

Inspection Summary Report

Beauty Advance Skin and Laser Clinic, Cardiff

Inspection date: 26 January 2023

Publication date: 5 May 2023



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



Overall, we found that Beauty Advance Skin and Laser Clinic, Cardiff was committed to providing laser treatments to patients in a friendly environment. However, we found a number of improvements were necessary in order to ensure that laser treatments are provided in a safe and effective manner.

We identified significant issues in relation to the safe operation of the laser equipment at the setting and also with regards to the safe recruitment and fitness of staff.

We issued the setting with a non-compliance notice to ensure prompt improvement.

We also found that the clinic required a number of documents to be implemented and maintained to ensure that the clinic was run in a suitably robust and safe manner.

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 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.

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 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 immediately 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.

Where the service could improve

- Offer a chaperone service to patients
- Update the patient 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.

What we found this 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.

Where the service could improve

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 ensure 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.

What we found this 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 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 Healthcare (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.

Where the service could 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.

What we found this service did well

- Informal "open door" policy for staff to discuss concerns.

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 service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service 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 service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask services to provide documented evidence of action taken and/or progress made.

