

Quality Check Summary

The Beauty Collection

Activity date: 14 December 2021

Publication date: 18 January 2022



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales

Website: www.hiw.org.uk

Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of The Beauty Collection as part of its programme of assurance work. The service is located in Pembroke Dock and offers a range of services for adults, including hair removal/reduction, skin rejuvenation, tattoo removal and pigmentation removal.

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 Health and Care Standards 2015 (and other relevant regulations). 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 practice manager on 14/12/2021 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:

- Environmental risk assessment
- Fire safety policy / procedures

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 hand sanitising stations and extra hand washing facilities throughout the clinic, as well as operating a one in, one out system, and cleaning between each client. Patients are asked to arrive on time for their appointment to avoid additional people in the waiting room. We were told that appropriate Personal Protective Equipment (PPE) is being used and patients are asked to wear a face mask. If a client is exempt from wearing a face mask, they are offered a visor which, if they refused, they are told the treatment cannot be carried out.

We were told that the service received and implemented guidance and advice from government announcements as well as from their Laser Protection Adviser (LPA). The advice has enabled them to implement the changes listed above which help provide a safer environment for their staff and patients.

We saw evidence to confirm an environmental risk assessment had been completed in April 2021. We also saw a complete and up to date fire policy for the setting.

Dignity and confidentiality are preserved as there are separate treatment rooms in the clinic and only one patient is in a room at a time. Staff will only discuss treatments with patients in the privacy of the treatment rooms and always make sure patients are covered as much as possible during procedures.

The following areas for improvement were identified:

We were told that the clinic does not routinely offer bilingual information and services to their patients and that this has not been requested to date.

We therefore recommend that a review of Standard 18 of the National Minimum Standards

(Communicating Effectively) which states that information is provided in a format that takes into account the needs of service user. In addition Regulation 9 (1) (g) of the Independent Health Care (Wales) Regulations 2011 requires the registered provider to have a policy in place that outlines how they provide information to patients. This policy should set out how the service is going to approach the need to communicate and provide information in Welsh should a patient request it.

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 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 good Infection Prevention and Control (IPC) practices. These included use of appropriate PPE by staff and clients at all times, taking each client's temperature upon arrival and a cleaning schedule to be completed after each patient. There are two toilets in the practice, which are cleaned down after each use by a client. Clients are encouraged to go to the toilet before attending their appointment to avoid using ones in the setting.

We were informed that staff have completed donning and doffing training to ensure PPE is worn correctly. NHS guidelines have also been followed closely, with the practice manager informing staff and delivering training around any updates to relevant guidance.

The following areas for improvement were identified:

The practice manager did not provide us with a copy of the infection prevention and control (IPC) policy and/or procedures for the practice. We recommend the practice manager ensure this policy is up to date and a copy sent to us as soon as possible.

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:

- Latest Statement of Purpose
- Latest Patient Information Leaflet
- Expert medical protocol
- Informed consent policy
- Blank patient consent form template
- Blank medical history template
- Laser Protection Advisor (LPA) contract
- Most recent Local Rules
- Most recent laser service and calibration record
- Insurance liability certificate
- Laser equipment training certificates for all laser operators
- Core of Knowledge certificates for all laser operators
- Safeguarding policy and safeguarding certificates.

The following positive evidence was received:

We were provided with evidence to confirm the laser operators had attended the Core of Knowledge course for continuing professional development. Certificates were also provided that confirmed staff had successfully completed training in the use of the laser.

The registered manager confirmed that the service complies with their condition of registration to only treat patients over the age of 18 years old. The procedures the service will follow in the event of any safeguarding concerns were detailed in their safeguarding policy. We saw certification that the laser operators had completed level 2 safeguarding training.

We were told of the checks that would be completed if new staff were to start at the studio to ensure their suitability. We received confirmation that DBS checks had been undertaken for the laser operators.

We were provided with the latest copy of the services' statement of purpose which contained all the relevant information required by the Regulations.

No areas for improvements were identified.

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 have a face-to-face consultation with a staff member prior to the start of any treatment. This includes providing patients with all relevant information in written format and allowing the potential patients time to ask any questions they have and consider their treatment options. During this consultation, the importance of pre-treatment and post-treatment care is discussed and once all relevant information is read and understood, it is signed by both the client and therapist. Medical histories are collected as part of the consultation to ensure suitability of the chosen treatment. These are checked and signed by the patient for any changes before any additional 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:

- Local rules were in place and written by a Laser Protection Adviser (LPA). The local rules included the instructions for the safe use of lasers in line with legislation, standards and guidance.
- Laser equipment had been recently serviced and re-calibrated
- Core of Knowledge¹ training had completed.

No areas for improvements were identified.

¹ Core of Knowledge training provides a foundation in the safe and effective use of laser and IPL machines

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.

Improvement plan

Setting: The Beauty Collection

Date of activity: 14/12/2021

The table below includes improvements identified during the Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	We recommend the practice manager consider developing a policy which outlines how the service would approach the need to communicate and provide information in Welsh should a patient request it.	Standard 18 - National Minimum Standards Regulation 9 (1) (g) - Independent Health Care Regulations 2011	Our Patient Guide and Price List will be translated and re printed in Welsh. We have requested that our web designer also adds this facility to our website with a note stating that staff do not at present have the ability to communicate in Welsh but all written information relating to treatments can be made available in Welsh by request.	Andrea Davies	2 months
2	We recommend the practice manager develop an up to date Infection Control policy and provide us with a	Regulation 9 (1) (n) - Independent	IPC policy uploaded	Andrea Davies	30/12/2021

	copy as soon as possible.	Health Care Standards			
--	---------------------------	-----------------------	--	--	--

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.

Name: Andrea Davies

Date: 30/12/2021