

Independent Healthcare Inspection Report (Announced)

Afino Aesthetics

Inspection date: 17 May 2022

Publication date: 18 August 2022



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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:

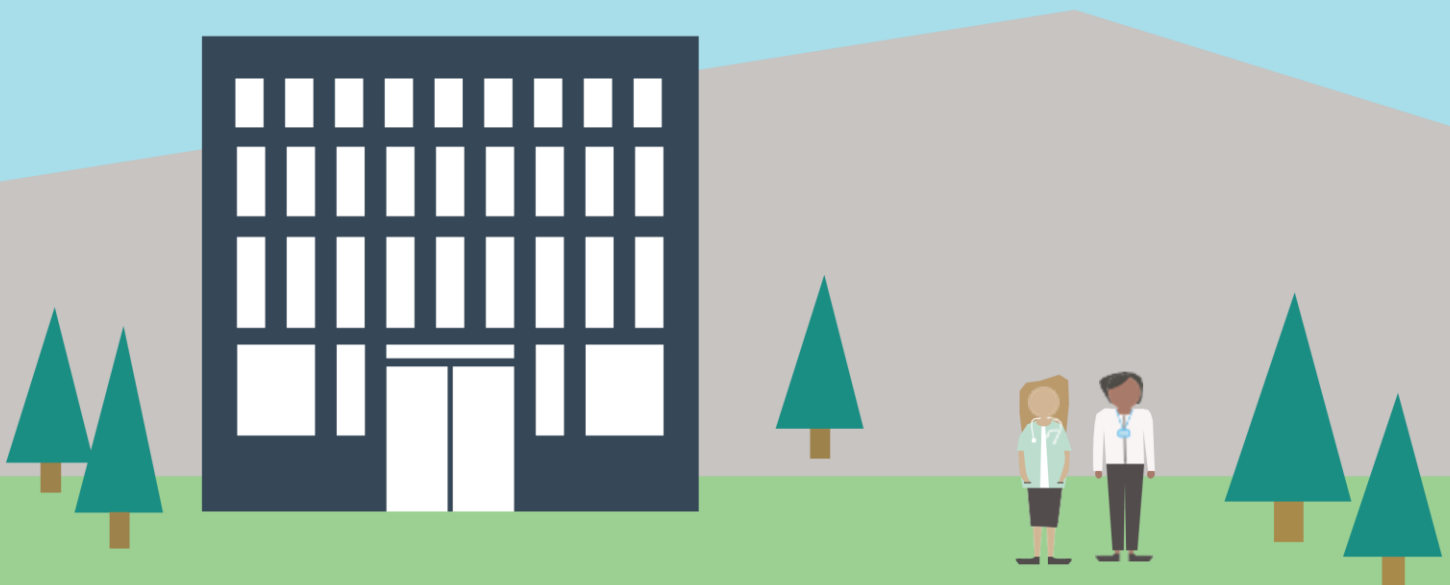
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Afino Aesthetics on 17 May 2022.

Our team for the inspection comprised of two HIW Inspectors.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that the service was committed to providing patients with a positive experience at the clinic. The environment was clean and provided patients with appropriate levels of privacy and dignity. Patients received detailed information pre and post treatment to help them make an informed decision about their treatment.

This is what we recommend the service can improve

- Questionnaires should be developed to capture regular formal feedback from patients about their experiences at the clinic.

Safe and Effective Care

Overall summary:

We found that the service provided patients with safe and effective care. Suitable arrangements were in place for the maintenance and on-going safety of the IPL/laser equipment. Good infection prevention and control arrangements were evident.

This is what the service did well:

- Patient notes and records were maintained to a good standard.

Quality of Management and Leadership

Overall summary:

The registered manager had the appropriate skills and relevant knowledge to deliver safe treatment to patients. A wide range of up-to-date policies and procedures were in place.

3. What we found

Quality of Patient Experience

Health protection and improvement

We saw that patients must complete a comprehensive medical history questionnaire prior to receiving their initial treatment. Medical histories were signed by the patient and the registered manager in all the records that we reviewed during the inspection. Patients are asked about any changes in their medical history prior to any subsequent treatments.

Dignity and respect

Consultations with patients are held in the treatment room to ensure that discussions are private and confidential. The registered manager confirmed that patients are able to change if necessary, in the lockable treatment room. Patients can be accompanied by a chaperone for both their consultation and during treatments. Chaperones are required to wear appropriate safety glasses while treatments are being undertaken.

Communicating effectively

A patients' guide and a statement of purpose were provided to us by the registered manager. We found both documents contained the essential information required by the regulations. However, no copies of either document were available in the treatment room. The registered manager should ensure copies of each document are available in the treatment room for patients to access.

Patient information and consent

We were assured that patients were able to make an informed decision about their treatment. This is because patients are provided with a face-to-face consultation, which included sufficient information around the risks, benefits, and likely outcomes of the desired treatment.

Patients are required to provide consent before each treatment. The consent form contained suitable information and we saw evidence of consent forms signed by the patient and countersigned by the registered manager within patient records.

Care planning and provision

We reviewed a sample of patient records and found evidence of a good standard of record keeping, which covered all areas of the patient journey. This included details of the consultation, initial consent and additional consent, and the risks and likely outcomes of the chosen treatment.

The registered manager told us that patients are not allowed to receive treatment without first undergoing a patch test for their safety.

Equality, diversity and human rights

The service is located on the first floor and is only accessible via stairs and therefore not accessible to people with mobility difficulties. The registered manager told us that patients are made aware that the treatment room is on the first floor before attending the clinic.

The registered manager demonstrated an understanding of how they would be able to meet the needs of all patient groups. We noted that the electronic patient record software could only categorise patients into the male or female gender. The registered manager may wish to explore expanding the categories to allow for other genders to be recorded.

Documentation was predominantly only available in English. However, the patients' guide informs patients that information regarding treatments and clinic policies would be provided in another language or format upon request.

Citizen engagement and feedback

We found that the service had an appropriate complaints policy and procedure in place, which included the contact details for HIW.

The registered manager told us that feedback can be provided by patients through social media and online reviews. Feedback forms are available in the treatment room for patients to provide informal feedback. We recommend the service develops questionnaires for patients to capture more formal feedback about their experiences at the clinic to help monitor the quality of the service provided.

Delivery of Safe and Effective Care

Managing risk and health and safety

We found suitable maintenance arrangements were in place to protect the safety and well-being of the registered manager and people visiting the premises.

Portable appliance testing had been undertaken on all relevant appliances within an appropriate timeframe. We saw that fire extinguishers had been reviewed within the last twelve months and we were told that fire alarm tests are carried out weekly. The registered manager explained that an overarching fire risk assessment had been completed by the owners of the building. We advised the registered manager to keep copies of such relevant paperwork for their records.

A suitable first aid kit was available at the clinic. The registered manager had undertaken training in first aid and described suitable procedures to follow in the event of an emergency such as patient collapse.

Infection prevention and control (IPC) and decontamination

We observed all areas of the service to be visibly clean and clutter free.

The registered manager described a range of suitable infection control arrangements in place at the clinic. This included appropriate hand hygiene measures and sanitising of the IPL/laser machine hand pieces and patient couches following each use. Patients are asked a series of COVID-19 screening questions before treatment is provided.

We saw that a sharps disposal bin in the clinic was being stored appropriately and was not overfilled. Clinical waste arrangements were in place through a contract with an external provider.

Safeguarding children and safeguarding vulnerable adults

We found that there was an adult and children safeguarding policy in place to follow in the event of a safeguarding concern. The policy contained contact details for the local authority safeguarding team. The registered manager had undertaken appropriate safeguarding training.

The service is registered to provide some treatments to patients over the age of 14 years old. We were told that the clinic requires parental consent to undertake treatment on patients aged between 15 and 17 years old. Patients are asked to not bring children to their appointment as they are not permitted inside the treatment room for their own safety.

Medical devices, equipment and diagnostic systems

We found appropriate procedures were in place to protect the safety of patients when using the IPL/laser machine. This is because:

- A contract was in place with a Laser Protection Advisor (LPA) who had provided advice and support on the safe use of the IPL/laser machine
- Local rules had been reviewed by the LPA within the last twelve months to confirm their on-going suitability
- The registered manager has signed the local rules to demonstrate their awareness of how to use the IPL/laser machine safely
- The IPL/laser machine has been serviced annually and last serviced in March 2022
- Suitable eye protection was available for all patients and the registered manager
- A passcode was required to use the IPL/laser machine to help prevent unauthorised access.

Safe and clinically effective care

We were assured that the registered manager was a competent user of the IPL/laser machine. We saw evidence that the registered manager had completed Core of Knowledge training within the last three years and refresher training from the manufacturer of the IPL/laser machine on how to operate it safely in 2021.

We reviewed the treatment protocols and found that these were up-to-date and had been reviewed by a General Medical Council registered professional.

The treatment room was fitted with a lock to ensure patient dignity and safety during treatments. Appropriate signage was displayed on the treatment room door to warn people not to enter when the IPL/laser machine was in use.

We saw evidence that the LPA had completed an environmental risk assessment to identify and mitigate for any hazards associated with the use of the IPL/laser machine and the environment of the treatment room.

Participating in quality improvement activities

The registered manager demonstrated a good knowledge and understanding of the treatments provided and was enthusiastic about their area of practice. They also described the importance of post treatment observations and follow ups with patients to help provide improved individualised care throughout a course of treatment.

Records management

We found evidence of good record keeping. The sample of records reviewed were sufficiently detailed in a clear and consistent manner for new and returning patients. A comprehensive patient treatment register was also being appropriately maintained.

Patient records were predominantly kept electronically, and password protected. Some older patient records were on paper, and we saw that these were kept secure in a locked cabinet to prevent unauthorised access.

Quality of Management and Leadership

Governance and accountability framework

Afino Aesthetics is run by the registered manager who is responsible for the day to day management of the service and is the only IPL/laser operator.

We found that the service had several policies in place and saw evidence that they had been reviewed and updated annually. We reviewed a sample of these and found these overall met the needs of the service.

We saw that the service had an up to date public liability insurance certificate in place as required.

Dealing with concerns and managing incidents

Staff confirmed that there had been no concerns or incidents to date. They described their complaints process and we found that the procedure was appropriate, with HIW listed as an additional point of contact.

Workforce planning, training and organisational development

We were assured that the registered manager, as the only authorised operator of the IPL/laser machine, had the appropriate knowledge, skills, and experience to provide safe and effective care to patients.

Workforce recruitment and employment practices

The registered manager described the recruitment process that would be followed before any new members of staff joined the clinic. This included appropriate pre-employment checks and proof of relevant qualifications prior to providing any treatments.

We saw evidence the registered manager had an appropriate Disclosure and Barring Service (DBS) certificate in place.

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: Afino Aesthetics

Date of inspection: 17 May 2022

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 non-compliance issues were identified.				

Appendix C - Improvement plan

Service: Afino Aesthetics

Date of inspection: 17 May 2022

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 service must develop questionnaires for patients to capture regular formal feedback about their experiences at the clinic.	Quality of Patient Experience	Development of questionnaires to allow patients to submit formal feedback via an electronic format or paper copy.	Registered Manager, Fiona Spinks	Completed

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): Fiona Spinks

Job role: Registered Manager

Date: 11 July 2022