

Inspection Summary Report

Sultans Hair & Beauty Salon

Inspection date: 8 November 2022

Publication date: 8 February 2023



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



Overall we found that the service was committed to providing laser treatments to patients in an environment that was conducive to providing a quality service. However, there were a number improvements required to develop this further.

We found a number of documents that required implementation, updating and more detailed information. Particularly those containing patient information, safeguarding arrangements, quality assurance, risk management and responding to complaints.

There were significant issues identified in the delivery of safe and effective care with regard to the fire safety arrangements at the service. This resulted in issuing of a non-compliance notice.

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 Sultans Hair & Beauty Salon on 8 November 2022.

Our team, for the inspection comprised of two HIW 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

The registered manager demonstrated a commitment to 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.

What we found this service did well

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

Where the service could 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.

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.

What we found this 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.

Where the service could 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.

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.



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.

What we found this 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

Where the service could 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

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.

