time of the inspection. There were no separate logs kept to evidence that these checks had been undertaken and that they had indicated the equipment was working correctly.

We recommend the registered manager implements a system to record daily laser and IPL machine diagnostics checks to ensure equipment is working correctly prior to carrying out any treatments.

There was a current contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of both laser and IPL machines had been reviewed recently.

There were treatment protocols in place for the use of the laser and IPL machines and these had been approved by an expert medical practitioner. Both devices were protected from unauthorised use by passcodes known only to the operators.

Safe and clinically effective care

We saw evidence that staff were trained in the use of laser and IPL machines. Both operators had completed up-to-date core of knowledge training and had relevant machine specific training.

Appropriate eye protection was available in each room for both patients and operators. They were found to be clean, in good condition and consistent with the requirements specified in the local rules.

There were appropriate signs on the outside of the treatment rooms to indicate the presence of the laser and IPL machine.

Participating in quality improvement activities

Staff demonstrated good knowledge and understanding of the treatments provided and had recognised qualifications in this area of practice. The registered manager advised that they were keen to continue to develop their learning to improve the quality of services provided. This was clearly evident from the range of training course certificates on display.

Records management

We found the patient records were kept securely at the service with digital records held on the password protected clinic data system. Older paper records were stored securely in a locked filing cupboard. The registered manager confirmed data retention periods were in accordance with guidelines.

The clinic had an up-to-date data protection policy in place. A summary of patient rights under General Data Protection Regulations (GDPR) was contained within the patient guide.

Quality of Management and Leadership

Governance and accountability framework

Modern Man is owned and run by the registered manager, along with a self-employed colleague. The registered manager also rents separate workspaces for other self-employed professionals, such as tattooists and barbers.

We found a range of policies and procedures that had been reviewed and signed by the registered manager within the last year. However, we noted that not all policies had been signed as read and understood by the relevant staff. We also noted some printed policies were not version controlled and lacked issue and review dates.

The registered manager must ensure that:

- All relevant staff sign to confirm they have read and understood relevant practice policies to ensure compliance with clinic process and guidelines
- Provide HIW with evidence once completed
- All policies contain version history, review dates and name of person responsible for the policy.

We found no documented systems in place to regularly assess and monitor the quality of service provided. We saw no evidence that the provider conducts reviews and audits to evaluate the quality of services and assess risks in relation to health and safety.

We recommend the registered manager puts in place a system of audits to regularly assess and monitor the quality of the services provided in accordance with the regulations.

Dealing with concerns and managing incidents

There was an appropriate complaints policy in place covering both written and verbal complaints, which included time frames for acknowledgments and resolution. The policy also included further contact details should the patient wish to escalate any issues.

A summary of the complaint procedure was also included within the statement of purpose and patients' guide. At the time of the inspection, we were told there had been no formal complaints made. Therefore, we were unable to assess and verify the complaints documentation process.

Workforce recruitment and employment practices

We were provided with current Disclosure and Barring Service (DBS) checks for both the registered manager and the self-employed laser operator. As all persons working on the premises were self-employed 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
We found one fire exit was partially obstructed by a shelf unit.	Staff and patients may be prevented from evacuating the premises quickly in the event of an emergency at the premises.	We raised this with the registered manager at the time of the inspection.	Obstruction was removed.

Appendix B - Immediate improvement plan

Service: Modern Man

Date of inspection: 14 May 2024

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 immediate non-compliance concerns were identified on this inspection.				

Appendix C - Improvement plan

Service: Modern Man

Date of inspection: 14 May 2024

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
We recommend the registered manager update the patient information leaflet, statement of purpose and website to advise patients of the access issues at the premises.	Regulation 6 & 7 - Independent Health Care (Wales) Regulations 2011	Patient leaflet has been updated and attached, the website developers have been instructed to update the website.	Ashley Edwards	Completed
The registered manager must ensure that consent is recorded and signed prior to every treatment.	Regulation 9 (4)(e)	We will ensure all consent forms are signed prior to any treatment going forward.	Ashley Edwards	Daily
We recommend that the registered manager maintains a register recording each occasion laser and	Regulations 45 (2)	The Skin Base IPL machine automatically records each time a treatment is provided but we have	Ashley Edwards	Daily

IPL treatments are provided, which is specific to each machine.		made a daily record sheet for the Flash Ink machine.		
The registered manager must ensure that an up-to-date Portable Appliance Test (PAT) is conducted on all electrical equipment within the premises and provide evidence of this to HIW.	Regulation 26 (2)(a) & (4)(a)	All appliances PAT tested and evidence attached.	Ashley Edwards	Completed - Yearly check
<p>The registered manager must:</p> <ul style="list-style-type: none"> Ensure that regular fire drills are conducted and recorded in the fire safety log Manage and maintain rear fire exit to limit plant obstructions and ease evacuation. 	<p>Regulation 26 (4)(d)</p> <p>Regulation 26 (2)(a) & (4)(b)</p>	<p>Safety logs are updated and signed by all staff. Drills are carried out more regularly and recorded accurately.</p> <p>Plant obstructions have been cut down at the rear and now accessible.</p>	Ashley Edwards	<p>Every 3 month fire drills.</p> <p>Accessibility cut down as and when needed.</p>
The registered manager must implement a system to ensure the first aid kit is checked to ensure expiry dates are not exceeded and all items are present or replaced.	Regulation 15 (2) Health and Safety (First Aid) Regulations 1981	All first aid kits have been replaced with new and now have a policy in place where 6 monthly checked are carried out on all first aid kits which are either replaced or renewed.	Ashley Edwards	Every 6 months

<p>The registered manager must implement a detailed cleaning schedule to evidence that the IPC obligations are being met.</p>	<p>Regulation 15 (8)</p>	<p>Cleaning schedule attached.</p>	<p>Ashley Edwards</p>	<p>Daily</p>
<p>We recommend the registered manager implements a system to record daily laser and IPL machine diagnostics checks to ensure equipment is working correctly prior to carrying out any treatments.</p>	<p>Regulation 15 (2)</p>	<p>Diagnostics are sent digitally from the Skin Base IPL machine to Skin Base head office who will inform us if there are any faults. But overall checks are carried out on both machines prior, we have included the diagnostic check list in the daily Flash ink record sheet which is attached.</p>	<p>Ashley Edwards</p>	<p>Daily</p>
<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> • All relevant staff sign to confirm they have read and understood relevant practice policies to ensure compliance with clinic process and guidelines • Provide HIW with evidence once completed 	<p>Regulation 9</p>	<p>There is now a policies and procedures slip kept in the policies folder to ensure all staff have read and signed. This will be checked every year to ensure all up to date.</p>	<p>Ashley Edwards</p>	<p>Completed - Yearly Check</p>

<ul style="list-style-type: none"> All policies contain version history, review dates and name of person responsible for the policy. 				
<p>We recommend the registered manager puts in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.</p>	<p>Regulation 19</p>	<p>I will put a system in place where I will regularly assess and monitor the quality of services provided. This will be monitored every 4 weeks.</p>	<p>Ashley Edwards</p>	<p>Checked every 4 weeks.</p>

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): Ashley Edwards

Job role: Owner

Date: 09/07/2024