

# Inspection Summary Report

CosmeticliniC, Caerphilly

Inspection date: 26 September 2022

Publication date: 29 December 2022



This summary document provides an overview of the outcome of the inspection



Overall, we found that CosmeticliniC, Caerphilly strived to provide a positive and friendly service to clients.

The clinic was found to be compliant with safety requirements related to the safe use of the laser/IPL machine at the clinic and clients were provided with comprehensive information prior to starting a course of treatment.

The building and surrounding environment of the clinic was found to require significant improvement in order to ensure a safe environment for clients.

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



## 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 unannounced inspection at CosmeticliniC on 26 September 2022.

Our team, for the inspection comprised of two healthcare inspectors.

This summary version of the report is designed for members of the public.

A full report, which 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 can be found on our [website](#).



# Quality of Patient Experience



## Overall Summary

We found that CosmeticliniC were committed to providing a positive, friendly, and professional service to their clients. A review of feedback left on the clinic website demonstrated that clients were happy with the service they had received.

We found that appropriate arrangements were in place to protect the privacy, dignity and confidentiality of clients. Sufficient information regarding the treatments available, along with pre- and post-treatment instructions was also readily available.

We saw that the clinic had in place an Equality and Diversity policy however this was seven years out of date and required renewal.

Additionally, as the clinic is situated on the first floor, we would recommend that the clinic advise potential clients of the accessibility difficulties via the clinic website.

## What we found this service did well

- Welcoming environment that is bright, airy, and modern.

## Where the service could improve

- Ensure clients are made aware via the clinic website that the clinic is not accessible for clients with accessibility difficulties
- Consider the communication needs of clients to ensure that information provided by the clinic is sensitive to language or communication difficulties
- Gather regular feedback from clients in a standardised manner to ensure the service continues to provide a quality service to clients

Immediate assurances:

- During our visit we asked the registered manager to provide us with evidence that they were actively monitoring the quality of the service they provided to clients. We were told that although patients could leave feedback on the website, no formal method to assess the clinic was used.

# Delivery of Safe and Effective Care

## Overall Summary

We found that the clinic had in place suitable arrangements for the maintenance and on-going safety of the laser equipment.

We reviewed a selection of client records and saw that they contained consent forms and a record of the laser treatment provided at the clinic. However, medical history forms, whilst present, had been completed by the client and did not always appear to be comprehensive in nature.

However, we found that the clients were put at risk as there was not appropriate provisions for fire risk assessment and safety; there was not an electrical wiring check and nor a gas safety certificate. Furthermore, portable appliance testing (PAT) had not been carried out on all portable electrical equipment at the setting, including the laser equipment present at the clinic.

Improvements were required within infection prevention and control processes and the safeguarding of vulnerable and at-risk adults to prevent the risks associated with healthcare associated infection and abuse respectively.

## What we found this service did well

- We saw consistent evidence of skin patch testing prior to any treatment
- The clinic had in place an appropriately completed treatment register for the laser
- Up to date equipment servicing and regular calibration checks for the laser
- Recently renewed Local Rules and evidence of a qualified Laser Protection Advisor.

## Where the service could improve

- Ensure an appropriate fire risk assessment is completed. Actions and precautions indicated within this must be implemented in a prompt and timely manner
- Arrange for building maintenance checks to be completed to include a gas safety check, five-yearly wiring check and PAT testing of all portable electrical equipment at the clinic
- Review the existing safeguarding policy. This should be site-specific and include a procedure and local contact list.

- Evidence of safeguarding training to level two for adults must also be completed
- Implement a medical history form that is clear and allows the recording of dates of medical history checks
- Implement the cleaning checklist to ensure adherence to the clinic cleaning schedule
- Store clinical items appropriately
- Have in place an appropriately stocked first aid kit and regularly renewed first aid training
- Ensure safety eyewear for the laser machine complies with that specified.

Immediate Assurances:

- HIW were not assured that the premises used for the laser clinic were appropriately maintained to ensure a safe environment for clients. This included no risk assessments and provisions in the case of a fire, no valid gas safety certificate, no five-yearly wiring check, and there was not evidence of in date PAT testing of portable electrical equipment to include the laser equipment
- HIW were not assured that the laser clinic had in place suitable policies or training to ensure that vulnerable and at-risk adults were appropriately safeguarded from the risk of abuse. The policy provided to us did not contain sufficient detail specific to the clinic and the area in which it operated and local safeguarding contacts were not present. Furthermore, we were not provided with evidence of suitable safeguarding training to level two
- HIW were not assured that the medical histories recorded in the client records were suitably comprehensive and/or updated appropriately at each treatment session. Medical histories were provided to clients to complete, but guidance for this was not clear. Dates of completion were not recorded on the medical history form, and it was not clear when they had been updated
- HIW were not assured that the clinic had in place effective and robust systems to protect clients from the risk of acquiring a healthcare associated infection. The registered manager and laser operator was unable to provide us with a suitable IPC policy that had been reviewed and updated within the last three years. Additionally, the cleaning schedule and checklist had not been completed to demonstrate cleaning of the clinical environment
- Observation of the clinical environment demonstrated poor IPC practices. These included the inappropriate storage of clinical items exposing them to the risk of aerosol or droplet contamination and dust. Items of food and drink were found within clinical treatment rooms among items used for minor surgical procedures. The sink within the laser room was found to be stained and required cleaning

HIW were not assured that the laser clinic had in place suitable first aid arrangements. The first aid kit at the clinic contained only a handful of bandages. These had expired in 2008 and required replacement. The registered manager provided us with an emergency medicine kit. We found this to contain aspirin that had expired seven months prior to our visit. Additionally, the label listing the contents of the kit did not contain up to date information about the medicines held within it. The registered manager was unable to demonstrate at the time of our visit, appropriate training in first aid

# Quality of Management and Leadership

## Overall Summary

Overall, we found the registered manager and laser operator were enthusiastic and knowledgeable of the treatments offered at the laser clinic. The registered manager showed willing to comply with the regulations to provide clients with a safe and quality service.

Client records were stored appropriately and in line with guidelines and the registered manager provided evidence of a current disclosure and barring service (DBS) certificate.

There were some issues that required improvements.

## What we found this service did well

- A tailored service to suit the client and their needs
- Strict adherence to laser safety requirements.

## Where the service could improve

- Compile an annual report as set out in regulation 19 of the Independent Healthcare Regulations 2011 and provide this to HIW
- Renew and update clinic policies and procedures to ensure these are site specific and relevant to the clinic and the services offered
- Ensure the clinic has in place written terms to outline the terms of engagement of staff ordinarily employed by the medical practice on the ground floor of the building
- Update the patients' guide and statement of purpose

Immediate Assurances:

- HIW were not assured that the laser clinic had in place a suitable system to monitor and assess the quality of service offered at the laser clinic
- The registered manager had not completed an annual return as required by regulation 19 of the Independent Healthcare Regulations 2011.



## 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 appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the health board to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the health board to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the health board to confirm action has been taken in line with management responses documented in the improvement plan. We also ask health boards to provide documented evidence of action taken and/or progress made.

