

Independent Healthcare Inspection Report (Announced)

Sultans Hair & Beauty Salon Cardiff,

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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:

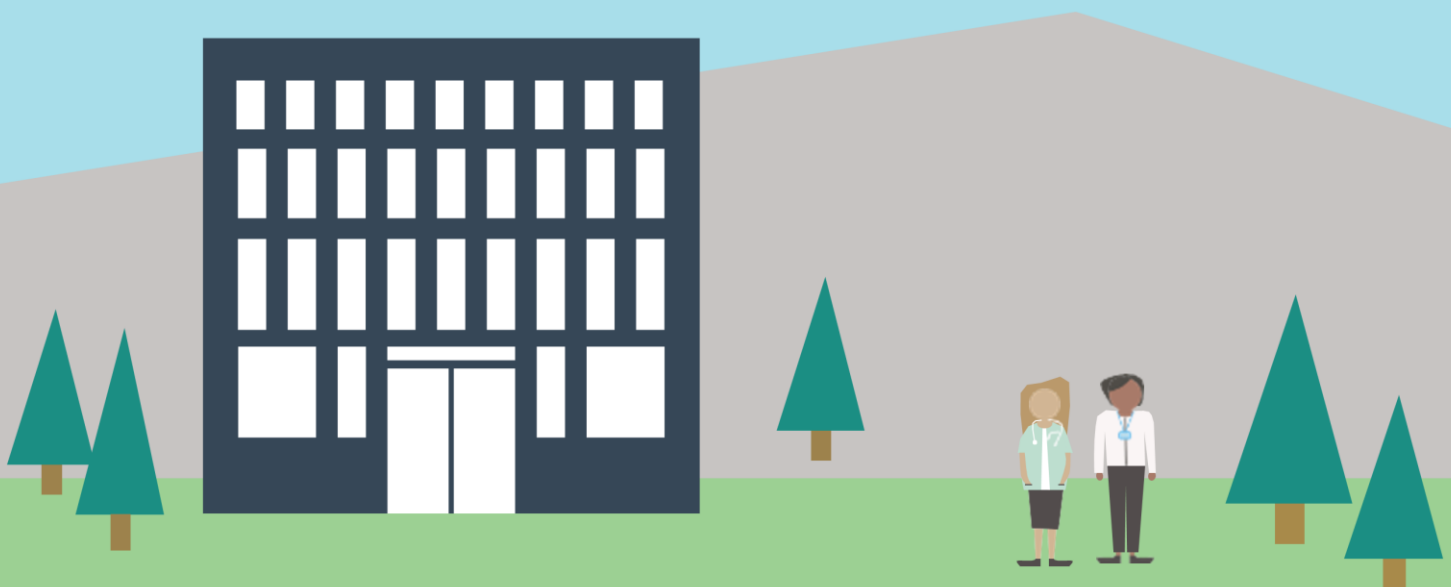
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Sultans Hair and Beauty Salon on 8 November 2022.

Our team for the inspection comprised of two HIW Healthcare 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:

The registered manager demonstrated a commitment in providing laser treatments to patients in an environment that was conducive to providing a quality service. The registered manager promoted the privacy and dignity of patients when visiting the clinic.

The registered manager provided patients with detailed information pre and post treatment so they could make informed decisions about their treatment. However, adaptations are required to the consent form to evidence where the client's medical history may have changed since their last visit.

The registered manager had updated and reviewed their statement of purpose and patient guide documents. However, neither were available as hard copies on the day of the inspection. Copies were subsequently sent to HIW via e-mail. Both seen required some further updating. The registered manager confirmed that copies are now available at the service. Client accessibility information should also be reflected in the statement of purpose for the service.

This is what we recommend the service can improve:

- Offer to provide a chaperone for patients should they require one
- Wheelchair access to the treatment room required adjustments at the premises to overcome a step at the entrance of the premises
- Statement of purpose and patient guide to be fully updated and made available at the service upon request
- Make changes to the patient consent form so that there is a section within it to capture where changes in the medical history had not occurred.

This is what the service did well:

- Treated patients with dignity and respect
- Provides patients with information about the care and treatment provided, including aftercare.

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.

Client's records seen were kept in a folder that was locked away securely, to which the registered manager had sole access to.

There was a comprehensive safeguarding policy in place, which would benefit from providing information on local services and their respective contact details. Other policies and procedures had improved since the last inspection, including those for infection control, a schedule for cleaning and risk management.

However, a complaints policy had not been implemented and the risk management policy continues to require a record within it to evidence when actions have been completed or when the action is needed by. Additionally, the registered manager needs to make a number of improvements to the fire safety arrangements.

Immediate assurances:

The registered manager must ensure that relevant fire safety measures, assessments and checks are in place by implementing and maintaining appropriate standards of fire safety precautions. To include:

- Regular fire safety drills for staff undertaken and documented
- Suitable fire safety training and refresher training for staff is undertaken
- The implementation and maintenance of fire safety equipment to demonstrate that checks have been undertaken
- Such checks must be regularly documented to demonstrate that appropriate standards of fire safety precautions/practice are met.

This is what we recommend the service can improve:

- Update fire risk assessment policy to accurately reflect the additional fire exit and the fire safety compliance issues
- Review safeguarding policy to include information on local services and their respective contact details
- Implement a complaints policy and procedure
- Provide a record in the risk management policy to evidence when actions have been completed or when an action is needed to be completed by.

This is what the service did well:

- The treatment room appeared clean and tidy on the day of the inspection
- The clinic had an appropriately completed treatment register in place
- Up to date equipment servicing and regular calibration checks for the laser
- Recently renewed local rules and evidence of a qualified laser protection advisor.

Quality of Management and Leadership

Overall summary

Overall, we found the registered manager, who is the sole operator of the laser equipment, to be enthusiastic about her work and towards the clients. The registered manager appeared knowledgeable about the treatments offered at the clinic. This was supported by documentary evidence of additional related training undertaken.

Training had also been completed by the registered manager recently in safeguarding for adults and in first aid and anaphylaxis.

The registered manager's disclosure and barring service (DBS) certificate was last completed in 2019 and needs to be renewed.

This is what we recommend the service can improve:

- Compile an annual report as set out in regulation 19 of the Independent Healthcare (Wales) Regulations 2011 and provide this to HIW
- Apply for an up-to-date DBS certificate

This is what the service did well:

- The registered manager was enthusiastic about her work and towards the customers
- The registered manager had recently undertaken a number of training courses relative to the work undertaken

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. We did not receive any completed questionnaires.

Dignity and respect

We saw that Sultans Hair and Beauty Salon had one treatment room that had a lockable door. The room was observed to be clean and free from clutter. We were told by the registered manager that the clinic operated by appointment only and that the door to treatment room was kept locked when in use to preserve client privacy and dignity.

Chaperones were not currently being offered by the service, although clients could request that a friend or family member accompanied them if required.

Communicating effectively

Copies of the statement of purpose and patient guide documents were not available as hard copies on the day of the inspection, which was also identified at the previous inspection in June 2022. A copy of the statement of purpose was seen electronically on the day and copies of both documents were subsequently sent to HIW by e-mail.

There were no Welsh speaking staff at the service. This was discussed further and we recommended that an active offer be made to clients. The registered manager confirmed that an offer would be made and to accommodate this they would use an appropriate internet translation service.

Staff working at the service could speak a variety of languages that met the needs of the local community that used the service such as: Arabic, Kurdish, English and Persian.

Patient information and consent

The registered manager told us that patients were provided with detailed information pre and post treatment so they could make informed decisions about their treatment. This was noted on the consent form and acknowledged with the client's signature. However, adaptations are required to the consent form to enable

a record to be captured when the client's medical history may have changed since their last visit.

Care planning and provision

We were told by the registered manager that all clients received a face-to-face consultation before agreeing to treatment. We saw evidence that this would be completed at the time of consultation, which captured the client's medical history. There was a comments section on the same consent form, where any changes in medical history could be captured. However, there was not a section on the form to record where no changes in medical history had occurred. Adaptions were required to the consent form to evidence if the client's medical history had changed since their last visit.

During the inspection, we reviewed a sample of four client records. These were hard copy only and provided adequate details of treatment undertaken.

Equality, diversity and human rights

We were told that the clinic welcomed everyone irrespective of any protected characteristic. Also, we were told that the human rights of transgender clients would be actively upheld and preferred pronouns would be used for these clients. We also saw an equality and diversity policy in place at the service.

We were told that clients using the service who used a wheelchair could access the treatment room with assistance from staff at the front door as there was a step into the premises. The registered manager stated staff would then assist the client into the premises. It was recommended that they consider the accessibility arrangements for people with mobility issues. Client accessibility information should also be reflected in the statement of purpose and patient guide for the service.

Citizen engagement and feedback

The main source of feedback about the service was provided through their Facebook page. We were told that whenever feedback was provided the registered manager received an alert and then responded. Whilst evidence of this was seen, the feedback noted related to the unregistered services provided.

Delivery of Safe and Effective Care

Managing risk and health and safety

Policies and procedures had been updated since the last inspection, including infection control, a schedule for cleaning and risk management. However, the risk management policy did not include evidence that showed that actions had been completed or a timescale for completion.

Training had been completed by the registered manager recently in first aid and anaphylaxis. We saw that a first aid kit was available and all of its contents were in date.

Some improvements had been made since the last inspection in relation to fire safety arrangements including, the installation of fire exit signs and the provision of an additional fire escape exit. However, the registered manager was unable to provide any evidence that fire safety checks had been undertaken on fire alarms, fire extinguishers, smoke detectors or any associated fire safety equipment at the premises. In addition, there was no documentary evidence that fire drills had taken place and we were told that staff had not undertaken fire safety training at the service.

Additionally, the fire risk assessment policy provided required a date of implementation and a date for review. It also required updating to accurately reflect the additional fire exit and the outstanding fire safety compliance issues once these have been complied with.

These issues were dealt with under HIW's non-compliance notice process. These are referred to in Appendix B of this report.

Infection prevention and control (IPC) and decontamination

We found the premises to be visibly clean and tidy. An infection control policy was available, which included the relevant information and there was evidence of good hand hygiene. The registered manager confirmed that hands were washed and hand sanitiser used prior to any appointment. Between clients the registered manager told us that the treatment bed was cleaned and the paper towel covering was changed. A cleaning schedule was in operation which we saw had been completed daily.

Staff confirmed that there was no hazardous waste produced by the service that required specialised disposal.

Safeguarding children and safeguarding vulnerable adults

The registered manager confirmed that the service complied with their conditions of registration to only treat patients aged 18 and over.

There was a safeguarding policy available, which would benefit from providing information on local services and their respective contact details. Training had also been completed by the registered manager recently in safeguarding for adults level two.

Medical devices, equipment and diagnostic systems

The service was registered to provide hair removal and skin rejuvenation using an Intense Pulsed Light (IPL) machine.

We saw that a contract was in place with a laser protection advisor (LPA) to provide expert safety advice on the day-to-day operational use of the laser/IPL machine. Local rules that had been reviewed by the LPA, were also seen during the inspection.

We saw a certificate demonstrating that the LPA was a member of the Radiation Protection Advisors 2000 (RPA) and a recent service record for the laser was noted. The registered manager confirmed that relevant checks on the machine and related equipment were completed prior to appointments.

Safe and clinically effective care

Appropriate eye protection was available, we saw that this was in good condition and included eye block protection. The registered manager told us that protective eyewear was always checked prior to treatment.

The treatment room was fitted with a bolt lock and signage not to enter when the laser was in use to prevent unauthorised access. The registered manager was the only named operator of the laser and the key to operate the laser machine was kept locked securely when not in use.

Records management

Client records were kept in a folder that was locked away securely, to which the registered manager had sole access. We were told that records would be disposed of after two to three months following completion of treatment. The registered manager must ensure that patient records are retained for a period of not less than eight years in compliance with the Independent Health Care (Wales) Regulations 2011.

A patient treatment register was in place, which had been recently implemented following the previous inspection.

Quality of Management and Leadership

Governance and accountability framework

Sultans Hair and Beauty Salon is owned and run on a day-to-day basis by the registered manager who is the only member of staff and authorised laser operator.

We saw that a current HIW registration certificate was displayed on a wall in the treatment room, but this did not include the conditions of registration. The registered manager was therefore informed to ensure this was also displayed.

A current certificate of liability insurance was not available on the day of the inspection. The registered manager told us that this had been secured and provided an electronic version which confirmed a payment made to an insurance provider. HIW were subsequently sent a current version of a public liability insurance certificate for the service. However, it was noted that details within the certificate were not accurate, such as a slight variation on the service name and address details. The registered manager should contact their insurance provider to ensure that the necessary amendments are made or they confirm the validity of the current documents.

The registered manager told us that the service did not regularly assess and monitor the quality of the services provided. This must be completed as required by the Independent Health Care (Wales) Regulations 2011.

Following the inspection, the registered manager informed HIW of a number of actions that had been completed following the recommendations raised during this inspection. This showed that the registered manager was keen to ensure that the service provided was in accordance with regulatory requirements.

Dealing with concerns and managing incidents

The service did not have a written complaints procedure in place. This was required following the previous inspection.

The manager said that any complaints would be dealt with and they would respond in person where possible. The manager told us that no complaints had been received regarding the service.

We were told that a notebook was available to capture any formal or informal complaints and concerns.

Workforce planning, training and organisational development

The registered manager was the only operator of the IPL machine. A core of knowledge certificate displayed was seen, dated 2018.

Documentary evidence of additional related training, recently undertaken by the registered manager, was seen and included a level three certificate in:

- Principles of cosmetic practice for anaesthetic practitioners
- Principles of health and safety in anaesthetic practice client assessment and skin analysis
- Communication and consultation - anatomy and psychology for skin treatments.

Workforce recruitment and employment practices

The registered manager's disclosure and barring service (DBS) certificate was last completed in 2019. The registered manager should consider renewing this.

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 summarizes 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 at this inspection.			

The implementation and maintenance of fire safety equipment to demonstrate that checks have been undertaken on fire alarms, fire extinguishers, smoke detectors and any other associated fire safety equipment at the premises. Such checks must be regularly documented to demonstrate that appropriate standards of fire safety precautions/practice are met.

Also I undertook an online fire risk assessment course and passed. I have further information on how to confidently deal with fire or false alarms in work place and was also able to share the knowledge with my staff. I have uploaded certificate.

Also the salon was inspected by “capital fire protection” on 15/11/2022 and I have certificate confirming both fire alarm and fire extinguishers work fine. I will check it myself often too and record findings. I have uploaded certificate

Nihayat Maulud

Done

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: Nihayat Maulud
Name (print): Nihayat Maulud
Job role: IPL supervisor
Date: 15/11/2022

Appendix C - Improvement plan

Service: Sultans Hair and Beauty Salon

Date of inspection: 8 November 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 registered manager must provide an offer of a chaperone for patients.	National Minimum Standards for Independent Health Care Services in Wales (NMS) standard 10 Independent health Care (Wales) Regulations 2011 (IHR) regulation 18	Each client will be asked if they would like a chaperone in the room. If they request it I could call a colleague to stay in the room with us.	Nihayat Maulud	Immediately

<p>The registered manager should consider adjustments to the entrance of the premises to facilitate safe access by service users with a disability.</p>	<p>NMS standard 12 IHR regulation 26</p>	<p>I have amended the P&P & mentioned if someone is using wheel chair and needs support with accessing our premises they can let us know in advance so we can arrange it. For example one staff member will push them in to the salon. The door hols for itself. However we have been doing the same with pram holders, if we see them struggling, we help them getting in without asking for help in advance.</p>	<p>Nihayat Maulud</p>	<p>Immediately</p>
<p>The registered manager must ensure the patients' guide and statement of purpose are updated. Both documents must be made available to people using the service and any person acting on their behalf upon request.</p>	<p>NMS standard 1 IHR regulation 6,7 and 8</p>	<p>Both p&p has been updated and available at the clinic upon request from clients</p>	<p>Nihayat Maulud</p>	<p>Immediately</p>

<p>The registered manager must regularly seek the views of those people using the service and consider other sources to obtain such feedback.</p>	<p>NMS standard 6 IHR regulation 19(e)</p>	<p>Clients are continuously asked for feedback and how they are feeling during treatments, we also ask all clients to leave us feedback on social media after each visit. Also we have provided anonymous questionnaire in the IPL room which they can fill in and place in the box provided, which we will check regularly so we can improve our service.</p>	<p>Nihayat Maulud</p>	<p>Immediately</p>
<p>The registered manager must make changes to the patient consent form so that there is a section within it to capture where changes in the medical history.</p>	<p>NMS standard 20 IHR regulation 23(1)(a)(ii)</p>	<p>Changes have been made to ensure client is asked about medical history during each visit and not only during first session.</p>	<p>Nihayat Maulud</p>	<p>Immediately</p>
<p>The registered manager must review the safeguarding policy to include information on local safeguarding services and their respective contact details.</p>	<p>NMS standard 11 IHR regulation 16(1)(b)</p>	<p>Information of local safe guarding has been added with contact details</p>	<p>Nihayat Maulud</p>	<p>Immediately</p>

<p>The registered manager must write and implement a complaints policy and procedure.</p>	<p>NMS standard 23 IHR regulation 24(1)</p>	<p>This is in progress and half of it had been done, making more progress with it</p>	<p>Nihayat Maulud</p>	<p>January 2023</p>
<p>The registered manager must update the risk management policy to clearly evidence when actions have been completed or when the action is needed by.</p>	<p>NMS standard 22 IHR regulation 9 1(e)</p>	<p>This has been created with date fore review</p>	<p>Nihayat Maulud</p>	<p>Immediately</p>
<p>The registered manager must ensure that healthcare records are retained for a period of not less than eight years beginning on the date of the last entry.</p>	<p>NMS standard 20 IHR regulation 23 (1) (b) schedule 3, part 1 (i)</p>	<p>The client forms will be kept in safe place for 10 years</p>	<p>Nihayat Maulud</p>	<p>Immediately</p>
<p>The registered manager must implement systems that will monitor the quality of the service provided to patients as required by the regulations.</p>	<p>IHR regulation 19 (1)(a)(b) (2)(a)(b)(i)(ii)(iv)(v) (c)(i)(ii) (d) (e) (3) (4) (5)</p>	<p>Constantly checking with clients during treatments to see if they are happy with the service and results. We ask them to leave feedback through questionnaire and on social media if not comfortable to discuss face to face. From repeat visits from</p>	<p>Nihayat Maulud</p>	<p>Immediately</p>

		clients this proves they are satisfied with the treatments they are receiving. Also I have complaint book to record any complaints and to take actions and improve from them.		

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 Nihayat Maulud

Name (print): Nihayat Maulud
Job role: laser IPL therapist
Date: 12/12/2022