

# Independent Healthcare Inspection Announced Broadway Hair, Beauty & Holistic Centre

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales<sup>1</sup>.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of patient experience
- Delivery of safe and effective care
- Quality of management and leadership.

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<sup>1</sup> The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

## 2. Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patient's guide and website (where applicable)
- HIW patient questionnaires completed prior to inspection.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice<sup>2</sup>. Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

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<sup>2</sup> As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

### 3. Context

Broadway Hair, Beauty & Holistic Centre is registered as an independent hospital to provide treatments using Intense Pulsed Light Technology (IPL)<sup>3</sup> at Gower College Swansea, Tycoch Campus, Swansea, SA2 9EB. The service was first registered on 17 May 2016.

The service is within a college setting and provides a part time academic program to students studying for a certificate in Laser and Intense Pulse Light Treatments. The course provides training and assessment in the theory and practice of Laser and IPL.

At the time of the inspection there were three second year students enrolled and receiving supervised tuition. Gower College Swansea Further Education Corporation is the registered provider. There is a course tutor, who is the registered person to 'carry on and manage' the service and a further named individual to support with the 'carrying on' of the service.

The service is registered to provide the following treatments to patients over the age of 18 years:

Energist Ultra IPL for the following treatments:

- Hair removal
- Skin rejuvenation.

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<sup>3</sup> IPL is a broad spectrum light source technology and is used by cosmetic and medical practitioners to perform various skin treatments for aesthetic and therapeutic uses.

## 4. Summary

We identified areas for improvement during this inspection. Further details of these improvements are provided in Appendix A.

What the service does well:

- Patients were provided with enough information to make an informed decision about their treatment
- The service is committed to providing a positive experience for patients
- We saw evidence that patients were satisfied with their treatment and the service provided.

What needs to be done to improve the service:

- Record keeping processes must be maintained
- Updates to policies and procedures
- Systems for governance and monitoring the quality of the service against the requirements of the regulations and standards.

Improvements are needed in the quality assurance and governance arrangements of this service to ensure compliance with the relevant regulations and standards. This is important to ensure the safety and effectiveness of the service provided. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address this matter.

## 5. Findings

### *Quality of patient experience*

#### **Patient information and consent (Standard 9)**

We saw evidence to indicate that patients were being provided with enough information to make an informed decision about their treatment.

We were told that patients were provided with a verbal consultation prior to treatment. Discussion of the risks and benefits was undertaken and students developed information sheets for patients regarding this under supervision of the tutor. Patients were being asked to provide written consent prior to treatment and were also being provided with a patch skin test prior to each treatment. We saw examples of information and aftercare guidance given to patients. We were also told that patients were being asked to complete medical history forms at each treatment.

A treatment register was being maintained. However, the registered manager was advised to include some further detail in the treatment register for self auditing purposes.

#### ***Improvement needed***

***The treatment register should be updated to ensure that comprehensive records of treatment are maintained, to include the following;***

- ***Patient name or a unique patient identifier***
- ***Record of the area treated***
- ***Details of any adverse effects following treatment.***

We were told that individual patient notes had been kept within each academic year, but that these had not been retained in line with record management regulations (this is covered further in the management and leadership section of the report).

#### **Communicating effectively (Standard 18)**

Up to date copies of the statement of purpose and patient's guide (which included a summary of the statement of purpose) were made available. These documents provide relevant information to patients as required under the regulations. There is also a patient information file available which includes details such as prices, complaints processes and patient questionnaires.



## **Citizen engagement and feedback (Standard 5)**

Before the inspection, the service was asked to give out HIW questionnaires to obtain patient views of the services provided. Patient questionnaires were distributed by the registered manager and 10 were returned. Satisfaction levels were noted to be universally high across the responses received and included the following comments:

*'The service has been very efficient and effective. The students are well informed and confident in their work.'*

*'Always very helpful and attentive. Students are knowledgeable and answer my questions. Tutor always observes students in the room which makes me feel confident in the treatment'*

*'Staff always friendly and helpful. Everything is explained fully'*

*'Students and staff have been extremely knowledgeable and professional in delivering treatments and giving follow up advice. A very, professional and nurturing environment which I always feel safe within'*

The registered manager told us that the service has been using the HIW patient questionnaire forms to engage feedback from patients on their experience of treatment provided and this allowed for feedback to be anonymous. The registered manager stated that they had considered feedback received from patients to inform and or improve the service's practices where applicable. Patient feedback was available in the patient's information file and patient testimonials had been posted on their website. The registered manager is in the process of developing an in-house patient survey document to use and agreed to include formal feedback on any actions taken in the patient guide, so that patients are informed annually of the outcomes of patient surveys.

## *Delivery of safe and effective care*

### **Safe and clinically effective care (Standard 7) and medical devices, equipment and diagnostic systems (Standard 16)**

We saw certificates to show that the registered manager had completed training in the use of the laser machine and Core of Knowledge<sup>4</sup>. There were local rules<sup>5</sup> in place, which detail the safe operation of the equipment and these were signed by the registered manager and students to indicate their agreement to follow them. We saw that there were treatment protocols in place for the laser machine and these had been overseen by an expert medical practitioner.

### **Safeguarding children and vulnerable adults (Standard 11)**

The service is registered to treat patients over the age of 18 years. The registered manager evidenced that they had up-to-date training in safeguarding. There was a safeguarding policy for the protection of vulnerable adults in place with local referral contact numbers available.

### **Infection prevention and control and decontamination (Standard 13)**

We saw the service was visibly clean and tidy. An infection control policy was in place and the registered manager confirmed appropriate cleaning arrangements were in place.

### **Managing risk and health and safety (Standard 22)**

We looked at maintenance arrangements for the premises. We saw evidence that Portable Appliance Testing (PAT) was up to date, to ensure that small electrical appliances were fit for purpose and safe to use. Evidence was provided to indicate that the gas and five yearly wiring certificates for the building were up to date. We

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<sup>4</sup> Core of Knowledge training is intended for operators using lasers and IPL systems for various skin treatments. The training includes information and guidance on the safe use of lasers and IPL systems.

<sup>5</sup> Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/474136/Laser\\_guidance\\_Oct\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf)

saw evidence that the laser machine had an annual service and calibration certificate from the manufacturer which was in date.

We were told the treatment room is locked during treatment and we saw warning signs on the outside of the door to indicate that a laser machine is in use. The registered manager confirmed that the designated activation key for the laser machine was removed when not in use and stored securely to prevent unauthorised use of the machine.

We saw that eye protection was available for patients, chaperones and authorised users. The eye protection appeared in visibly suitable condition. The registered manager stated that the suitability of the eye protection had been considered by the Laser Protection Adviser.

We reviewed the documentation relating to the environmental risk assessment. We saw that a letter had been provided by the Laser Protection Adviser, in which control measures had been briefly outlined. We saw that the service had a document including an environmental risk assessment they had conducted annually.

We looked at some of the arrangements for fire safety. We saw evidence that fire extinguishers were serviced annually and fire exits had been signposted. A fire risk assessment had been completed. We were told that 6 monthly fire drills were undertaken and that records were being kept.

## *Quality of management and leadership*

Gower College Swansea Further Education Corporation is the registered provider for Broadway Hair, Beauty & Holistic Centre. There is a course tutor, who is a trained laser operator/registered person to 'carry on and manage' the service and a further named individual to support with the 'carrying on' of the service. It was evident from discussions that the service placed importance on providing high levels of care and treating patients with compassion.

There was a statement of purpose in place which provided clear information about the service. We were told that students working towards the certificate in Laser and Intense Pulse Light Treatments were supervised by the course tutor, who has received relevant manufacturer training in the use of the IPL machine, at all times. We were told that students had received the core of knowledge training as required prior to operating the IPL machine. We saw that students had signed to indicate that they had read and were aware of their responsibilities under the local rules.

We looked at a sample of the policies, procedures and training in place at the service. We saw that policies were in place with an index provided. The majority of policies seen were signed, dated and appropriately localised to the service.

Updates were required to the following policies and procedures:

- Patient treatment records
- Data retention policy
- Quality assurance arrangements.

### ***Improvement needed***

***The registered manager should review policies and procedures in line with the standards and regulations.***

### **Dealing with concerns and managing incidents (Standard 23)**

Details about how the service deals with complaints are included in the patients guide and statement of purpose. The registered manager told us that they had not received a formal complaint to date. Provision is made for receipt of both verbal and/or written complaints, with a complaints book available to capture complaints as and or when they are received. The timescales for acknowledging and responding to complaints complies with the regulations. Respondents to the HIW questionnaires indicated that they knew how to raise a concern or complaint with the service.

## **Records management (Standard 20)**

We observed that there was provision for patient notes to be kept securely, within a locked cabinet and secure area. However, we were told that whilst individual patient notes had been kept within each academic year, that those records had not been retained in line with record management regulations. We were therefore not able to consider individual patient records. Patient records must be retained in line with the regulations and standards.

Records of appointments only had been kept on an electronic system and there had been an issue that some data could not be retrieved following a system failure. The registered manager told us that electronic records are now being backed up daily.

Consideration should be given to ensuring that there are more effective and proactive arrangements in place at the service to monitor compliance with the regulations and standards. Improvements are needed in the quality assurance arrangements of the service. The registered persons need to further develop their knowledge and understanding of the relevant regulations and standards. The registered manager was advised to ensure that a copy of the regulations and standards be retained at the service for reference and guidance.

### ***Improvement needed***

***The registered manager must ensure that records are being maintained in line with regulations and the data disposal policy is updated.***

### ***Improvement needed***

***Management need to enhance their knowledge of the relevant regulations and standards and develop the quality assurance systems.***

## 6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan in respect of improvements identified in the report. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at Broadway Hair, Beauty & Holistic Centre will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

## Appendix A

### Improvement Plan

**Service:** Broadway Hair, Beauty & Holistic Centre

**Date of Inspection:** 6 October 2016

| Page Number                          | Improvement Needed                                                                                                                                                                                                                                                                                                                                                     | Regulation / Standard      | Service Action                                                                                                                               | Responsible Officer | Timescale                     |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------|
| <b>Quality of Patient Experience</b> |                                                                                                                                                                                                                                                                                                                                                                        |                            |                                                                                                                                              |                     |                               |
| 6                                    | <p>Improvement needed</p> <p>The treatment register should be updated to ensure that comprehensive records of treatment are maintained, to include the following;</p> <ul style="list-style-type: none"><li>• Patient name or a unique patient identifier</li><li>• Record of the area treated</li><li>• Details of any adverse effects following treatment.</li></ul> | Regulation 23 (1) & 45 (2) | Treatment log updated with additional columns to allow for additional information. Information is also included on individual client sheets. | Jacqueline Lee      | 10 <sup>th</sup> October 2016 |

| Page Number                                 | Improvement Needed                                                                                                                     | Regulation / Standard | Service Action                                                                                                                                          | Responsible Officer | Timescale                     |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------|
|                                             |                                                                                                                                        |                       |                                                                                                                                                         |                     |                               |
| <b>Delivery of Safe and Effective Care</b>  |                                                                                                                                        |                       |                                                                                                                                                         |                     |                               |
|                                             | None                                                                                                                                   |                       |                                                                                                                                                         |                     |                               |
| <b>Quality of Management and Leadership</b> |                                                                                                                                        |                       |                                                                                                                                                         |                     |                               |
| 10                                          | The registered manager should review policies and procedures in line with the standards and regulations.                               | Regulation 9          | Registered manager has reviewed all policies and procedures and are found to be in accordance with Regulations. As are Regulation 9, 19, 23 and 45 now. | Jacqueline Lee      | 31 <sup>st</sup> October 2016 |
| 11                                          | The registered manager must ensure that records are being maintained in line with regulations and the data disposal policy is updated. | Regulation 23 (1) (b) | All staff responsible for handling client data have been updated in accordance with regulation 23.                                                      | Jacqueline Lee      | 7 <sup>th</sup> October 2016  |
| 11                                          | Management need to enhance their knowledge of the relevant regulations and standards and develop the quality assurance systems.        | Regulation 19 & 9     | A copy of the Independent Health Care (Wales) Regulations 2011 is now kept on file and the registered manager refers to these for guidance.             | Jacqueline Lee      | 7 <sup>th</sup> October 2016  |



**Service Representative:**

**Name (print):** ..... **Jacqueline Lee**.....

**Title:** .....**Registered Manager**.....

**Date:** .....**1<sup>st</sup> January 2017**.....