

# Independent Healthcare Inspection Report (Announced)

1192 Laser and Beauty Clinic

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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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

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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:

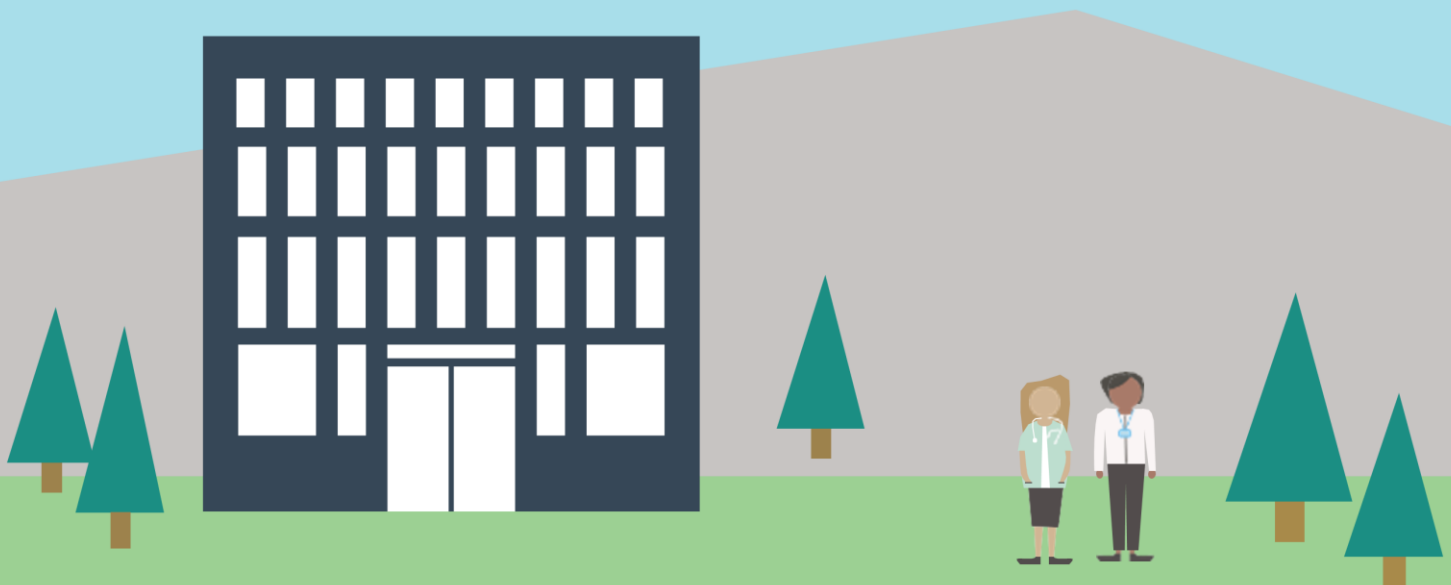
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 1192 Laser and Beauty on 22 August 2022.

Our team for the inspection comprised of one HIW Inspector.

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 about the treatments available to help them make an informed decision about their treatment.

This is what the service did well:

- Patient records were well maintained and kept up to date
- The salon was kept clean, tidy and free from clutter
- The setting is fully accessible for patients with mobility difficulties

### 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 we recommend the service can improve

- The practice manager should ensure all staff receive basic first aid training

### Quality of Management and Leadership

Overall summary:

The practice manager and all other laser operators 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.

This is what the service did well:

- An appropriate concerns policy and procedure was in place

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

## 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 20 completed questionnaires.

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

*“Staff are wonderful, make you feel relaxed and safe.”*

*“Fantastic service.”*

#### Health protection and improvement

We carried out a review of patient records. Five were reviewed and all of these were complete and kept up to date. Patients must complete a comprehensive medical history questionnaire prior to receiving their initial treatment, which is then signed, and counter signed by the clinician. Patients are also asked about any changes in their medical history prior to any subsequent treatments.

#### Dignity and respect

Consultations with patients are also held in the treatment room, to ensure that discussions are private and confidential. We saw evidence that treatment rooms can all be locked, and the practice manager informed us that telephone calls can be taken in private rooms to maintain patient confidentiality.

We were told that patients can be accompanied by a chaperone for both their consultation and during treatments.

#### 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.

### **Care planning and provision**

We reviewed a sample of patient records from the patient treatment register. We saw evidence of records that were well maintained and up to date. All were dated and signed and contained details of treatment outcomes and any adverse effects.

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 ground floor and is fully accessible for people with mobility difficulties. The clinic also has a disabled customer toilet on site.

Documentation was predominantly only available in English. We recommended the practice manager make the patient information available in both English and Welsh.

### **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.

Feedback can be provided by patients through social media and online reviews. The practice manager also informed us that feedback surveys are sent out to all patients after their treatment.



# 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 that wiring checks had been carried out in the last five years, with another booked in. The setting also had an up-to-date fire safety risk assessment in place.

A suitable first aid kit was available at the clinic. We saw evidence of completed first aid training for the salon's designated first aider and the practice manager also informed us that there are other external first aiders on site during the salon's opening hours. We recommend that all salon staff receive basic first aid training.

## **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 the cleaning of laser equipment and treatment rooms in between patients. We also saw evidence of cleaning schedules in place for the setting.

A sharps disposal bin was being stored appropriately in the clinic and clinical waste arrangements were in place through a contract with an external provider.

## **Safeguarding children and safeguarding vulnerable adults**

The practice manager confirmed that no one under the age of 18 can receive laser treatments at the clinic. We found that there was an adult safeguarding policy in place to follow in the event of a safeguarding concern. The policy contained contact details for the local authority safeguarding team. All staff had undertaken appropriate safeguarding training.

## **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 had an up-to-date annual service
- Suitable eye protection was available for all patients and the registered manager
- A key was required to use the IPL/laser machine to help prevent unauthorised access.

### **Safe and clinically effective care**

We were assured that all staff were competent users of the IPL/laser machine. We saw evidence that all staff providing laser treatments had completed Core of Knowledge training and all have quarterly refresher training.

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.

### **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 saw evidence of a suitable system in place to ensure the security and confidentiality of patient records. The sample of records reviewed were clear and consistent and a comprehensive patient treatment register was also being appropriately maintained.

# Quality of Management and Leadership

## **Governance and accountability framework**

1192 Laser and Beauty is run by the registered manager who is responsible for the day-to-day management of the service. Besides the registered manager, there are another three IPL/Laser operators at the clinic.

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 that overall these 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**

The practice manager 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 all of the IPL/ Laser operators had the appropriate knowledge, skills, and experience to provide safe and effective care to patients.

## **Workforce recruitment and employment practices**

The practice manager described the recruitment process that would be followed before any new members of staff joined the clinic. This included appropriate pre-employment checks, including an application and interview process and the submission of adequate references.

We saw evidence that all staff 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:**

**Date of inspection:**

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
<u>No immediate improvements identified</u>				

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):**

**Job role:**

**Date:**

# Appendix C - Improvement plan

Service: 1192 Laser and Beauty

Date of inspection: 22/08/2022

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
All staff must complete Level 2 first aid training	National Minimum Standards - Standard 22 Managing Risk and Health and Safety	Exploring training providers	Donnalee Alford	January 2023
The practice manager should ensure that copies of both the Patient Information Leaflet and the Statement of Purpose are available in the treatment room for patients to access.	Independent Health Care Regulations 2011 - Regulations 6 and 7	These have been printed and are available for clients in the laser room.	Donnalee Alford	Completed – 23/08/22

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): Donnalee Alford**

**Job role: Director**

**Date: 18/10/22**