

Independent Healthcare Inspection Report (Announced)

Beauty Oasis Salon and Day Spa, New
Inn, Pontypool

Inspection date: 2 February 2023

Publication date: 5 May 2023



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-80535-933-3

© Crown copyright 2023

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:

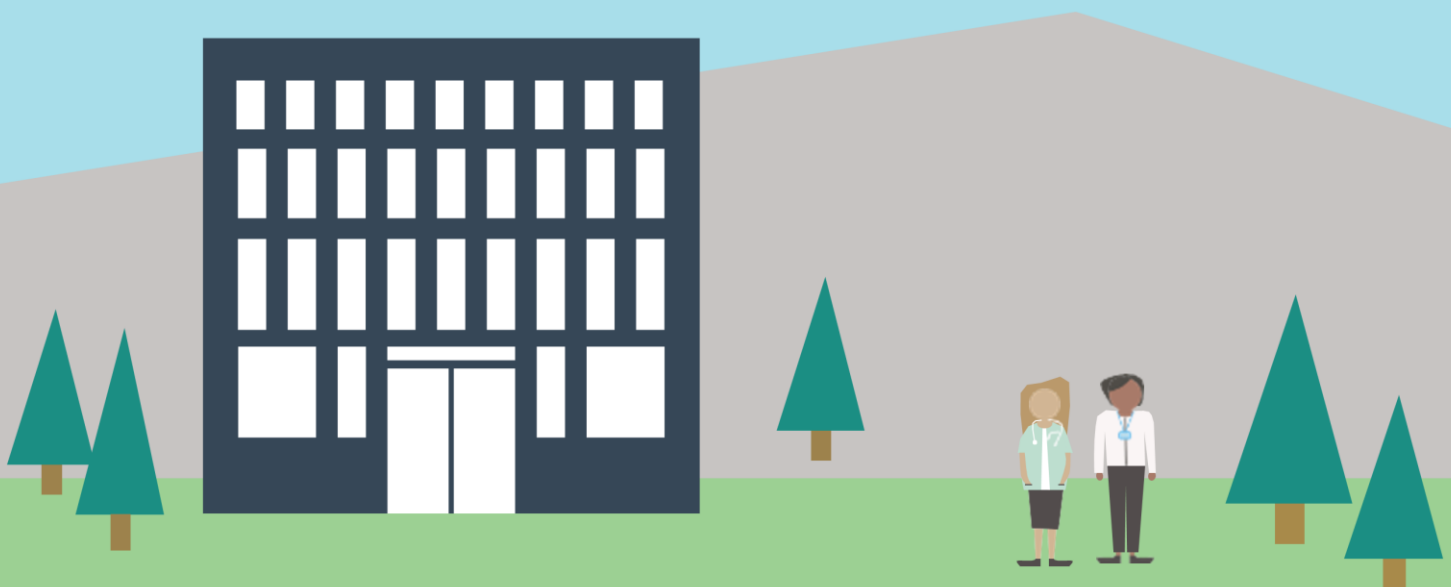
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and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



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	11
• Quality of Management and Leadership	14
4. Next steps.....	16
Appendix A - Summary of concerns resolved during the inspection	17
Appendix B - Immediate improvement plan.....	18
Appendix C - Improvement plan	19

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 Oasis Salon and Day Spa, New Inn, Pontypool on 2 February 2023.

Our team for the inspection comprised of one 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:

Overall, Beauty Oasis Salon and Day Spa was committed to providing treatments to patients in a welcoming and modern environment. There were suitable arrangements in place to protect the privacy and dignity of patients.

The registered manager ensured patients were provided with detailed information pre and post treatment so they could make informed decisions about their treatment. They were dedicated to ensuring patients received a quality experience and this was reflected in the patients' feedback; with all patients rating the service they received as 'very good'.

This is what we recommend the service can improve

- Inform patients of the results of feedback received.

This is what the service did well:

- Welcoming and modern environment
- Positive patient feedback.

Delivery of Safe and Effective Care

Overall summary:

We found that the service provided patients with safe and effective care. Suitable arrangements were in place for the maintenance and on-going safety of the intense pulsed light (IPL) / laser equipment. Good infection prevention and control arrangements were evident.

There were suitable arrangements in place for the maintenance and on-going safety of the laser equipment.

We found that there was an effective patient records system, which provided patients with appropriate pre and post treatment information and recorded their consent to treatment.

Immediate assurances:

- We found that the training for two laser operators was out of date and had last been completed in 2017.

This is what we recommend the service can improve

- Ensure safeguarding training is up to date.

This is what the service did well:

- Provide safe and effective care
- Maintain good record keeping.

Quality of Management and Leadership

Overall summary:

The registered manager was patient focused and knowledgeable of the treatments provided and was keen to maintain and develop the wider teams learning and development.

A wide range of up-to-date policies and procedures were in place.

This is what the service did well:

- Updating and reviewing policies and procedures in a regular manner
- Recognition of customer service in local awards.

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. In total, we received 14 completed questionnaires. All 14 patients rated the service as ‘very good’. Patients told us:

“Excellent treatment and service.”

“Very professional and pleasant.”

Health protection and improvement

Prior to their initial treatment we were told that patients were asked to provide a comprehensive medical history and again prior to any subsequent treatments. We confirmed medical histories were signed by the patient and the laser operator.

All patients agreed that they completed a medical history form before undertaking treatment.

Dignity and respect

We were told consultations with patients were held in the treatment room to ensure that discussions were private and confidential. The registered manager confirmed that patients were able to change, if necessary, alone in the treatment room.

All patients said that measures were taken to protect their privacy and dignity. They also felt they were treated with dignity and respect.

Communicating effectively

A statement of purpose and a patients’ guide was available for patients to take away. Both included relevant information about the services being offered.

The clinic had a website which provided information on available treatments.

All the patients said that the cost was made clear before treatment started. They also said they were involved as much as they wanted to be in decisions about their treatment.

Documentation was predominantly only available in English. We were told that there were no Welsh speaking staff at the setting. Further we were told that there was no call for translations from other languages currently.

Patient information and consent

The consent form, which patients were required to complete before each treatment, contained suitable information. We also saw evidence of consent forms signed by the patient and countersigned by the registered manager.

All patients said they signed a consent form before receiving treatment. They stated that staff explained what they were doing throughout the treatment and that they listened to the patient and answered their questions.

Care planning and provision

We were told that patients were provided with a face-to-face consultation and we were assured that patients were able to make an informed decision about their treatment. This would include sufficient information around the risks, benefits, and likely outcomes of the desired treatment.

All patients who completed the questionnaire said they had received enough information to understand the treatment options and the risks and benefits. They also agreed they were given adequate aftercare instructions. Some comments we received about patient care are below:

“Always clean, friendly and professional! Always gives guidance and advice on treatments and aftercare.”

“Excellent from the very beginning.”

Equality, diversity and human rights

The clinic was located within a treatment room in a well-appointed basement level. Access to people with mobility impairment was restricted. However, the clinic said they provided clients who were unable to access the premises with details of an alternative provider if necessary.

The registered manager demonstrated an understanding of how they would meet the needs of all patient groups. We were told of how the registered manager recorded the choices and preferences of patients so that their dignity and rights were protected. Additionally, we were told that the clinic did not differentiate between patients and that a number of transgender patients were also treated at the clinic.

Citizen engagement and feedback

We found that the clinic had a system in place for seeking patient feedback, as a way of monitoring the quality of service provided.

Patients could provide feedback via patient questionnaires at the end of each treatment and on social media. Feedback and comments could also be made anonymously. We were told that client satisfaction surveys were handed out to 10% of patients and that after each appointment, patients were sent an email to rate and comment on the visit as part of the booking software.

We were provided with a feedback analysis from the reviews collated over the four years since the first offering of IPL at the clinic. The analysis stated that the majority of feedback received was above average and excellent. The analysis also referred to the cost of treatment with the comment that the prices had not changed since the service started.

It was recommended that the clinic display this information in the treatment room on a “you said, we did” type board, as well as including the information in the patient guide and statement of purpose.

Delivery of Safe and Effective Care

Managing risk and health and safety

We found suitable maintenance arrangements were in place to protect the safety and well-being of the registered manager and people visiting the premises.

We looked at the arrangements for fire safety and found that the fire extinguishers had been serviced annually and fire exits were clearly signposted. Fire risk assessments were in place and we saw evidence that these had been regularly reviewed. Regular fire equipment checks and fire drills were taking place, which were diarised.

We saw evidence that portable appliance testing had been conducted. We also saw evidence that a building electrical wiring check had been undertaken within the last five years.

There was an emergency first aid kit available and three laser operators were trained in first aid.

Infection prevention and control (IPC) and decontamination

We saw that the clinic was visibly very clean and tidy. We discussed the infection control arrangements in place with the registered manager and considered these to be appropriate to protect patients from cross infection.

We saw that a sharps disposal bin in the clinic was being stored appropriately. Clinical waste was disposed of appropriately and we saw that there was a contract in place with an approved waste carrier.

The registered manager described how infection control arrangements were managed before, during and following patient appointments. This included appropriate hand hygiene measures, sanitising the equipment and patient couches following their use.

Patients commented in the questionnaire that they felt the setting was clean and COVID-compliant procedures were evident.

Safeguarding children and safeguarding vulnerable adults

We found that there was an adult and children safeguarding policy in place to follow in the event of a safeguarding concern. The policy contained contact details for the local authority safeguarding team.

The service was registered to provide some treatments to patients of 16 years and over. We were told that the clinic required parental consent to undertake treatment on patients aged 16 and 17 years old.

However, we found that safeguarding training for the laser operators was out of date.

Medical devices, equipment and diagnostic systems

We found appropriate arrangements were in place to protect the safety of patients when using the laser machine. A contract was in place with a Laser Protection Advisor (LPA) who provided advice and support on the safe use of the laser machine. The registered manager was aware of how they would contact them if advice on the safe use of the laser equipment was needed. Local rules had been reviewed by the LPA within the last twelve months to confirm their on-going suitability.

The laser machine had been serviced annually and was last serviced in January 2023. Suitable eye protection was available for patients, visitors and the operators. There were treatment protocols in place for the use of the laser machine and these had been approved by an expert medical practitioner.

During the inspection, we asked to see evidence that all operators had undertaken Core of Knowledge training for lasers. This training is required to be completed prior to using the lasers and must be repeated every three to five years. We found that the training for two laser operators had last been completed in 2017. Improvements in this area were required immediately. This was dealt with under HIW's non-compliance notice process. This is referred to in Appendix B of this report.

Safe and clinically effective care

We saw evidence that all the operators had received training from the manufacturer of the laser machine on how to operate it safely.

The treatment room was fitted with a lock to ensure patient dignity and safety during treatments. Appropriate signage was displayed on the treatment room door to warn people not to enter when the laser machine was in use.

We saw evidence that the LPA had completed an environmental risk assessment to identify and mitigate for any hazards associated with the use of the laser machine and the environment of the treatment room.

A patch test was required a minimum of 48 hours before treatment was provided. The registered manager told us that this was required for all treatments and we confirmed that this was logged in the patient record. All patients said they were

given a patch test to determine a safe and effective setting of the laser before receiving treatment.

Aftercare information was available for patients and all patients told us that they were given aftercare instructions on how to prevent infection / aid healing and were given clear guidance on how to check themselves for signs and symptoms of infection.

No patients who completed the questionnaire said that they had any adverse reactions after treatment.

Records management

We found evidence of good record keeping. A comprehensive patient treatment register was also being appropriately maintained.

The five records reviewed were sufficiently detailed and were suitably maintained for new and returning patients in clear and consistent manner.

Patients' records were predominantly paper notes and we saw these being kept securely in a locked cabinet. Some additional patient information was kept electronically, which was password protected.

Quality of Management and Leadership

Governance and accountability framework

The service had a number of policies and procedures in place and we saw evidence that they had been reviewed regularly. Any changes to policies or procedures were brought to the attention of staff as they occurred and during staff meetings. The minutes of the last three staff meetings were reviewed and confirmed this.

We were informed by the registered manager that there were clear lines of accountability at the clinic and staff were clear of their roles and responsibilities.

We confirmed that public liability insurance was present and that this was in-date.

We also saw evidence of recent awards to the salon as a whole. These included customer services awards gold winner in the British salon awards for top rated salon of the year, also a South Wales Argus customer service award.

Dealing with concerns and managing incidents

The registered manager described their complaints process and we found that the procedure was appropriate, with HIW listed as an additional point of contact. The registered manager was aware of their responsibilities in notifying HIW of any serious incidents or events. Details of the complaints procedure had also been included within the statement of purpose.

The practice had a system in place to log formal and informal complaints and concerns. At the point of inspection, no complaints had been received at the clinic.

All patients agreed that they were given information on how the setting would resolve any concerns / complaints post-treatment.

Workforce planning, training and organisational development

We saw evidence of a comprehensive induction process that staff had to follow when initially employed at the clinic. We saw that the laser operators had in date annual appraisals. We were told that the process included regular updates throughout the year.

The registered manager stated that they would consider any training requirements from staff, provided there was a need.

Workforce recruitment and employment practices

The registered manager described the recruitment process followed before any new members of staff joined the clinic. This included appropriate pre-employment checks and proof of relevant qualifications prior to providing any treatments. The registered manager stated that all current employees were recruited from the local college, which had links with the clinic. We saw evidence the registered manager and all staff had an appropriate Disclosure and Barring Service (DBS) certificate in place.

Staff read and signed policies to indicate they have understood them as part of their induction.

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
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Beauty Oasis Salon and Day Spa

Date of inspection: 2 February 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
The registered manager must ensure that all operators of the laser devices have up to date core of knowledge training that is renewed every three to five years. No person is permitted to operate the laser devices until completion of this training.	Regulation 45 (3) (a-e) of The Independent Health Care (Wales) Regulations 2011	Core of Knowledge course organised and currently being studied due to be complete shortly. Renewal dates diarised for other operators to update their core of knowledge training.	Sarah Henson	27th February 2023

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): Sarah Henson

Job role: Owner / Director

Date: 12 February 2023

Appendix C - Improvement plan

Service: Beauty Oasis Salon and Day Spa

Date of inspection: 2 February 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
The registered manager is required to provide HIW with details of the action taken to ensure the results and actions taken on feedback provided are displayed at the clinic and in the patients guide.	NMS Standard 5 Citizen Engagement and Feedback Independent Healthcare Regulations (Wales) 2011 (IHR) regulation 19	All feedback can be viewed on our Client Guide and information detailed in clinic room for client view.	Sarah Henson	All complete and updated feedback will be available annually when reviewed.
The registered manager must ensure that all training, including safeguarding training is in date and completed in a timely manner	NMS Standard 25 Workforce Planning, Training and Organisational Development IHR regulation 20 (2) (a)	All training to be updated within 3 to 5 years period with refresh training performed annually. Present training all complete and further training diarised to be reviewed when required.	Sarah Henson	Present training all complete. Diary review dates now in place. Annual refresh to be performed with team.

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): Sarah Henson
Job role: Registered Manager
Date: 16 March 2023