

Quality Check Summary

Beauty Central Clinic

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Beauty Central Clinic as part of its programme of assurance work. The service provides a range of laser treatments, including hair removal, skin rejuvenation and other associated treatments. All treatments are provided to adults over the age of 18.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Independent Health Care (Wales) Regulations 2011. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the registered manager on 04 August 2021 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- How are you ensuring that the infection prevention and control (IPC) and cleaning regimes are effective in order to keep staff, patients and visitors safe?
- How are you ensuring that the environment is safe for staff, patients and visitors, and how patient dignity is maintained? What changes, if any, have been made as a result of COVID-19?
- How do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- How are you ensuring that staff are appropriately trained in order to provide safe and effective care?
- How are you ensuring that treatment is provided in a safe and effective manner, including how laser equipment is appropriately maintained?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- The most recent COVID and environmental risk assessments
- Fire safety policy
- Insurance liability certificate

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

The registered manager described a range of steps the service had taken in response to the pandemic to help promote a safe environment. These included; marking waiting areas to maintain social distancing, operating a closed door policy to manage the flow of patients, and installing a desk at the entry to undertake COVID screening and collect track and trace details.

The service had implemented a strict policy on wearing Personal Protective Equipment (PPE) and all patients were expected to wear masks at all times within the building. The service also used disposable covers for the beds within treatment rooms and the bathrooms, as well as full PPE for all employees.

These steps were supported by a COVID-19 risk assessment, which was comprehensive and included appropriate actions. The registered manager confirmed that these actions had been implemented and we noted that all staff had agreed the risk assessment on appointment.

We saw evidence to confirm that a fire risk assessment had been completed within the last 12 months and that the fire extinguishers had been recently serviced.

We confirmed that there was a valid public liability insurance certificate in place.

The registered manager told us that patient dignity took priority at every stage of the process. We were told that the rooms were available for clients to change with privacy, both prior to and after treatments had taken place. Towels and personal covers were also provided, to allow patients to feel comfortable during their procedure.

No areas for improvements were identified.

Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- Generic infection control policy and Covid-19 specific policies

The following positive evidence was received:

The registered manager described a number of IPC related changes that had been made in response to the pandemic. This included ensuring that staff and patients are checked for COVID-19 symptoms prior to attending the clinic, providing appropriate hand hygiene facilities and implementing social distancing measures. Upon arriving at the clinic, all patients were screened for COVID-19 symptoms and asked to complete details for the track and trace service.

We were told that additional time had been allocated in between appointments to allow for adequate cleaning of the clinic areas, and that an iclean machine¹ was used to ensure surfaces were effectively sanitised.

The registered manager confirmed that checklists are used to ensure that staff can log cleaning undertaken within the service. We saw evidence to show that the registered manager had undertaken training within the service, and also sought professional advice to ensure COVID-19 measures were in place effectively.

These arrangements were supported by a comprehensive COVID-19 risk assessment, which showed appropriate measures had been taken to address risks for the service

The registered manager told us that a range of relevant guidance, including the Welsh Government close contact services guidance², had been used when reviewing their IPC procedures. It was reassuring to note that the service had proactively been in contact with their contracted providers for health and safety support, as well as their liability insurers, to ensure they were fully compliant with the guidance.

We noted that the service had encountered some problems in accessing formal infection control training, however we saw evidence that a course for new staff members is booked for the near future. The registered manager told us that until this training could be completed, they took responsibility for ensuring staff were adhering to infection control procedures.

¹ An iclean machine turns tap water into a cleaner and sanitizer.

² [Hair, beauty, holistic, tattoo and body piercing services: coronavirus workplace guidance](#)

No areas for improvements were identified.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that staff are suitable in their roles and are appropriately trained in order to provide safe and effective care.

The key documents we reviewed included:

- Statement of purpose
- Patient Guide
- Contracts for waste disposal
- Contract for fire equipment maintenance
- Staff training

The following positive evidence was received:

The registered manager described the checks that are completed on new staff to ensure their suitability. This included conducting interviews and obtaining references for all new starters.

We saw evidence that the registered manager had completed the Core of Knowledge³ training, as well as supplementary training to further enhance her skills. We also saw that training was booked for the newest staff member, to ensure they were compliant with processes and procedures within the service.

All staff within the service had undertaken the All Wales Risk Assessment to review their safety to work during the COVID-19 pandemic; safety precautions had been put in place as a result of the individual assessments.

We saw a number of contracts for effective management including clinical waste, fire maintenance, human resources and employment law. This provided a comprehensive basis for the overall Governance of the clinic, and gave the service access to a number of support tools and resources.

No areas for improvements were identified.

³ Core of Knowledge training provides a foundation in the safe and effective use of laser and IPL machines

Safe and effective care

During the quality check, we considered how the service has delivered treatment safely and effectively to patients. We considered the arrangements in place to explain treatments to patients, how treatment needs are assessed and how the service manages the risks associated with the laser equipment.

The following positive evidence was received:

The registered manager confirmed that all patients receive a face-to-face consultation prior to the start of any treatment. Medical histories are collected as part of this consultation to ensure suitability of the chosen treatment.

We found that consent is obtained from patients prior to the treatment taking place and at any subsequent appointments. This process included a discussion around the risks, benefits and likely outcome of the desired treatment.

We considered how the laser equipment and associated documentation had been maintained throughout the pandemic to ensure that safe and effective care is provided. We found:

- Treatment protocols had been recently reviewed by a GMC registered professional
- Laser equipment had been recently serviced and that there were no outstanding maintenance issues
- A Laser Protection Advisor (LPA) was appointed and the service was aware of how they would contact them if advice on the safe use of the laser equipment was needed
- Core of Knowledge training had completed by the laser operator.

The service had access to a clinical support through the manufacturer's support services. We were told that this helped to provide an additional source of support in the event of any queries relating to a patient and their chosen treatment.

No areas for improvements were identified.

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- 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 areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

As a result of the findings from this quality check, the service should:

- Ensure that the areas for improvements 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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.