

Independent Healthcare Inspection Report (Announced)

Samantha Maunder Skin & Laser,
Penarth

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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:

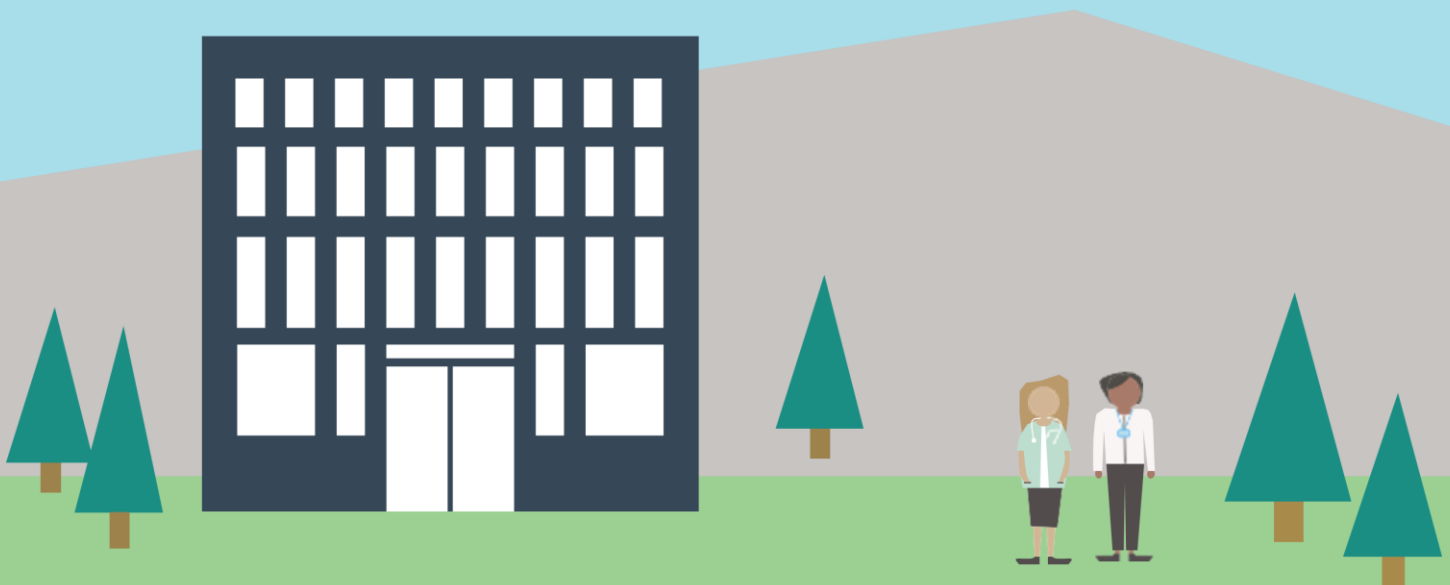
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Samantha Maunder Skin & Laser, Milksheds, 1a Machen Street, Penarth, CF64 2UB on 04 September 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 nine 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 Samantha Maunder Skin & Laser was committed to providing a positive experience for their patients in a very clean and pleasant environment.

We found processes in place to ensure patients were being treated with dignity and professionalism. Services were provided in English only, although arrangements could be made to provide information in Welsh with prior notice.

All patients were given a patch test prior to treatment to assess the likelihood of adverse reactions.

We found patient feedback was obtained and acted upon as and when it was received, however there was no system for patients to provide anonymous feedback.

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

This is what the service did well:

- A digital copy of pre-treatment instructions and aftercare guidance was sent to each patient via the clinic's appointment system
- Newly renovated premises decorated to a very good standard
- Written consent was obtained prior to each treatment.

Delivery of Safe and Effective Care

Overall summary:

We found that Samantha Maunder Skin & Laser was meeting the relevant standards 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, and that it was secured when not in use.

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

We were assured that patients were being provided with safe and effective care.

This is what we recommend the service can improve:

- Develop a written policy detailing how the service assesses patient capacity to consent to treatment
- Implement a documented process to regularly assess and monitor the quality of the services provided.

This is what the service did well:

- Premises very clean, well maintained and the equipment serviced as required
- Contract in place with a Laser Protection Adviser (LPA) with updated local rules and laser risk assessment
- Patient records were kept secure.

Quality of Management and Leadership

Overall summary:

Samantha Maunder Skin & Laser is owned and run by the registered manager who is also the sole laser operator. We found her to be very committed to providing high quality patient care. A valid Disclosure and Barring Service (DBS) check was in place.

We found a comprehensive range of policies and procedures which were reviewed within the last year. There was a suitable complaints procedure in place.

This is what we recommend the service can improve:

- To ensure all policies contain version history and review dates.

This is what the service did well:

- All policies were regularly reviewed and updated.

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 nine completed questionnaires.

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

“Brilliant service, very professional and everything is explained well. I always feel in safe hands here.”

“Samantha is welcoming, courteous and professional and her salon and treatment room are always immaculate. Treatment is unhurried and Samantha always clearly talks her way and guides me through each stage of my (5 in total so far) laser treatments. Preparation before treatment and after-care are always in place and I am always of the impression that Samantha cares very much about the quality of service she provides and to make the patient experience a positive one.”

Dignity and respect

We saw that Samantha Maunder Skin & Laser had one laser treatment room located on the ground floor. The doorways and patient areas were wide enough for wheelchairs although there was a small step into the premises and a lip on the door into the clinic which could pose an obstacle to patients with impaired mobility. We saw this was communicated to patients via the patient’s guide.

We found the room appeared very clean, tidy, and well organised. There was a lockable door and no windows in the treatment room enabling patients to change in privacy. Towels were available as required to protect patient dignity and we were told all consultations took place within the treatment room to ensure privacy.

Patients were permitted to bring their own chaperones. These were allowed to attend the consultation but not permitted into the treatment room during treatment. We saw a chaperone policy was included within the clinic’s Equality and Diversity policy.

All respondents who answered the HIW questionnaire said they were treated with dignity and respect and were as involved as they wanted to be in making decision about their treatment. All agreed that measures were taken to protect their privacy.

Communicating effectively

We reviewed the patients' guide and the statement of purpose provided by the registered manager and found both compliant with the regulations. The patients' guide contained comprehensive details relating to the complaint procedure, summary of client views, and terms and conditions of treatment, with the price list signposted to the clinic website. Both documents had been recently reviewed.

We found clinic information was only available in English, but the registered manager confirmed they could arrange a Welsh translator if given prior notice. We discussed the need to ensure that any translator used was appropriately qualified.

We were told that appointments are mainly arranged via the clinic website although arrangements were in place for telephone bookings for patients without digital access.

Patient information and consent

We saw the laser treatment register as required by the regulations and found this had recently been put in place. All previous entries had been recorded within the individual patient records.

During the inspection we reviewed a sample of five patient records. There were detailed individual patient notes available although historic shot counts were found to be missing as there was no field for this on the forms. We found this issue had been resolved since implementing the register.

All patient records that we reviewed indicated patients were given a patch test prior to commencing a course of treatment to determine the likelihood of adverse reactions. We saw that patients provided written consent before each treatment.

All respondents who answered the HIW questionnaire confirmed they had a patch test and signed a consent form before receiving new treatment.

Care planning and provision

We were told that during the initial consultation patients were asked to provide a comprehensive medical history. We were told that patients were asked about any changes to their medical history prior to any subsequent treatments and saw this was documented on their records.

We were assured 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. A digital copy of pre-treatment instructions and aftercare guidance was sent to each patient via the clinic's appointment system.

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 said the costs had been made clear to them before agreeing to treatment. All respondents said they were given adequate aftercare instructions and were given clear guidance on what to do and who to contact in the event of an infection or emergency.

Equality, diversity and human rights

We considered the clinic was an inclusive environment irrespective of any protected characteristic. The clinic had an up-to-date equality and diversity policy in place and we were assured that the human rights of transgender patients would be actively upheld with preferred pronouns used and names changed as required.

Most respondents who answered the HIW questionnaire (8/9) confirmed they had not faced discrimination when accessing the service whilst the remaining one respondent 'preferred not to say.'

Citizen engagement and feedback

We were told that patient feedback was requested after treatment via the clinic's online booking system. Feedback was also obtained either through online reviews or in person at the clinic. However, we found there was no facility for patients to provide anonymous feedback in person. We discussed the option of using a suggestions box as a method to obtain anonymous feedback.

The registered manager advised that feedback is assessed and analysed on an ongoing basis.

Delivery of Safe and Effective Care

Managing risk and health and safety

We found the building to be visibly well maintained both internally and externally, with external repairs being carried out at the time of the inspection. We saw that internally, the premises were newly refurbished to a high standard and had an electrical system inspection in 2022. Portable Appliance Testing (PAT) had been conducted in June 2023 to help ensure electrical appliances were safe to use.

We inspected the fire safety arrangements at the clinic and found fire exits were clear and signposted. Fire extinguishing equipment had been serviced within the last 12 months and fire safety awareness training was up-to-date. We were told that there had been a fire risk assessment however the registered manager was unable to locate it during the inspection. A new fire risk assessment was arranged during the inspection and copy of the subsequent report was supplied to HIW shortly after completion.

We found that a comprehensive risk assessment had been recently conducted by the Laser Protection Advisor. There was a Health and Safety policy in place which had been reviewed within the last 12 months and evidence that annual Health and Safety risk assessments were conducted.

We inspected the first aid kit and found all standard first aid items in date. The registered manager had up-to-date first aid training.

Infection prevention and control (IPC) and decontamination

We saw that the clinic was visibly very clean and tidy. Furniture, equipment and fittings were of materials that were easy to wipe down. We discussed the infection control arrangements with the registered manager and considered these were appropriate to protect patients from infection.

We saw an infection prevention and control policy was in place and that cleaning schedules were used. We found that a suitable contract was in place for the collection and disposal of clinical waste.

All respondents to the HIW questionnaire said in their opinion, infection and prevention control measures were being followed and rated the setting as very 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 was complied with and explained that patients were

advised not to bring children as they were unable to leave them unsupervised. We were told this was contained in the confirmation email sent to all patients.

We saw the registered manager had completed up-to-date safeguarding training. An up-to-date adult safeguarding policy was in place with clear procedures to follow and included the contact details for the local safeguarding teams. The registered manager told us that patient's capacity to consent was assessed during the initial consultation process. However, we found limited detail about capacity to consent procedures within the policies.

The registered manager must set out a written policy detailing how the service assesses patient capacity to consent to treatment.

Medical devices, equipment and diagnostic systems

We found the laser device was the same as registered with HIW and that the annual service and calibration check were in date. Evidence of daily laser systems checks were seen. A second laser had been recently obtained and the service are in the process of registering this with HIW.

There was a current contract in place with a Laser Protection Adviser and local rules detailing the safe operation of the laser machine had been reviewed in August 2024. There were treatment protocols in place for the use of the laser machine and these had been approved by an expert medical practitioner.

Safe and clinically effective care

Eye protection was available for patients and the laser operator. These were found to be clean, in a good condition and consistent with the requirements specified in the local rules.

There were signs on the outside of the treatment room to indicate the presence of the laser machine with a lock on the door to prevent unauthorised entry when the machine is in use.

Evidence was seen that up-to-date core of knowledge and device specific training had been completed. Appropriate arrangements were in place to keep the laser machine secure when not in use.

Participating in quality improvement activities

We found no documented systems in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered manager must review and analyse the views of patients as a way of informing care, conduct audits of records to ensure consistency of information and assess risks in relation to health and safety.

The registered manager must put in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.

Records management

We found the patient records were kept securely at the service, and that suitable arrangements were in place to minimise the risks of losing or misplacing sensitive personal information.

The registered manager described appropriate processes for the disposal of records including data retention periods. As the clinic has only been open for two years, no records have been disposed of to date.

Quality of Management and Leadership

Governance and accountability framework

Samantha Maunder Skin & Laser is owned and run by the registered manager who is also the sole laser operator.

Our observations of the clinic found that the current HIW registration certificate and associated schedule containing the conditions of registration were on display as required by the regulations. We found public liability insurance was in place.

We found a comprehensive range of policies that had been reviewed within the last year. However, we found that the policies were not version controlled and lacked issue and review dates.

The registered manager must ensure all policies contain version history and review dates.

Dealing with concerns and managing incidents

There was a suitable complaints procedure in place covering both written and verbal complaints, including time frames for acknowledgments and resolution. The policy identified the complaints manager and 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. All complaints were to be recorded within a complaints file although we were told that to date, there had been no complaints raised.

Workforce recruitment and employment practices

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

As the only person employed at the clinic is the registered manager 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 identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Samantha Maunder Skin & Laser

Date of inspection: 04 September 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: Samantha Maunder Skin & Laser

Date of inspection: 04 September 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
The registered manager must set out a written policy detailing how the service assesses patient capacity to consent to treatment.	Regulation (9)(4)(a)	A section on capacity to consent under the Mental Capacity Act 2005 has been added to the Equality & Diversity Policy.	Samantha Maunder	Complete
The registered manager must put in place a system to regularly assess and monitor the quality of the services provided in accordance with the regulations.	Regulation 19	I have created a Google Form which can be filled in anonymously by clients to provide feedback if they so wish. There is a QR code in the clinic which links directly to this. I have also implemented a suggestion box in the reception area for clients who may not have access to the internet.	Samantha Maunder	Complete

		<p>I have implemented a clinical audit process which will be fully reviewed and recorded annually. I have created a form which encompasses areas to be audited, such as customer service, feedback from clients & services offered. Recorded information will include an overview of client comments from feedback throughout the year, areas for improvement made/to be made and their implementation dates.</p>		
<p>The registered manager must ensure all policies contain version history and review dates.</p>	<p>Regulation 9</p>	<p>Version numbers have been added to all policies and are scheduled for review annually in August. Any updated versions of these policies will now include updated version numbers. Dates of reviews and details of changes made are listed on the index at the front of the compliance file kept in the clinic.</p>	<p>Samantha Maunder</p>	<p>Complete</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): Samantha Maunder
Job role: Registered Manager
Date: 14/10/2024