

Independent Healthcare Inspection Report (Announced)

Beauty Advance Skin and Laser
Clinic, 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:

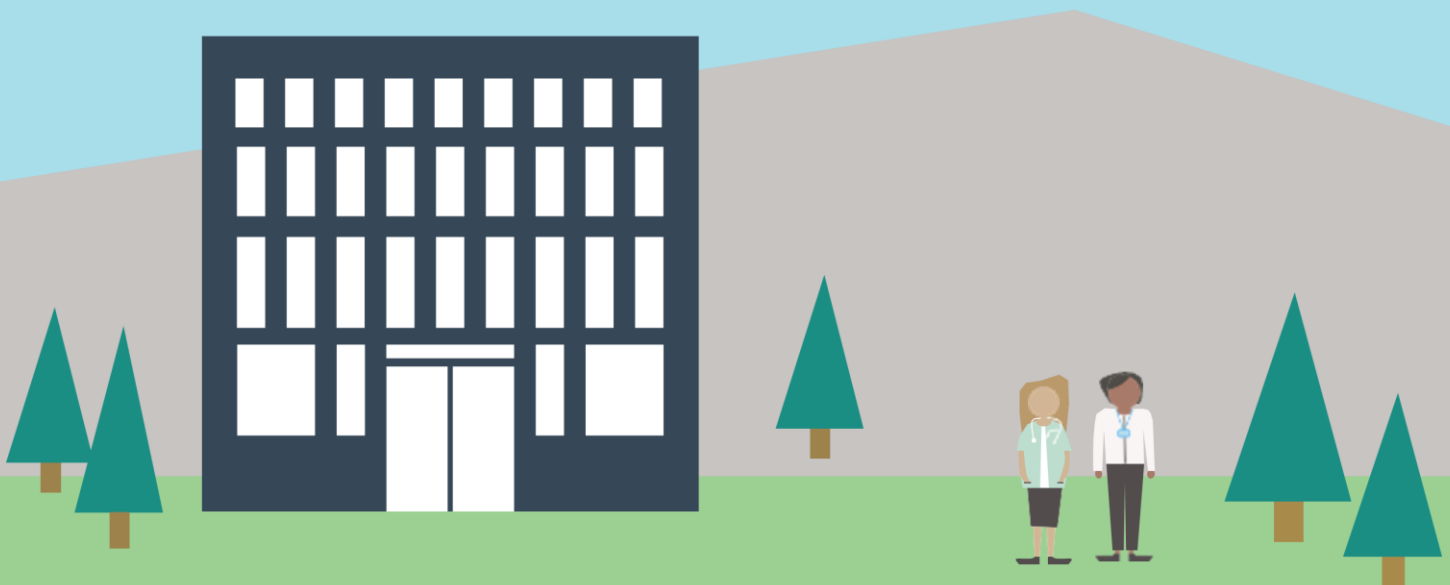
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Beauty Advance Skin and Laser Clinic, 6-8 Morgan Arcade, Cardiff, CF10 1AF on 26 January 2023.

Our team for the inspection comprised of one HIW Healthcare Inspector and one team support who accompanied the healthcare 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:

The clinic endeavoured to provide laser treatments to patients in an environment that promoted a quality service. Treatment rooms were clean and tidy and we witnessed staff addressing patients in a friendly and professional manner.

Patients were provided with ample information both pre and post treatment to enable them to make an informed decision.

The clinic ensured that patient's privacy and dignity was always maintained.

Staff at the clinic had not undertaken any formal training in Equality and Diversity. Furthermore, it was not obvious that bathroom facilities were not accessible to patients with mobility access requirements. The clinic also did not have facilities for patients with hearing impairments.

This is what we recommend the service can improve

- Offer a chaperone service to patients
- Update the patients' guide to ensure compliance with the regulations and make this and the Statement of Purpose readily available to patients within the clinic and via the clinic website
- Promote the 'Active Offer' for those patients who would prefer to communicate through the medium of Welsh.

This is what the service did well:

- Treating patients with dignity and respect, maintaining confidentiality at all times
- Making ample information available for patients regarding treatments provided at the clinic including pre- and post-treatment care instructions.

Delivery of Safe and Effective Care

Overall summary:

The clinic did not have suitable arrangements in place for the safe and effective use of the laser machines at the clinic. We found the clinic to be using a Class 4 laser machine that was not registered with HIW as required by the Care Standards Act 2000.

The clinic did not have a valid contract in place with a Laser Protection Advisor (LPA) as required by the regulations. Therefore, we were not assured that the local rules had been reviewed annually nor that the annual site visit, had been completed as required by the regulations and conditions of registration. Additionally, the clinic was not completing a treatment register as required and one staff member had not received the required training to perform treatments using the laser machines.

Staff were out of date with their training for the safeguarding of children and vulnerable adults. Additionally, staff did not have a recent Disclosure and Barring Service (DBS) check that was enhanced for child and adult workforce.

Patient records were stored securely, completed contemporaneously, and contained relevant information. We saw evidence of medical histories and up to date consent forms.

Immediate assurances:

- The registered manager must immediately cease to use the Class 4 Laser Product (Soprano Titanium) until such time as registration for the machine has been granted by HIW
- The clinic must have in place a valid and continuous contract with a nominated LPA and that a site visit by the LPA is completed
- The LPA must review the local rules on an annual basis in line with the conditions of registration with HIW and undertake a risk assessment following a site visit of the clinic
- In addition, a treatment register must be kept for all treatments undertaken at the clinic using the laser machines
- Ensure regular building maintenance checks are undertaken, including annual fire risk assessments and five yearly Electrical Installation Compliance Reports (EICR)
- Have in place two certified first aiders (where one is part time)
- Ensure all staff working for the purposes of the laser clinic have undertaken:
 - Up to date training in the safeguarding of children and vulnerable adults and implement a robust safeguarding policy and procedure
 - DBS checks that are enhanced for child and adult workforce. A procedure must be in place to ensure prompt notification to the registered manager of any change in circumstances
 - Valid core of knowledge training that is renewed every three years as well as training in the safe use of the laser machines at the clinic.

This is what we recommend the service can improve:

- Update the complaints policy to include the correct details for HIW and ensure this is readily available to patients both within the clinic and via the clinic website
- Ensure the safe keeping of keys to operate the laser machines at the clinic. These must be held securely when not in use out of view of all unauthorised persons
- Review the clinics policy folder to ensure all policies are up-to-date, relevant, signed by all staff, dated, and contain a date for review.

This is what the service did well:

- All laser machines at the clinic had been recently serviced by the manufacturer and all portable appliances had been recently tested according to Portable Appliance Testing (PAT) requirements
- Treatment rooms appeared visibly clean and tidy
- Comprehensive patient record keeping.

Quality of Management and Leadership

Overall summary:

Overall, we found that the clinic's governance and leadership lacked a robust structure. Although enthusiastic and knowledgeable about their work and towards clients, the registered manager did not have a good understanding of the regulations and requirements necessary for the day-to-day running of the laser clinic. This was evidenced by little improvement from the previous inspection undertaken in March 2019 and multiple areas of non-compliance with the Independent Health Care (Wales) Regulations 2011.

Recruitment processes and pre-employment checks were not documented and did not appear robust.

The registered manager appeared keen to promote communication within the team to ensure productive working relationships.

This is what we recommend the service can improve:

- Compile an annual report as set out in regulation 19 of the Independent Health Care (Wales) Regulations 2011 and provide this to HIW
- Develop, implement and maintain a robust recruitment process that adequately and appropriately documents the pre-employment checks undertaken
- Ensure a good understanding of the regulations overseeing Class 3B/4 lasers and Intense Pulsed Light (IPL) machines relevant to Wales

- Ensure the appointed registered manager is available for the day-to-day running and has full oversight of the laser clinic.

This is what the service did well:

- Informal “open door” policy for staff to discuss concerns.

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 Beauty Advance Skin and Laser Clinic had four treatment rooms. Three treatment rooms were situated on the first floor and one was situated on the lower ground floor. All rooms had lockable doors. We found the rooms to be clean, tidy, and uncluttered. Patients could get changed in either the treatment room or in the downstairs toilet area should they prefer. Dressing gowns were provided for patients to wear. Once treatment had started, the door to the room was kept locked to preserve privacy and dignity.

Chaperones were not currently offered by the service. However, those patients under the age of 16 or who did not speak English would be allowed a chaperone.

Communicating effectively

The registered manager provided us with hard copies of the clinic statement of purpose and patient guide documents. The statement of purpose was compliant with the regulations. As noted in the previous inspection dated 25 March 2019, the patient guide did not contain all the necessary information as required by the regulations and therefore required review. Notably, the patient guide did not contain a summary of an appropriate complaint's procedure, summary of patient views, nor the correct contact details for HIW. Additionally, the guide did not reference the most recent HIW report, nor the terms and conditions in respect of services to be provided for patients and clear guidelines for payments for treatments.

We were told by the registered manager that any patient queries could be sent via email or telephone.

The clinic did not have any Welsh speaking staff and the service did not provide an 'Active Offer' of Welsh to their patients. We would recommend that the service considers how it would best meet the individual needs of Welsh speaking patients who may wish to communicate through the medium of Welsh.

Patient information and consent

The registered manager informed us that patients were provided with a variety of detailed verbal and written information both pre and post treatment to ensure they could make an informed decision about their treatment. The clinic used a specialist online software to provide patients with information. We were provided with a hard copy of patient consent, medical history, test patch agreement and treatment forms as well as pre and post treatment advice sheets. These were comprehensive and detailed. Space was available within the patient treatment record to note any changes to medical history or adverse effects suffered since the previous treatment.

The clinic also had an informative website that listed the treatments available and what they entailed. We were told by the registered manager that patients without digital access would be provided with printed hard copy information.

Care planning and provision

The registered manager informed us that all clients would have to undergo a face-to-face consultation and patch test prior to agreeing to treatment. This would be undertaken at the consultation appointment and would be documented in the patient treatment record along with the patient's medical history.

During the inspection, we reviewed a sample of five patient records. These were available electronically and were completed fully and provided appropriate levels of detail of the treatment undertaken.

We asked to see the laser treatment record as required by the regulations. The registered manager informed us that they did not have one as it was deemed unnecessary at a previous inspection due to the software they were using. However, this software did not hold a dedicated laser treatment record. We brought this to the registered manager's attention and a treatment register was immediately put in place during the inspection.

Equality, diversity, and human rights

We saw that the clinic was an inclusive environment irrespective of any protected characteristic. We were assured that the human rights of transgender patients would be actively upheld, and preferred pronouns would always be used.

The clinic benefitted from level access with wheelchair accessible doorways. However, the only available toilet at the clinic was situated on the lower ground floor. As recommended during the previous inspection, the clinic must ensure that patients were aware of the accessibility difficulties at the clinic via the clinic website, statement of purpose and patients' guide.

The clinic did not have a hearing loop for patients with hearing difficulties. To ensure that patients individual needs are met, we would recommend that the clinic considers how best to meet the individual needs of any patient with hearing difficulties.

The registered manager was asked if staff at the clinic had undergone Equality and Diversity training. We were told that whilst no formal training had been completed, Equality and Diversity formed part of each monthly staff meeting and was an important discussion during staff appraisals and the recruitment process.

We were not provided with a recently reviewed Equality and Diversity policy and would therefore recommend that the clinic ensures that a suitable policy is in place that is dated, version controlled, signed by all staff, and regularly reviewed.

Citizen engagement and feedback

To monitor the quality of service provided, we were told by the registered manager that patients would be invited back to the clinic at the end of their course of treatment to ensure they were satisfied with the results. A review of the area treated would then be provided. A deposit taken at the start of the course of treatment would only then be returned to the patient.

We were told that the main source of feedback about the service was via online reviews and the clinic's social media pages. The registered manager confirmed that when feedback was provided in this way, they would respond. This was especially true should negative feedback be provided. The registered manager informed us that negative feedback was always viewed positively as they welcomed suggestions to improve their service whenever possible. Whilst the reviews noted that were left online were largely positive, we noted a recurring theme regarding the cost of treatment and accessibility to refunds of deposits and treatment costs when necessary. We recommend that the clinic ensure that costs for treatment and the procedure for refund of deposits and treatment costs were made clear to patients prior to commencing a course of treatment.

Patients were reported to be able to leave anonymous feedback should they wish.

Delivery of Safe and Effective Care

Managing risk and health and safety

The clinic had a number of policies and procedures in place, and we saw evidence of a policy index present within the policy folder. The registered manager informed us that the policies had last been updated in December 2022. However, we noticed that the policy index was not indicative of the contents of the policy folder. Furthermore, they were not dated and did not contain version numbers or dates for review. Additionally, we did not find evidence of staff signatures to indicate that the policies available had been read and understood.

Our review of the clinic's Occupational Health and Safety Policy statement found this to be dated December 2017 and relevant to the clinic's previous premises. This requires review, updating to ensure relevancy to the current premises and signing by all staff.

When assessing the building and environment of the laser clinic, we found evidence of up-to-date Portable Appliance Testing (PAT) of electrical equipment. This included the laser machines at the clinic. We saw that fire extinguishers present in the building had been serviced within the last 12 months and the clinic had logbooks to record dates of weekly fire alarm and equipment tests. However, the clinic did not have an up-to-date fire risk assessment, the fire risk assessment was due for review in August 2022. Furthermore, staff had not completed fire safety training.

We were told that the clinic did not have a gas supply. The most recent Electrical Installation Condition Report (EICR) was last been carried out in November 2017 and therefore required retesting in November 2022. This had not been carried out at the time of the inspection.

The clinic had two designated first aiders, one of which was the registered manager of the clinic. However, our review of training records indicated that both designated first aiders did not have up to date first aid at work training, with one expiring some 10 years previously.

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

Our observations of the clinic found the environment to be visibly clean and tidy. The clinic had a Perspex screen installed at the reception desk and encouraged staff to undertake lateral flow device tests to check for COVID-19 if they reported feeling unwell, to protect patients and staff.

We saw that the clinic had an IPC policy in place, this was not dated and did not contain a date for review.

Hand sanitiser was available throughout the clinic and disposable face masks were also available for patients and staff as required.

We saw that the treatment beds had disposable paper coverings and we were told that they were cleaned in between each patient. We were told that cleaning schedules for each treatment room were available behind the reception desk to prevent contamination.

A suitable waste disposal contract was in place for removal of clinical and sharps waste. However, we noted that a clinical sharps bin did not have the necessary information completed on the front label and we would urge the registered manager to ensure these are completed prior to first use.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients over the age of 16 years old. Our conversations with staff confirmed that this condition was complied with. Prior to providing treatment for someone under the age of 18 years old, written parental consent would be obtained and a parent or guardian would be permitted to accompany the child whilst undergoing treatment.

As reported in the previous inspection, we found compliance with training in the safeguarding of children and vulnerable adults to be poor with no laser operators holding up to date training at the time of our visit.

A review of the safeguarding policy and procedure found it was not dated and did not provide clear guidance on who to report a safeguarding concern to and the procedure to follow.

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

Medical devices, equipment, and diagnostic systems

The service was registered to provide hair removal and near infra-red (skin tightening) using an Alma Soprano Diode and Alexandrite (Soprano Ice) Laser. In addition, HIW had granted registration to use an Alma Harmony XLi Laser to provide active acne treatments, skin rejuvenation, pigmentation, tattoo removal, thread vein removal, pixel fractional non-ablative fine line wrinkles and acne scars treatments and treatments for nail fungus.

During the inspection, we found that the setting had purchased and been actively using an unregistered laser to provide hair removal services to patients. This is an offence under section 24 of The Care Standards Act 2000. As such, we informed the registered manager that the unregistered laser must cease to be used immediately and until an application granting registration for its use had been agreed by HIW. We further dealt with this issue under HIW's non-compliance process. Further details can be found within Appendices A and B of this report.

We asked the registered manager to provide evidence of a continuous contract with an LPA as required under the Independent Health Care (Wales) Regulations 2011, to provide expert safety advice on the day-to-day operational use of the laser/IPL machines at the clinic. The registered manager was unable to provide evidence of a current contract with an LPA.

No evidence was provided on the day of inspection of a recently completed risk assessment for the laser machines present at the clinic. Additionally, we were not provided with an up-to-date copy of the local rules written by an LPA.

These are serious issues which were dealt with under HIW's non-compliance process. Further information can be found within Appendix B of this report.

Service records for the laser machines at the clinic were up to date and had been completed by the supplier and the registered manager confirmed that relevant checks on the laser machines and equipment were undertaken prior to appointments.

Safe and clinically effective care

We were not able to assess the eyewear in place at the clinic on the day of inspection as the treatment rooms were in use. However, we were provided with photographic evidence of colour coded eyewear that indicated which eye protection was to be used for each type of laser treatment.

The treatment room had a lockable door to which a laminated sign was fixed indicating that the room contained a laser machine. To avoid confusion, we would

recommend improved signage on the doors of the laser treatment rooms indicating when the laser was in use.

There were four named operators of the laser machines at the clinic. We saw that the keys to the laser equipment were not stored securely when the laser was in use and instead placed within a bowl on a nearby shelf. To prevent unauthorised access to the laser machines, the keys must be stored in a more appropriate and secure location.

Records management

Patient records were held and accessed via a secure online software which required a pin code to prevent unauthorised access. This was unique to each staff member. We were told that only staff that had passed their probationary period would have access to patient records.

We saw that patients were asked to provide consent to photographs of their treatment progress. Photographs were stored securely within the same records system.

Quality of Management and Leadership

Governance and accountability framework

Beauty Advance Skin and Laser Clinic is owned by the registered manager who is also an authorised laser operator. Day-to-day management of the clinic was delegated to two staff members.

Overall, we found that the clinic's governance and leadership lacked robust structure. Although enthusiastic and knowledgeable about their work and towards clients, the registered manager did not have a good understanding of the regulations and requirements necessary for the day-to-day running of the laser clinic. This was evidenced by little improvement from the previous inspection undertaken in March 2019.

In addition to the registered manager, the clinic employed a total of four members of staff.

Our observations of the clinic found that the current HIW registration certificate and associated schedule including the conditions of registration were not displayed in a publicly accessible area. We therefore require the clinic to display both these documents within the clinic.

We saw that the clinic had a current certificate of liability insurance available. This was displayed in the stairwell of the clinic.

The registered manager informed us that they did not monitor or assess the clinic on an annual basis as required by the Independent Health Care (Wales) Regulations 2011, that would form the basis of an annual report. We were not provided with evidence of any audits undertaken and would therefore urge that the clinic puts in place a procedure for ensuring continual evaluation and improvement where necessary.

Dealing with concerns and managing incidents

The clinic had a written complaints policy. This was available within the statement of purpose. To assist patients in making a complaint once they had left the clinic should they wish, we would recommend adding the complaints procedure and statement of purpose to the comprehensive clinic website.

We were told that any complaints would be dealt with promptly by the registered manager in the first instance whenever possible. We saw that several complaints had been saved within a documentation folder at the clinic. This indicated that should a client wish to receive a refund as part of their complaint, they would be

required to first sign a disclaimer preventing them from providing negative feedback about the service. As this would discourage patients from providing an honest appraisal of their experience at the clinic to others, the service should reconsider the requirements for provision of refunds following a complaint.

The registered manager told us that informal complaints raised verbally to a member of staff would be requested to be made in writing to ensure an appropriate response.

Workforce planning, training and organisational development

The clinic had four operators of the laser machines. However, we were only provided with evidence of core of knowledge training for three of the four operators. Additionally, we were not provided with evidence of completion of training in the safe use of the laser machines at the clinic for this operator. It is a requirement that all laser operators have successfully completed core of knowledge training as well as training in the laser/IPL equipment present at the clinic. Core of knowledge training must be renewed every three years. Accordingly, we require the fourth laser operator to undertake core of knowledge training and training in the safe use of the laser equipment at the clinic.

We saw evidence of training in aesthetic techniques undertaken by laser operators and were told by the registered manager that training needs or requests would be assessed either informally or as part of six-monthly appraisals.

Workforce recruitment and employment practices

Our review of staff records found these to be poor. We were not provided with evidence of adequate recruitment checks such as past employment references, interview responses or an application form. To ensure appropriate recruitment of staff, we would recommend that the registered manager implements a robust procedure for the recruitment of staff.

In addition, we did not find evidence of recently undertaken DBS checks. We saw that the registered managers most recent DBS check held on file was completed in May 2017. All staff working at the laser clinic were required to undergo satisfactory DBS checks upon commencement of employment. These must be enhanced for child and adult workforce and state the nature of the employment. It is also a requirement that the clinic has in place a system for ensuring staff remain fit to work at the clinic. This should include a procedure for notifying the registered manager of any change in circumstances.

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
<p>We found that the registered manager of the laser clinic was allowing the use of an unregistered class 4 laser machine (Soprano Titanium). This is an offence under the Care Standards Act 2000.</p>	<p>This is an offence under Section 24 of the Care Standards Act 2000 which requires all such laser machines to be registered with HIW prior to first use. Using an unregistered laser machine could place patients and staff at risk of significant harm as HIW could not be assured that treatments are</p>	<p>The inspector immediately made the registered manager aware of the requirements under the Care Standards Act 2000 and informed them that they must immediately cease to use the Class 4 Soprano Titanium laser machine until such time as</p>	<p>The registered manager removed the Class 4 soprano titanium laser machine from use and replaced with an alternative registered laser.</p> <p>This issue was further dealt with under HIW’s non-compliance process. Further details are available in Appendix B.</p>

	<p>provided in a safe manner that fully takes into account the risks relating to the health, welfare and safety of patients.</p>	<p>registration had been granted by HIW. The inspector asked that all patients currently booked in for treatments with the machine were contacted to advise them of this and the subsequent necessary change to their treatment.</p>	

Appendix B - Immediate improvement plan

Service: Beauty Advance Skin and Laser Clinic, 6-8 Morgan Arcade, Cardiff CF10 1AF

Date of inspection: 26 January 2023

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
<p>The registered person must immediately cease to use the Class 4 Laser product (Soprano Titanium, machine identification SPT 00199) and apply for a variation of their conditions of registration.</p> <p>HIW also require immediate written confirmation from the registered person that use of the above machine will cease until such time as HIW have agreed registration of the same.</p>	<p>Section 24 of the Care Standards Act 2000</p> <p>Regulation 15(1)(b) and 15(1)(d) of the Independent Health Care (Wales) Regulations 2011</p>	<p>We have stopped using the Soprano Titanium and have replaced it with our old Soprano ICE.</p> <p>A letter has been submitted to HIW to confirm the above has been put in place.</p> <p>A form has also been submitted to HIW to apply for a variation of the conditions to our registration.</p>	<p>Daniela Evans</p>	<p>The change of machine was put in place on the 26/1/22 and will remain in place until we have received confirmation by the HIW which should hopefully be 15 days from submission.</p>

<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> • Provide evidence to HIW of a valid contract with a nominated certified LPA • The local rules are reviewed annually in line with their conditions of registration with HIW. These must cover every laser device in use at the clinic and must be signed by all persons operating the laser at the establishment. Failure to have a set of valid local rules in place would be a breach of regulations • Ensure that a site visit report is completed by a certified LPA. 	<p>Section 24 of the Care Standards Act 2000</p> <p>Regulation 19 of The Independent Health Care Regulations 2011</p>	<p>Simon Wharmby - Laser Safe</p> <p>The LPA has been booked in for an inspection. He has in the meantime verified all the documents and visually looked at the clinic via video call. Updated Local Rules which has been checked by LPA</p> <p>Simon has assessed the local rules by the Laser Providers</p>	<p>Daniela Evans</p>	<p>Booked for Tuesday 14th March and all will be completed that day.</p> <p>All employees have read and signed the updated Local Rules</p>
<p>The registered manager must ensure that:</p>	<p>Regulation 16(1)(a) and Regulation 21(2)(d) of The</p>			

<ul style="list-style-type: none"> All persons working for the purposes of the independent healthcare setting have undertaken up to date training in the safeguarding of children and vulnerable adults to level 2 All laser operators undertake a Disclosure and Barring check (enhanced for child and adult workforce) that was applied for by, or on behalf of, the registered person Have in place arrangements to ensure that staff working for or on behalf of the laser clinic can notify the registered person of a change of circumstance. These arrangements should also allow for regular fitness to work checks to be conducted by the registered person. 	<p>Independent Health Care (Wales) Regulations 2011</p>	<p>All members of staff have been booked on to an online training course for Level 2 - with Caredemy.co.uk</p> <p>Daniela is in progress in completing DBS Checks for all employees through CRB Direct. We are now upgrading this to be advanced CRB check in line with recommendation.</p> <p>Change of circumstances policy has been put in place, and all employees will sign this policy to ensure it is understood. Fitness checks done 6 monthly from now on.</p>	<p>Daniela Evans / India Evans</p> <p>Daniela Evans</p> <p>Sophie Elston</p>	<p>All will complete this by Thursday 2nd March.</p> <p>By end of March, as we are waiting for a response from CRB Direct for the advanced check. Can update on a more specific date once we have had a reply.</p> <p>All employees have read and signed this policy.</p>
<p>The registered manager must ensure that a treatment register is kept for all treatments undertaken</p>	<p>Regulation 45(2)(a,b,c,d) of The Independent</p>	<p>An online form has been created to log all daily treatments and settings and has been in use since 26/1/22</p>	<p>Sophie Elston</p>	<p>Ongoing - Filled out daily.</p>

<p>at the clinic using the registered laser devices.</p>	<p>Health Care (Wales) Regulations 2011</p>			
<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> All operators of the laser devices have up to date core of knowledge training that is renewed every three years All operators of the laser devices have appropriate training in the use of each specific laser device No person is permitted to operate the laser devices without both forms of training in place and up to date. 	<p>Regulation 45 (3)(a-e) of The Independent Health Care (Wales) Regulations 2011</p>	<p>All Laser Practitioners have completed the Core of Knowledge Exam and received their certification</p> <p>Employees also have completed ABC Lasers Training for Laser Hair Removal and received certification.</p> <p>There is only one employee who is operating the other lasers and has had full training to use these.</p>	<p>India Evans</p>	<p>Completed</p> <p>Certification has been provided for Hair Removal.</p> <p>Will upload the certificates for the other lasers for India Evans.</p>
<p>The registered manager must immediately arrange for :</p> <ul style="list-style-type: none"> The five yearly wiring check to be repeated 	<p>Regulation 26(2)(a) and 26(4)(e) of The Independent Health Care (Wales)</p>	<p>This is booked in with our electrician Kevin - Whitchurch Electrical & Security Services.</p>	<p>Daniela Evans</p>	<p>Completed</p>

<ul style="list-style-type: none"> An up-to-date fire risk assessment. Actions identified for improvement must be acted upon in a prompt and timely manner. 	Regulations 2011	Fire Risk Assessment completed and also have a copy of Morgan Arcades Fire Risk Assessment	Sophie Elston	Completed
The registered manager must always ensure that, the clinic has in place an appropriately trained first aider and evidence of this is provided to HIW.	Regulation 26(2a) of The Independent Health Care (Wales) Regulations 2011	The First Aid Providers India Evans and Sophie Elston are renewing their certification, and have booked a 1 day course with FAST Wales.	Sophie Elston	Course is booked for 24/2/23.

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): Sophie Elston
Job role: Assistant Manager
Date: 23/02/23

Appendix C - Improvement plan

Service: Beauty Advance Skin and Laser Clinic, 6-8 Morgan Arcade, Cardiff, CF10 1AF

Date of inspection: 26 January 2023

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
<p>The registered manager must ensure that patients individual needs (including language preferences) and accessibility requirements are considered and, wherever possible, reasonable adjustments are put in place. This should include:</p> <ul style="list-style-type: none"> • A hearing loop for patients with hearing difficulties • Information contained within the patients guide to notify patients of the access 	<p>Regulation 15(1a) The Independent Health Care (Wales) Regulations 2011</p>			

<p>requirements of the only toilet on the premises.</p>				
<p>The registered manager must ensure that the patient guide contains the necessary information as set out in the regulations and that this is made available and provided to every patient. Particular attention must be paid to ensure the following information is clear to patients of the clinic:</p> <ul style="list-style-type: none"> • Costs for courses of treatment • The procedure for the refunding of deposits taken at the start of a course of treatment • How patients are expected to pay for their treatments and when. 	<p>Regulation 7 The Independent Health Care (Wales) Regulations 2011</p>			
<p>The registered manager must ensure that:</p>	<p>Regulation 18 The Independent</p>			

<ul style="list-style-type: none"> • Where appropriate and safe to do so, patients can be accompanied during treatment by a trained chaperone • They have in place an appropriate Equality and Diversity Policy that is signed by all staff, dated, version controlled and contains a date for review • All staff undertake training in Equality and Diversity. 	Health Care (Wales) Regulations 2011			
The registered manager must ensure that the clinic has in place a full set of policies and procedures as set out in the regulations. These must be signed by all staff, dated, version controlled and contain a date for review.	Regulation 9 The Independent Health Care (Wales) Regulations 2011			
The registered manager must ensure that:	Regulation 26(2a) The			

<ul style="list-style-type: none"> • Signage on the doors of laser treatment rooms accurately reflects when the laser is and is not in use • The keys to the laser machines are stored securely at all times when the laser is not in use. 	<p>Independent Health Care (Wales) Regulations 2011</p>			
<p>The registered manager must ensure they review and update the Occupational Health and Safety Policy. This should be dated, signed by all staff, version controlled and contain a date for future review.</p>	<p>Regulation 9 The Independent Health Care (Wales) Regulations 2011</p>			
<p>The registered manager must ensure that their HIW certificate of registration along with any supporting schedules are displayed in a public area of the clinic.</p>	<p>Regulation 11 The Independent Health Care (Wales) Regulations 2011</p>			

<p>The registered manager must ensure that they have in place a policy and schedule to ensure the quality of service provided is reviewed on a regular basis.</p>	<p>Regulation 19 The Independent Health Care (Wales) Regulations 2011</p>			
<p>The registered manager must undertake and provide to HIW an annual report as set out in regulation 19 of the Independent Health Care (Wales) Regulations 2011.</p>	<p>Regulation 19 The Independent Health Care (Wales) Regulations 2011</p>			
<p>The registered manager must review the complaints policy to ensure it complies with the regulations and contains the full and up to date contact details for HIW.</p>	<p>Regulation 24 The Independent Health Care (Wales) Regulations 2011</p>			
<p>The registered manager must ensure that staff personal folders</p>	<p>Regulation 20 and Regulation</p>			

contain the necessary, up to date information as required by the regulations.	21 The Independent Health Care (Wales) Regulations 2011			
The registered manager must ensure they have in place a robust recruitment procedure that includes full pre-employment checks and documentation.	Regulation 21 The Independent Health Care (Wales) Regulations 2011			
The registered manager must ensure that staff are provided with formal written appraisals.	Regulation 20(2a) The Independent Health Care (Wales) Regulations 2011			

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: