

# Independent Healthcare Inspection Report (Announced)

## EM Aesthetics RK Lasers, Cardiff

Inspection date: 08 July 2024

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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:

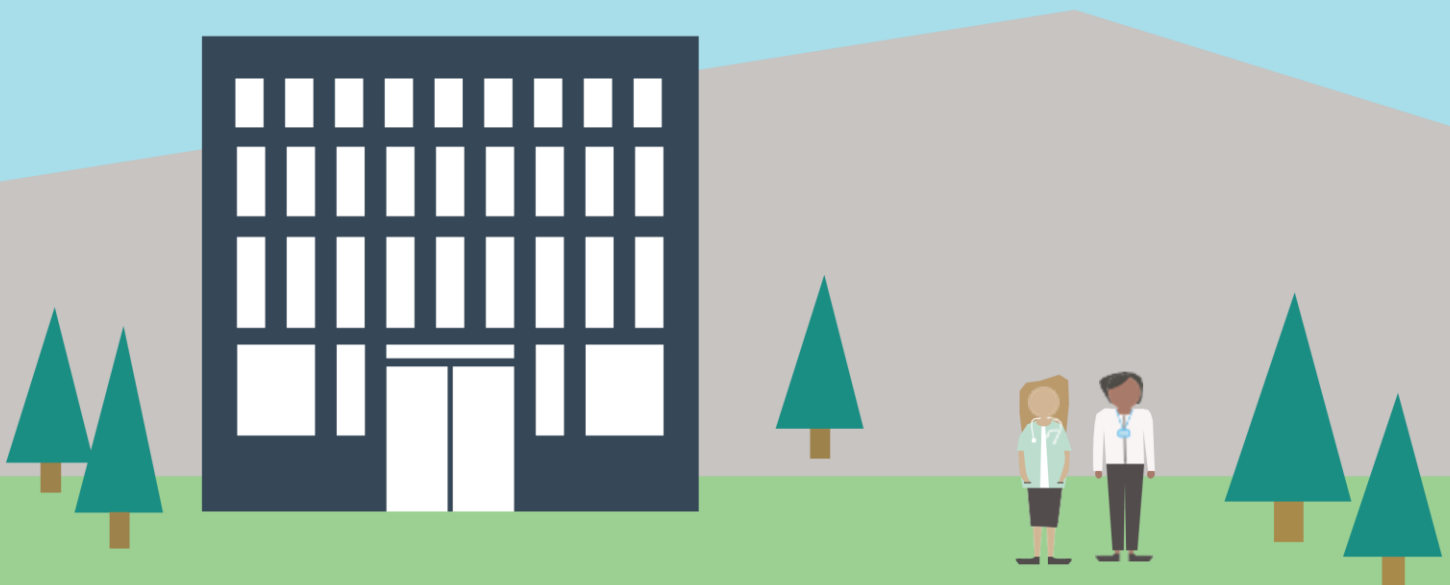
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 EM Aesthetics RK Lasers on 08 July 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 10 were completed. We also spoke to staff working at the service during our inspection. 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 patients were being treated with dignity and respect throughout their patient journey. All patients rated the service they received as 'very good' and said they were treated with dignity and respect. Patients of EM Aesthetics RK Lasers told us they were involved as they wanted to be in making decisions about their treatment and staff listened to them. We found suitable arrangements in place to provide clear information to patients, with all patients agreeing they were given enough information to understand all the treatment options available. However, we did find improvements were needed in relation to the management of patient records.

This is what we recommend the service can improve:

- The registered manager must provide assurance to HIW their new records management system continues to capture all patient information correctly and legibly.

This is what the service did well:

Patients told us they felt safe, listened to and well-cared for.

### Delivery of Safe and Effective Care

Overall summary:

EM Aesthetics RK Lasers were delivering high quality and safe care to their patients. Infection, prevention and control (IPC) measures were all appropriate, with all patients telling us the setting was 'very clean' and IPC measures were being followed at all times. Treatment protocols and risk assessments were all suitable and regularly updated. Emergency procedures and those for first aid were all satisfactory. Staff demonstrated a good understanding of what to do in the event a safeguarding concern.

This is what the service did well:

- Safe arrangements were in place for the operation of the laser equipment
- Both laser operators were up to date with their training.

### Quality of Management and Leadership

Overall summary:

Clear lines of management and responsibilities were evident and these helped staff understand their individual roles in order to deliver the best care for their patients. Clear procedures provided staff with meaningful guidance, including for the management of complaints. The procedures for recruitment, retention and training were all suitable.

This is what the service did well:

- Patient feedback and complaints were managed appropriately
- Workforce management practices were suitable.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

Before our inspection we invited the service to hand out questionnaires to patients to obtain their views on the care and treatments provided. In total, we received 10 completed questionnaires. All except two of the respondents indicated that they had visited the service within the last two months. All of the respondents rated the service they received as 'very good'. Some of the comments provided by patients on the questionnaires included:

*“Great clinic. Very professional and caring.”*

*“Very good customer service. Very thorough. Really recommend.”*

*“Great service, very happy.”*

*“This clinic made me feel comfortable and important.”*

#### Health protection and improvement

Within the five records we reviewed, we saw evidence patch testing took place for every patient. Patients who completed a HIW questionnaire confirmed they were given a patch test before receiving a new treatment. All respondents to the HIW questionnaire also stated they signed a consent form prior to treatment and their medical history was also checked prior to any treatments.

#### Dignity and respect

The setting was all contained within one space and only treated one patient at a time. Window blinds were closed during all consultations and treatments to prevent patients being overlooked from the outside. The door for the setting had a sign externally to instruct visitors to knock and wait. Patients were given privacy to change behind a screen and a modesty towel was used during treatments. Chaperones were permitted in treatment rooms where requested.

Patients who responded to the HIW questionnaire all said measures were taken to protect their privacy. Patients also said they were treated with dignity and respect and that staff listened to them/answered their questions.



### **Patient information and consent**

We reviewed a total of five patient records during our inspection. All of the records contained consultation forms which detailed the face-to-face consultations that were undertaken, as well as the records of the pre-treatment patch-testing process.

Signed consent forms for each treatment were evidenced in the majority of records we reviewed, which included suitable arrangements to confirm patients were giving fully informed consent. However, we found information was not suitably recorded within two patient records. One record only had signed consent for a patch test leaving the eight other treatments without signed consent. The other record had 12 courses of treatment recorded but only 2 had been signed. Both of these records were over one year old. Since this time a newly established system had been implemented whereby fully informed consent was explicitly recorded at every stage of the process. From the recent records we reviewed, we saw this process was appropriate.

All questionnaire respondents informed us they had received enough information to understand the treatment options available to them, including the costs, risks and benefits. One patient said:

*“Fantastic service... They completely make you feel at ease, explain everything in detail and go above and beyond to make you feel beautiful and confident.”*

All patients also said they were given aftercare instructions and clear guidance on what to do in the event of infection or emergency.

### **Communicating effectively**

We saw appropriate information was provided to patients at every stage of their treatment. Patients were able to make appointments over the telephone, online or in person. Patients had access to a wide range of information regarding treatments via the website and social media platforms. The patient guide outlined all relevant information relating to the costs, treatment options, the means of raising a concern and what to do in the event of an emergency. The statement of purpose for the setting was up to date and informative.

All respondents to the HIW questionnaire indicated their preferred language was English. The staff we spoke with during the inspection were not aware of any Welsh speakers in their patient cohort but confirmed that documents required in the medium of Welsh would be provided upon request. Staff informed us they had access to online translation tools for any patient wishing to converse with staff in any language other than English.

### **Care planning and provision**

The patient records we reviewed during the inspection were, on occasion, difficult to follow. We also found some sections were incomplete, as outlined previously in this report. Additionally, we noted the following areas which required improvement within the five records we reviewed:

- The initial medical assessment forms for two patients could not be located and presented to inspectors by staff during the inspection
- Neither the shot count of the laser treatment nor any adverse effects were noted within one patient record.

At the time of our inspection, we saw the setting was moving from a fully paper-based records management system to one which was more digitised. We found the new digital forms the setting used were being updated to provide a full picture of the care provided to patients throughout their journey. During our discussions with staff, they demonstrated awareness of the improvements needed to ensure patient records were fully completed during the transition period. It was evident that positive changes were being made by the service in respect of this matter. However, in light of the issues we found during the inspection, we require the setting to update HIW of the progress being made regarding patient records within three months.

**The registered manager must provide assurance to HIW their new records management system is easy to navigate and continues to capture all patient information correctly and legibly.**

### **Equality, diversity and human rights**

We were provided with suitable examples of how staff treated patients equally and in a manner which upholds their individual rights. These examples were supported by a satisfactory equality and diversity policy in place. Patients were further supported by choosing their preferred pronouns, names and genders on their records.

The setting was set over level ground, except for a small-lipped entranceway. Staff informed us they assisted their patients with limited mobility to access the setting.

All respondents to the HIW patient questionnaire indicated they had not faced any discrimination when accessing or using this service. Patients also told us they could access the right healthcare at the right time with due respect for their protected characteristics. Patients told us:

*“The [staff] always act professionally, act anti-discriminatory, whilst promoting individual beauty / differences of everybody who visits”*

*“As a male, I have found that they are very inclusive and make me feel confident as a man getting health treatments”*

### **Citizen engagement and feedback**

Robust systems were in place to request, record and respond to feedback. Automatic feedback request forms were sent automatically to patients following appointments. Any verbal feedback was suitably recorded, and staff encouraged patients to complete online feedback forms wherever possible. Patient feedback was posted online for general awareness. Staff confirmed that patients also had the choice to submit feedback anonymously.

# Delivery of Safe and Effective Care

## **Managing risk and health and safety**

We found appropriate arrangements in place to manage and minimise the risks to patients and ensure their safety. Safety certifications for electrical wiring and portable appliance testing were both in place. We reviewed the Laser Protection Advisor (LPA) risk assessment in place, which included recent changes made as by the setting. We found the LPA risk assessment was comprehensive. Fire safety precautions were all satisfactory and staff demonstrated a good understanding of what to do in the event of an emergency.

The first aid kit was complete and appropriately equipped, with both staff trained to the correct level in first aid.

## **Infection prevention and control (IPC) and decontamination**

We found the setting was clean, tidy and organised. The equipment and environment was in good condition to enable effective decontamination. There were suitable processes in place to enable the effective cleaning and decontamination of treatment areas and all clinical equipment. These processes were outlined within the policies for the setting. We saw clinical waste was handled correctly and disposed of through a waste handling contract.

All patients said the setting was 'very clean' and that infection prevention and control measures were being followed.

## **Safeguarding children and safeguarding vulnerable adults**

The setting had suitable, up-to-date safeguarding procedures in place, which contained details of the local safeguarding team. The policy clearly outlined the procedures to follow in the event of a safeguarding concern. While no treatments were provided to anyone under the age of 18, there were suitable arrangements in place to safeguard children. We also saw evidence the registered manager and laser operator had completed safeguarding training.

## **Medical devices, equipment and diagnostic systems**

EM Aesthetics RK Lasers operated two laser machines, consistent with their HIW registration. The local rules in place at the setting had been produced and recently updated by an approved Laser Protection Advisor (LPA). Both authorised operators had signed and dated the local rules. Staff were unable to locate a copy of their annual LPA contract during the date of inspection. However, a copy of the contract was provided to HIW immediately following the inspection.

An appropriate and recently updated risk assessment had also been produced as part of the LPA contract. There were individualised treatment protocols in place for the use of the laser machines, which had been created and approved by a medical practitioner.

Protective eyewear was readily available, clean and in good condition. Both laser machines had received their annual service in April and June respectively, with staff informing us that twice-daily checks take place on the machines.

### **Safe and clinically effective care**

EM Aesthetics RK Lasers provided treatments safely and effectively. Both laser operators had undertaken manufacturer-approved training as well as Core of Knowledge training within the last three years.

The setting was a single room building which had a sign on the door to indicate laser treatments took place inside. The sign on the door also instructed people to knock and wait before entry. While not in use, both machines and their keys were stored separately and securely.

### **Participating in quality improvement activities**

There were systems in place to regularly assess and monitor the quality of service provided. Patient feedback and individual patient records were regularly reviewed and discussed between the two authorised operators at the setting, in order to drive continuous improvement. Audits also took place on cleaning at the setting.

### **Records management**

As referenced elsewhere in this report, we found improvements were required regarding the level of detail and ease of navigation with regards to the patient records we reviewed. The newly implemented system now being used was appropriate with records being stored securely. We also found the paper-based records were stored in a securely locked cabinet away from public access. Access to the records was overseen by the registered manager. We saw paper-based records were disposed of securely.

# Quality of Management and Leadership

## **Governance and accountability framework**

Clear lines of responsibility were evident and both staff members understood their responsibilities. Informal staff meetings were frequent, with notes being taken during more formalised quarterly meetings.

We saw all the policies and procedures were clear and comprehensive, including version control, annual review dates and staff signatures. The public liability insurance and HIW registration certificates were appropriately displayed in the reception area.

## **Dealing with concerns and managing incidents**

The complaints procedure we reviewed was up to date. The procedure referenced HIW as a means to raise concerns and was included in both the patient information guide and the statement of purpose. Complaints were overseen by the registered manager with both authorised operators involved in the investigation process. There were no complaints for us to review at the time of our inspection, however, we were assured by the process in place. We were told that any verbal complaints would be noted within the complaints log.

## **Workforce recruitment and employment practices**

We found Enhanced Disclosure and Barring Service checks in place for both employees, with a satisfactory procedure in place for checks to be undertaken prior to employment.

## **Workforce planning, training and organisational development**

EM Aesthetics RK Lasers was a family run business with two members of staff. We found appropriate systems in place for onboarding new staff, ongoing supervision and for monitoring compliance with training.

## 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 during this inspection.			



# Appendix B - Immediate improvement plan

Service: **EM Aesthetics RK Lasers**

Date of inspection: **08 July 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 concerns were identified during this inspection.					

# Appendix C - Improvement plan

**Service:** EK Aesthetics RK Lasers

**Date of inspection:** 08 July 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
<p>1. The patient records we reviewed during the inspection were, on occasion, difficult to follow. We also found some sections were incomplete. Additionally, we noted the following areas which required improvement within the five records we reviewed:</p>	<p>The registered manager must provide assurance to HIW their new records management system is easy to navigate and continues to capture all patient information correctly and legibly.</p>	<p>The Independent Health Care (Wales) Regulations 2011, Section 23.</p>	<p>The following improvements have been made to our patient record process:</p> <ol style="list-style-type: none"> <li>1. A new medical form will now be included for every patient, whether they are new or existing.</li> <li>2. A shot count will be recorded with every laser session.</li> </ol>	<p>Raveena Bhogal</p>	<p>This has been actioned since the inspection</p>

• The initial medical assessment forms for two patients could not be located and presented to inspectors by staff during the inspection

• Neither the shot count of the laser treatment nor any adverse effects were noted within one patient record.

At the time of our inspection, we saw the setting was moving from a fully paper-based records management system to one which was more digitised. We found the new digital forms the setting used were being updated to provide a full picture of the care provided

to patients throughout their journey. However, in light of the issues we found during the inspection, we require the setting to update HIW of the progress being made regarding patient records within three months.					
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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):** Raveena Bhogal

**Job role:** Laser Practitioner Responsible individual

**Date:** 05/08/24