

Independent Healthcare Inspection Report (Announced)

Facial Aesthetics and Cosmetic Enhancements (FACE), Mold

Inspection date: 16 February 2023

Publication date: 19 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 978-1-83504-035-5

© 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:

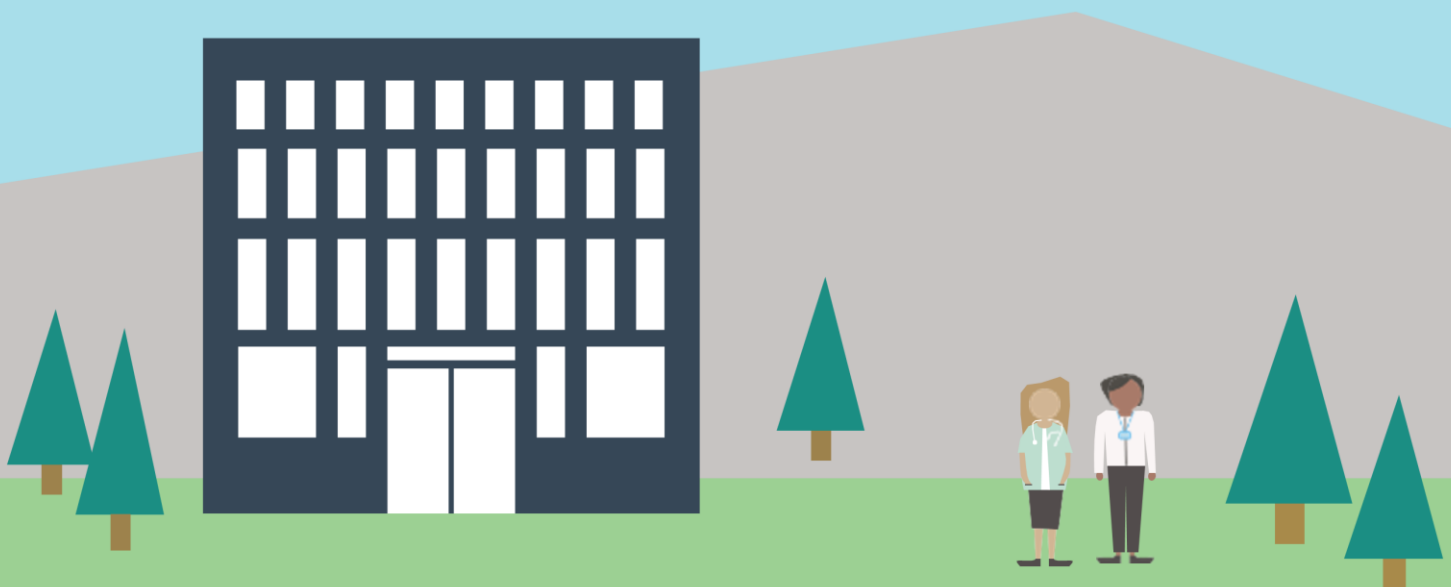
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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	9
• Quality of Patient Experience	9
• Delivery of Safe and Effective Care	13
• Quality of Management and Leadership	16
4. Next steps.....	17
Appendix A - Summary of concerns resolved during the inspection	18
Appendix B - Immediate improvement plan.....	19
Appendix C - Improvement plan	20

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 Facial Aesthetics and Cosmetic Enhancements (FACE) on 16 February 2023.

Our team for the inspection comprised of a HIW 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:

We found that Facial Aesthetics and Cosmetic Enhancements (FACE) was committed to providing a positive experience for patients in a pleasant environment with friendly and professional staff.

All patients who completed a HIW questionnaire rated the service provided by the clinic as very good.

We observed staff greeting patients in a polite and friendly manner, both in person and on the telephone.

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what we recommend the service can improve

- The clinic should implement a treatment register
- The clinic should introduce a formal system for seeking patients' feedback.

This is what the service did well:

- The clinic is committed to providing a positive experience for patients
- The clinic was very clean and tidy
- Staff were polite, caring and listened to patients
- Bilingual service offered.

Delivery of Safe and Effective Care

Overall summary:

We found that Facial Aesthetics and Cosmetic Enhancements (FACE) was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The clinic was very well maintained and well equipped to provide the services and treatments they are registered to deliver. All areas were very clean and free from any visible hazards.

There were good arrangements in place to ensure that the laser machine was used appropriately and safely.

The registered manager and the responsible individual were very knowledgeable, professional and demonstrated their understanding of where and how to access advice and guidance.

We found evidence that patients were provided with safe and effective care.

This is what we recommend the service can improve

- Laser operators to renew fire safety training
- Develop cleaning schedules for the premises
- Develop a risk management policy.

This is what the service did well:

- The clinic and treatment rooms had been designed and finished to a high standard
- Treatment rooms were clean, well equipped and fit for purpose
- Patients were provided with enough information to make an informed decision about their treatment
- Patients were satisfied with their treatments and services provided
- Patient notes were of a good standard.

Quality of Management and Leadership

Overall summary:

The day to day management of the clinic was the responsibility of the registered manager, who we found to be very committed to providing high quality patient care.

We observed that both the registered manager and the responsible individual worked very well together and were committed to providing a high standard of care for patients.

This is what the service did well:

- Authorised users of the laser machine had completed the Core of Knowledge training and training on how to use the laser machine
- Patient information was kept securely.

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection, we invited the clinic to hand out HIW questionnaires to patients to obtain their views on the service provided. In total, we received 15 responses.

All patients who completed a questionnaire rated the service provided as very good. Some of the patients did not answer all of the questions.

Some of the comments provided by patients included:

"Excellent service."

"Very professional."

"Exceptional."

"Highly recommend."

"Excellent and very effective."

"Very professional all round."

Patients were asked in the questionnaire how the setting could improve the service it provides. Some of the comments included:

"Can't see how it can."

"Later night appointments."

"Very helpful, caring and professional. No improvement needed."

Health protection and improvement

To protect against the risk posed by the COVID-19 virus, we saw alcohol hand gel dispensers placed at strategic locations throughout the clinic.

All patients told us that, when attending the clinic, it was very evident that there were COVID compliant procedures in place.

We saw that patients were asked to complete and sign a medical history form at the start of each treatment.

Dignity and respect

All patients who completed a questionnaire confirmed that staff treated them with dignity and respect when visiting the clinic.

We saw that the doors to the treatment rooms were lockable, and staff confirmed they locked the doors during treatment to maintain privacy. Patients were provided with bed roll towels to protect their dignity if required and patients were left alone to undress if necessary.

Consultations with patients were carried out in the treatment room, to ensure that confidential and personal information could be discussed without being overheard.

All patients who completed a questionnaire confirmed that staff explained what they were doing throughout the treatment and that staff listened to them and answered any questions. Patient comments about staff included:

“Very professional staff.”

“Fantastic setting and lovely staff.”

There was a space available for staff to have conversations with patients in private if required, to maintain confidentiality.

Communicating effectively

All patients who completed a questionnaire told us that they would know how to make a complaint if they were unhappy with the service provided at the clinic.

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

The clinic has a website and leaflets which provide information on available treatments.

We looked at a sample of five patients' records and found evidence that there was a clear and transparent approach to treatment pricing.

One of the laser operators is a Welsh speaker, which helps to meet the needs of Welsh speaking patients.

Patient information and consent

All patients who completed a questionnaire agreed that staff listen to them during their appointment and that they have been given enough information about their treatment, including the risks, different treatment options, cost and after care services. One patient told us:

“Excellent, reassuring to have nurses deliver treatments.”

Patients were provided with a thorough face to face consultation prior to receiving any treatment. We were told that these discussions included the risks, benefits and the likely outcome of the treatment offered. Detailed patient information leaflets were available.

We were told that all patients were given a patch test prior to treatment starting to help determine the likelihood of any adverse reactions.

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment. Patients were asked to provide written consent at the start of each course of treatment.

Care planning and provision

There were detailed individual patient notes available, with evidence of good record keeping processes. There was good documentation in place covering skin type, consent to treatment and medical history.

Treatment information was recorded within individual patient files. However, no treatment register was being maintained.

The registered manager must implement and maintain a treatment register.

All patients who completed a questionnaire confirmed that they complete a medical history form and / or had their medical history form checked before undertaking any treatment.

Equality, diversity and human rights

There was good access to the building. Wheelchair users and patients with mobility issues could access both consulting rooms, the reception, waiting area, toilet and washroom facilities.

Citizen engagement and feedback

We discussed the mechanism for seeking patient feedback. We were told that patients were able to provide feedback on the services provided verbally at the end of each treatment and via social media outlets. However, no formal system was in place and patients could not provide feedback anonymously.

We advised the service to consider developing some questionnaires for patients to provide feedback anonymously, which the registered manager agreed to consider.

The registered manager should introduce a formal system for seeking patient feedback anonymously.

The registered manager must ensure that patients are made aware of the results of any feedback by means of a summary included within the patients' guide.

Delivery of Safe and Effective Care

Managing risk and health and safety

We saw evidence that Portable Appliance Testing (PAT) had been conducted, to ensure that small electrical appliances were safe to use.

We also saw that a building electrical wiring check had been undertaken within the last five years.

We looked at the arrangements for fire safety and found that the fire extinguishers had been serviced and fire exits were clearly signposted.

Fire risk assessments were in place, and we saw that these had been regularly reviewed. Weekly fire alarm tests and six monthly fire drills were taking place.

The registered manager confirmed that staff had conducted internal fire safety training. However, we noted that fire training was due for renewal.

The registered manager must ensure that both laser operators renew their fire safety training.

There was an emergency first aid kit available, and one member of staff 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 with the registered manager, including daily, weekly tasks and the cleaning arrangements between patients. We considered the arrangements in place to be appropriate to protect patients from cross infection. However, we recommend that detailed cleaning schedules are maintained which the registered manager agreed to do.

The registered manager should ensure cleaning schedules are developed and maintained.

There were no concerns expressed by patients over the cleanliness of the clinic. All of the patients who completed a questionnaire felt that the environment was very clean. One patient provided the following comment:

“No improvements required, the clinic is clean and modern.”

Clinical waste was disposed of appropriately and there was a contract in place with an approved waste carrier.

Safeguarding children and safeguarding vulnerable adults

The registered manager described how they would deal with any safeguarding issues. A policy was in place to safeguard vulnerable adults. There were clear procedures to follow in the event of any safeguarding concerns which included the local safeguarding referral team contact details. Staff had received training in adult safeguarding.

Medical devices, equipment and diagnostic systems

The laser machine had an annual service and calibration certificate which was in date. There were treatment protocols in place for the use of the laser machine and these had been approved by an expert medical practitioner.

There was a contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the machine. The local rules had been regularly reviewed by the LPA and signed by the laser operators.

Safe and clinically effective care

Eye protection was available for patients and the laser operators. The eye protection appeared in good condition and the registered manager confirmed that glasses were checked regularly for any damage.

There were signs on the outside of the treatment room to indicate when the laser machine was in use. The registered manager also confirmed that the treatment room door is locked when the machine is used in order to prevent unauthorised access. We were told that the machine is kept secure at all times and can only be activated by a key, preventing unauthorised operation.

The environmental risk assessments had recently been reviewed by the LPA. However, no risk management policy was in place.

The registered manager must ensure that a risk management policy is developed.

Records management

A sample of five patient records were reviewed. There was evidence that records were being maintained to a good standard, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing.

All the records we reviewed were individualised and contained appropriate patient identifiers, medical history, consent, areas treated, relevant parameters and details of any adverse effects. Records were detailed, clear, legible and of good quality. However, we noted that the shot count was not being recorded.

The registered manager must ensure that shot count is recorded within patients' notes.

Quality of Management and Leadership

Governance and accountability framework

Facial Aesthetics and Cosmetic Enhancements (FACE) is owned and run by the registered manager and responsible individual.

We looked at a sample of policies and procedures and saw that these had been reviewed regularly and contained version and / or review dates.

Dealing with concerns and managing incidents

There was a complaints policy in place, which included the contact details for HIW. The complaint procedure was also included within the statement of purpose.

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

We were informed that any informal concerns were captured within individual patients' records. We advised the clinic to record any informal concerns in a central log in order for any themes to be identified which the registered manager agreed to do.

Workforce planning, training and organisational development

We saw certificates showing that all authorised users of the laser machines had completed the Core of Knowledge training and training by the manufacturer on how to use the laser machine.

Workforce recruitment and employment practices

The registered manager stated that the current staff team is well established and described the recruitment processes. Vacant posts would be advertised, with prospective staff interviewed and references sought. Newly appointed staff are expected to undertake a period of induction.

Authorised users would not operate the laser machine without appropriate training and Disclosure and Barring Service (DBS) checks undertaken.

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 summarises 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>The registered manager informed us that they have treated a 16-year-old patient.</p> <p>The service is only registered to treat patients over the age of 18.</p> <p>The registered manager was unaware of this condition.</p>	<p>Service provided in contravention of the conditions of registration. Consequently, it is not assured that the service provided to patients under the age of 18 is safe and appropriate. This could result in harm to patients.</p>	<p>Escalated to registered manager and responsible individual.</p>	<p>The registered manager and responsible individual assured us that only patients over the age of 18 years will be treated at the clinic.</p> <p>The registered manager immediately contacted HIW Regulation Team to arrange submission of a new application to vary their conditions.</p>

Appendix B - Immediate improvement plan

Service: Facial Aesthetics and Cosmetic Enhancements (FACE)

Date of inspection: 16 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
No immediate improvement plan was required for this inspection.				

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:

Appendix C - Improvement plan

Service: Facial Aesthetics and Cosmetic Enhancements (FACE)

Date of inspection: 16 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 must implement and maintain a treatment register.	The Independent Health Care (Wales) Regulations 2011, Section 45 (2)	Completed and implemented on the day of inspection	Jo Roberts	Completed
The registered manager should introduce a formal system for seeking patient feedback anonymously. The registered manager must ensure that patients are made aware of the results of any	The Independent Health Care (Wales) Regulations 2011, Section 19 (2) (e) and Section 7 (1) (e)	As well as encouraging social media / google reviews we have now implemented a paper feedback form which is available in the reception. We will formally request feedback quarterly (hand out the forms, not just leave them	Jo Roberts	Completed

feedback by means of a summary included within the patients' guide.		on display). Which we will update on our social media platform / website regularly and include in our patients guide.		
The registered manager must ensure that both laser operators renew their fire safety training.	The Independent Health Care (Wales) Regulations 2011, Section 26 (4) (c)	Completed - both operators are up to date.	Jo Roberts	Completed
The registered manager should ensure cleaning schedules are developed and maintained.	Standard 13, Infection Prevention and Control and Decontamination	Daily - weekly - monthly Schedules are in place. Information is placed in the patient toilets and in the treatment rooms with information regarding cleaning schedule.	Jo Roberts	Completed
The registered manager must ensure that a risk management policy is developed.	The Independent Health Care (Wales) Regulations 2011, Section 9 (e)	This is currently being developed. I anticipate having a risk management policy in place within the next four weeks	Jo Roberts	To be completed
The registered manager must ensure that shot count is recorded within patients' notes.	Standard 9, Patient Information and Consent	This has been implemented	Jo Roberts	Completed

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): Jo Roberts

Job role: Aesthetics Nurse Practitioner / Registered Manager

Date: 19/04/2023