

Independent Healthcare Inspection Report (Announced)

Lolfa Lois, Pwllheli

Inspection date: 25 June 2024

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Copies of all reports, when published, will be available on our [website](#) or by contacting us:

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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:

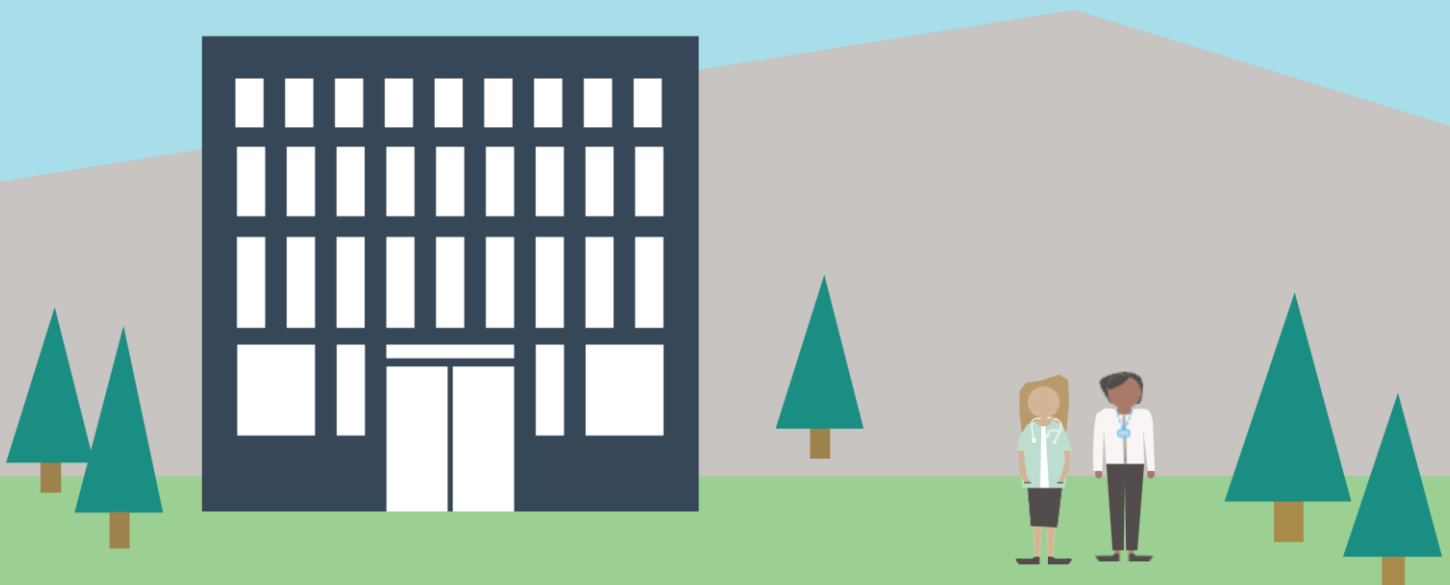
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Lolfa Lois on 25 June 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 38 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 that Lolfa Lois was committed to providing a positive experience for patients in a pleasant environment with a friendly and professional laser operator.

All patients who completed a HIW questionnaire rated the service provided by the clinic as very good.

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

This is what the service did well:

- The clinic is committed to providing a positive experience for patients
- The clinic was very clean and tidy
- Fully bilingual service offered
- Staff were polite, caring and listened to patients.

Delivery of Safe and Effective Care

Overall summary:

We found that Lolfa Lois 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 their understanding of where and how to access advice and guidance.

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

This is what we recommend the service can improve:

- Laser operator to renew fire safety training.

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 detailed information to make an informed decision about their treatment
- Patients were very satisfied with their treatments and services provided
- Patient notes were of high standard.

Quality of Management and Leadership

Overall summary:

The day to day management of the clinic was the responsibility of the registered manager, who we found to be extremely committed and dedicated to providing high quality patient care.

This is what the service did well:

- Authorised user 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.

3. What we found

Quality of Patient Experience

Patient feedback

Before our inspection, we invited the clinic to hand out HIW questionnaires to patients to obtain their views on the service provided. In total, we received 38 responses.

Some of the patients did not answer all of the questions.

All patients who completed a questionnaire rated the service provided as very good.

Some of the comments provided by patients included:

“I've been going to Lois for years now. Always professional and welcoming with a wide knowledge of her work. Always neat and tidy here. It is a great pleasure to go there to receive treatment being able to speak to her in Welsh.”

“First class service. Professional and friendly.”

“Lolfa Lois is an absolutely fantastic setting. It is always very clean, tidy and well run. I never have to wait and the service is excellent. Lois is always very professional but also very kind. She always answers every question I ask and she has a wealth of information and experience. I have recommended her service to everyone I know that needs treatment. Her service is absolutely fantastic.”

“Exceptionally good service every time.”

Dignity and respect

All patients who completed a questionnaire confirmed that staff treated them with dignity and respect when visiting the clinic.

The doors to the treatment room were lockable, and the registered manager confirmed they lock the door during treatment to maintain privacy. Patients are provided with towels and disposable garments to protect their dignity if required and were left alone to undress if necessary.

Consultations are carried out in the treatment room, to ensure that confidential and personal information could be discussed without being overheard.

All patients who completed a questionnaire confirmed that staff explained what they were doing throughout the treatment and that they listened to them and answered any questions.

Patient information and consent

All patients who completed a questionnaire agreed that they have been given enough information about their treatment, including the risks, different treatment options, cost and after care services.

Some of the comments provided by patients included:

“Thorough advice on treatments, answering questions in detail. Relaxing atmosphere in a clean welcoming setting.”

“Excellent service. Lois is very professional and explains everything very carefully before, during and after the treatment. Feel completely at home and safe.”

“Lois was extremely thorough and explained the process before and during the treatment. She also talked through what would likely happen next following the treatment and gave advice. I definitely felt in safe hands.”

“Always welcoming, polite and taking care of every part of the treatment, according to care. Always excellent service.”

Patients are provided with a thorough face to face consultation prior to receiving any treatment. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered.

We found evidence to indicate that patients are provided with enough information to make an informed decision about their treatment.

All patients who completed a questionnaire confirmed they had completed and signed a medical history, a consent form and received a patch test prior to commencement of any new treatment. We were told that all patients are given a patch test prior to treatment starting to help determine the likelihood of any adverse reactions.

We saw that patients were asked to complete and sign a medical history form at the start of each treatment, prior to patch testing. We also saw evidence that

patients provided an update to their medical history at every follow-up appointment.

Communicating effectively

A statement of purpose and a patients' guide was available bilingually for patients to take away. The statement of purpose included relevant information about the services being offered.

The registered manager, who is the sole laser operator is a fluent Welsh speaker and communicates with patients in their preferred language.

The majority of patients who completed a questionnaire told us their preferred language was Welsh (35/37) and all patients who answered told us they were actively offered to speak Welsh throughout their patient journey.

Some patients told us:

“The Welsh language is clearly important and core to the business.”

“It is extremely important to me that the service is available in Welsh. This is one of the main reasons for choosing Lolfa Lois over any other venue in the area. The website offered complete information in Welsh as well, and that was great to see.”

“Definitely. It puts me at ease before any treatment. Absolutely essential.”

“More comfortable speaking my first language.”

“It makes such a difference to be able to communicate in my mother tongue.”

Care planning and provision

There were detailed individual patient notes available, with evidence of excellent record keeping processes. There was good documentation in place covering skin type, consent to treatment and medical history.

Treatment information was recorded within individual patient files. However, no treatment register was being maintained. We received evidence immediately following the inspection confirming that a treatment register had been put in place.

Equality, diversity and human rights

There was good access to the building. Wheelchair users and patients with mobility issues could access the reception, waiting area and consulting room.

Citizen engagement and feedback

We found that the clinic had a system in place for seeking patient feedback, as a way of monitoring the quality of service provided. Patient feedback is published on the clinic website demonstrating that feedback is acted upon and is used to influence changes to service delivery.

Patients could provide feedback at the end of each treatment via a questionnaire and on social media. A comment box was also available in the waiting area. Feedback and comments could also be made anonymously.

Delivery of Safe and Effective Care

Managing risk and health and safety

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

We also saw that a building electrical wiring check had been undertaken within the last five years.

We looked at the arrangements for fire safety and found that the fire extinguishers had been serviced and fire exits were clearly signposted.

Fire risk assessments were in place, and we saw that these had been regularly reviewed. Monthly fire alarm tests and annual fire drills were taking place.

The registered manager confirmed that they had not undertaken any fire safety training.

The registered manager must complete fire safety training.

There was an emergency first aid kit available, and the registered manager was trained in first aid.

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 registered manager, including daily, weekly tasks and the cleaning arrangements between patients. We considered the arrangements in place to be appropriate to protect patients from cross infection.

There were no concerns expressed by patients over the cleanliness of the clinic. All of the patients who completed a questionnaire felt that the environment was very clean. Two patients provided the following comment:

“It is always very clean, tidy and well run.”

“Relaxing atmosphere in a clean welcoming setting.”

“Excellent service in a clean and nice site. The staff are professional at all times.”

Clinical waste was disposed of appropriately and there was a contract in place with an approved waste carrier.

Safeguarding children and safeguarding vulnerable adults

The registered manager described how they would deal with any safeguarding issues. A policy was in place to safeguard vulnerable adults. There were clear procedures to follow in the event of any safeguarding concerns, along with flowcharts and contact details listing the actions required should a safeguarding issue arise.

We saw evidence that the registered manager had completed level 3 safeguarding training.

Safe and clinically effective care

Eye protection was available for patients and the laser operator. The eye protection appeared in good condition and the registered manager confirmed that glasses were checked regularly for any damage.

There were signs on the outside of the treatment room to indicate when the laser machine was in use. The registered manager also confirmed that the treatment room door is locked when the machine is used in order to prevent unauthorised access. We were told that the machine is kept secure at all times and can only be activated by a key, preventing unauthorised operation.

The environmental risk assessments had recently been reviewed by the Laser Protection Advisor (LPA). However, no risk management policy was in place. We received evidence immediately following the inspection confirming that a risk management policy had been developed and implemented at the clinic.

Participating in quality improvement activities

The registered manager demonstrated a good knowledge and understanding of the treatments provided. They also described the importance of post treatment observations and follow up with patients to help provide improved individualised care throughout a course of treatment.

Records management

A sample of five patient records were reviewed. There was evidence that records were being maintained to a high standard, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing. All the records we reviewed were individualised and contained appropriate patient identifiers, medical history, areas treated, relevant parameters, shot count and details of any adverse effects. Records were very detailed, clear, legible and of excellent quality.

Quality of Management and Leadership

Governance and accountability framework

Lolfa Lois is run and owned by the registered manager who we found to be very committed and dedicated to the role.

We saw a current HIW certificate of registration and public liability insurance certificate on display.

We looked at a sample of policies and procedures and saw that these had been reviewed regularly and contained version and / or review dates. We also found that all policies and procedures were available bilingually.

Dealing with concerns and managing incidents

There was a complaints policy in place, which included the contact details for HIW. The complaint procedure was also included within the statement of purpose.

The clinic has a system in place to log formal complaints and concerns. At the point of inspection, no complaints had been received by the clinic.

Workforce recruitment and employment practices

We saw certificates showing that the registered manager, as the sole authorised laser operator, had completed Core of Knowledge training and manufacturer training in use of the registered laser machine.

Workforce planning, training and organisational development

We saw evidence that the registered manager had an appropriate Disclosure and Barring Service (DBS) check in place to help protect and safeguard patients.

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 summarises 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 during this inspection.			

Appendix B - Immediate improvement plan

Service: Lolfa Lois, Pwllheli

Date of inspection: 25 June 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No immediate improvement plan was required for 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: Lolfa Lois, Pwllheli

Date of inspection: 25 June 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. The registered manager had not undertaken fire training.	The registered manager must complete fire safety training.	The Independent Health Care (Wales) Regulations 2011, Section 26 (4) (c)	Fire Safety Training completed 12/08/24 for me registered manager and all independent workers in the building. Training from Mr Richard Greene Chartered Safety and Health Practitioner (CMIOSH) GFireE Nebosh Dip Professional Health and Safety Consultant	Lois Morgan-Pritchard	The training date was arranged 26/06/24 Held and completed 12/08/24

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): LOIS ANGHARAD MORGAN-PRITCHARD

Job role: Registered Manager / Owner

Date: 12/08/24