

Independent Healthcare Inspection (announced)

Cardiff Beauty Clinic

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Cardiff Beauty Clinic on the 7 January 2020.

Our team, for the inspection comprised of two HIW inspectors, one of whom led the inspection.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We were assured that Cardiff Beauty Clinic was providing an effective service to its patients in an environment that is suitable for providing laser/IPL treatments.

The laser/IPL operators had the appropriate skills and relevant knowledge to deliver safe treatment to patients.

Suitable arrangements were in place to protect the privacy and dignity of patients during consultation and treatments.

Patient feedback was very positive with all of the patients rating the care and treatment that they were provided with as excellent.

This is what we found the service did well:

- Patients were able to make informed decisions about their treatment
- Systems were in place to ensure patients were being treated as safely as possible
- Patient notes and records were maintained to a good standard
- Appropriate arrangements were in place for infection prevention and control.

This is what we recommend the service could improve:

- Appropriate safeguarding training needs to be completed by the laser/IPL operators
- Some updates to the policies and procedures are required
- A patient treatment register needs to be put in place.

There were no areas of non-compliance identified at this inspection that required urgent corrective action.

3. What we found

Background of the service

Cardiff Beauty Clinic is registered to provide an independent hospital at 866 Newport Road, Rumney, Cardiff, CF3 4LJ.

The service was first registered on 26 September 2017.

The service employs a staff team of seven of which two are the operators of the laser/Intense Pulsed Light (IPL) machine.

Cardiff Beauty Clinic is registered to provide a range of services which include:

- Hair removal
- Wrinkle therapy
- Skin rejuvenation
- Thread veins
- Spider naevi
- Acne scarring
- Active acne
- Unwanted hair
- Skin pigmentation

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found that staff were committed to providing a positive experience for patients. Patient feedback from HIW questionnaires rated the service as excellent.

The service ensured that patients were provided with information pre and post treatment to help them make an informed decision about their treatment.

The service had suitable arrangements in place to protect the privacy and dignity of patients during consultations and treatments.

We have recommended that the patient guide is updated to ensure all the areas required by the regulations are included.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 9 questionnaires were completed.

Overall, patient feedback was very positive, all of the patients who completed a questionnaire rated the care and treatment that they were provided with as excellent. Patient comments on the questionnaires included the following:

"All staff are excellent and professional. I've felt comfortable throughout treatments and the staff are approachable and friendly. Would highly recommend them to friends and family"

"Staff are amazing. [I] always get informed about treatment"

"Spot on service with friendly staff"

"I feel the staff and setting to be totally perfect for the services I require".

Health promotion, protection and improvement

We were told that patients complete a medical history form at their initial consultation and must sign a form at each subsequent treatment confirming that there have or have not been any changes in their medical history. This follows best practice guidance and helps ensure treatment is safe and suitable for each patient.

We saw evidence of completed and signed medical history forms within patient records to confirm this approach. Each patient that completed a questionnaire also confirmed that they always complete a medical history form, or have their medical history checked, before undertaking any treatment.

Dignity and respect

Every patient who completed a questionnaire agreed that they had been treated with dignity and respect by the staff, and felt that they were always able to maintain their own privacy, dignity and modesty during their appointments.

Staff told us that where applicable, the room is vacated if the patient is required to change/remove clothing and dignity towels/dressing gowns are provided. The door to the treatment room has a key coded lock, therefore preventing any unauthorised access to the room. This maintains the patient's dignity before and during treatment.

Consultations with patients take place in the treatment room to ensure that confidential and personal information can be disclosed without being overheard.

Staff confirmed that, where applicable, patients can have a chaperone present for support if required.

Patient information and consent

We were assured that patients were able to make an informed decision about their treatment. This is because patients are provided with a face-to-face consultation prior to laser/IPL treatment and all patients that completed a questionnaire agreed that they had been given enough information to help them understand the treatment options available to them and the risks and benefits associated with each treatment option. Patients also told us that the cost of any treatment was always made clear to them before they received the treatment.

Every patient who completed a questionnaire confirmed that they were required to sign a consent form to evidence that they understood the associated benefits and risks before undertaking any treatment.

Communicating effectively

All of the patients who completed a questionnaire said that they were always able to speak to the staff in their preferred language.

All patients who completed a questionnaire also told us that the staff listened to them during their appointment and felt that they had been involved, as much as they wanted to be, in decisions about their treatment.

A detailed statement of purpose¹ was provided to us by the registered manager which we found contained the essential information as required by the regulations.

A patients' guide was available providing information about the service. This document is available to patients upon request. There were some areas missing from this document which are required by the regulations. Specifically, a summary of the complaints procedure; a summary of the views of patients; HIW's address and contact number and how to access the most recent inspection report. These areas need to be added and an updated copy sent to HIW.

Improvement needed

The registered manager needs to update the patient guide and send the updated version to HIW. The patients guide needs to include a summary of the complaints procedure; a summary of the views of patients; HIW's address and contact number and how to access the most recent inspection report.

Care planning and provision

Staff told us that prior to treatment, patients must agree to undergo a patch test to determine a safe and effective setting of the laser/IPL for their skin and hair type. All of the patients that completed a questionnaire confirmed that they had been given a patch test before they received treatment.

¹ A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

All of the patients that completed a questionnaire told us that they had been given aftercare instructions about how to prevent infection and aid healing after their treatment.

We examined a sample of patient records and found evidence that patient notes were being maintained to a good standard meaning care was being planned and delivered with patients' safety and wellbeing in mind.

Equality, diversity and human rights

Cardiff Beauty Clinic is situated over two floors, with the laser/IPL treatment room situated on the second floor. This may not be accessible for some patients with mobility difficulties and therefore the registered manager may want to consider adding this information to the website and/or the patients' guide.

Citizen engagement and feedback

Staff told us of the different opportunities patients have to provide feedback about the service. The main feedback source the service uses comes from their online booking system. Feedback obtained via the booking system is used and published on their website. As only existing customers can use and view the feedback on the booking system, the service publishes some of the feedback onto their website. This provides potential customers with some of the reviews.

Despite the number of ways feedback can be provided, staff told us that this is not formally analysed. We suggested staff may want to consider reviewing and analysing all feedback so themes can be identified.

The majority of all the patients who completed a questionnaire said that they were aware of being asked for their views about the service provided at the clinic, for example, through patient questionnaires.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found the service to be well run and met the relevant standards and regulations to ensure the health, safety and welfare of patients and people visiting the clinic.

Systems were in place to ensure patients were being treated as safely as possible. The laser/IPL machine was serviced in accordance with the manufacturer's guidelines and the operators had up to date training on the use of the machine. We have requested information regarding the machine's calibration process to provide reassurance that the device is performing accurately during treatments.

The service was committed to providing safe and reliable care. The treatment room was visibly clean and tidy and staff were aware of the cleaning tasks required on a daily basis to ensure standards remained high.

Managing risk and health and safety

The landlords who own the building are responsible for the majority of the maintenance arrangements. Overall, we found suitable maintenance arrangements were in place to protect the safety and well-being of the staff and people visiting the premises.

A building electrical wiring check had been undertaken within the last five years and annual Portable Appliance Testing (PAT) had been carried out to help ensure small electrical appliances were fit for purpose and safe to use.

Appropriate arrangements were in place to adequately protect the staff and people visiting the clinic in the event of a fire. A fire risk assessment had been updated in 2019 and fire drills take place to ensure staff can exit the building safely and as quickly as possible. Fire exits were appropriately signposted and fire extinguishers were located within the building and serviced to ensure the equipment worked properly. At the time of our visit, staff told us that they had not completed fire safety training. However, following our visit, the fire safety

warden for the building provided training to staff and an email from them confirmed the content of the training. This ensures staff at the clinic have up to date skills and knowledge.

We saw that a first aid kit was available. All of its contents were in date and staff said checks were carried out to ensure they remain safe and effective for use.

Staff described suitable procedures to follow in the event of an emergency such as a patient collapse. We recommended that these procedures are documented in localised policy. One member of staff was the dedicated first aider for the service, but there was no certificate available at the time of our visit. We advised that the registered manager should obtain a certificate from the individual for her records.

Improvement needed

The registered manager should update the emergency procedure policy to include the localised arrangements staff need to follow

Infection prevention and control (IPC) and decontamination

We found the premises to be visibly clean and tidy. There were no concerns given by patients over the cleanliness of the setting; all of the patients that completed a questionnaire felt that, in their opinion, the premises were very clean.

Staff described the infection control arrangements at the clinic and had an infection control policy in place. We recommended that the policy is updated to reflect the actual procedures described to us, so all staff are aware of their roles and responsibilities regarding infection control.

Cleaning schedules were in place and completed to clearly evidence what had been completed and when.

Staff told us of the procedures in place for the safe transfer and disposal of any hazardous (clinical) waste. Hazardous waste was being stored appropriately.

Improvement needed

The registered manager should update the infection control policy to clearly reflect the procedures staff are expected to undertake regarding infection control activities at the clinic

Safeguarding children and safeguarding vulnerable adults

The registered manager confirmed that the service only treats patients aged 18 years old and over.

We saw that a policy for safeguarding was in place which outlined the procedures to follow in the event of any safeguarding concerns. The policy also included the contact details of the relevant local safeguarding agency to ensure concerns are reported appropriately.

Staff had not completed training in the protection of vulnerable adults and children. We recommended this is completed for all the laser/IPL operators to ensure up to date skills and knowledge.

Improvement needed

The registered manager should ensure that all laser/IPL operators complete safeguarding training

Medical devices, equipment and diagnostic systems

Overall, we found suitable arrangements were in place to protect the safety of patients when using the laser/IPL machine at the service. This is because:

- the laser/IPL machine had been serviced in line with the manufacturer's guidelines to help ensure it performs consistently and as expected
- a contract was in place with a Laser Protection Adviser (LPA) to provide expert advice on the safety of the laser installation and day to day operational use

- local rules² developed by the LPA that detailed the safe operation of the laser/IPL machine were in place and had been signed by the staff operating the machine to evidence their awareness and agreement to follow these rules.

At the time of the visit we were unable to evidence if the laser/IPL machine had been calibrated. We asked the registered manager to contact the manufacturer to confirm this process. Calibration is important to ensure the device maintains its accuracy when being used for treatments.

Medical protocols were in place and signed by a medical practitioner, as required by the regulations. The protocols covered hair removal and skin rejuvenation treatments. We reminded staff that if they undertake any other treatments as per their conditions of registration with HIW, additional/updated medical protocols would need to be put in place.

Improvement needed

The registered manager must confirm how the laser/IPL device is calibrated. Calibration information needs to be obtained to evidence the accuracy and output of the device to ensure the safety of the treatments being provided.

Safe and clinically effective care

We saw evidence that the staff met Medicines and Healthcare products Regulatory Agency (MHRA) requirements³ to be a competent user of the laser/IPL machine having completed the Core of Knowledge⁴ training and training by the laser/IPL machine manufacturer on how to operate it safely.

² Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf.

³ [Lasers, intense light source systems and LEDs – guidance for safe use in medical, surgical, dental and aesthetic practices](#)

⁴ Training in the basics of the safe use of laser machines

We saw that eye protection glasses specific to the strength of the laser/IPL machine were available for patients and the laser operator. Staff confirmed that the glasses were checked regularly for any damage.

No patients were being treated at the time of the inspection, but staff described the safety precautions taken when treatment is in progress; a warning sign on the outside of the treatment room door informs the public of the risk of lasers being used inside the treatment room. The treatment room is locked, accessible only via a key coded pad. This prevents any unauthorised persons from entering during treatments and the machine is kept secure at all times to prevent unauthorised usage.

We saw evidence that the LPA had reviewed the risk assessment in January 2020 and identified no changes. However, the risk assessment referred to was unavailable at the time and we asked for a copy to be sent to HIW. The risk assessment will identify any hazards associated with the use of the laser/IPL machine and the environment of the treatment room.

We did review a risk assessment completed in June 2019 by their health and safety officer which did not identify any actions.

Improvement needed

The registered manager must obtain the risk assessment completed by the LPA and keep a copy on file. A copy of the risk assessment should be forwarded to HIW

Participating in quality improvement activities

We found evidence that the registered manager had systems in place to assess and monitor the quality of service provided to patients as required by the regulations. For example, staff will review patient notes to ensure all sections are being completed and signed by the appropriate person/s.

A range of risk assessments had also been undertaken to help protect the health, welfare and safety of patients and others visiting the clinic.

Records management

We found that patient information was kept securely. Paper patient records were kept securely in a locked cabinet to prevent unauthorised access.

We saw evidence of suitable record keeping processes in place at the clinic, including detailed patient notes that were of good quality. The information

recorded in the notes were the same as required by the regulations for the patient treatment register. However in the absence of a register, we recommended that a patient treatment register is set up to record all treatments performed, including repeat treatments. This will enable the service to analyse all their records in the event of an incident e.g. they will be able to easily find out all patients who had received treatment on laser/IPL machine on a given day or month.

All records relating to the laser/IPL machine and environment of the building were kept in a file and easily accessible.

Improvement needed

The registered manager must implement a patient treatment register and record information to include the date, patient name/identifier, area treated, shot count, details of any adverse effects and signature of laser/IPL operator

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

The laser/IPL operators had the appropriate skills and relevant knowledge to deliver safe treatment to patients.

The service had a range of policies and procedures and we recommended some updates to these in line with regulations.

A complaints procedure was in place to ensure any complaints are responded to efficiently and effectively. Contact details for HIW need to be added to the policy and patients' guide.

Governance and accountability framework

Cardiff Beauty Clinic is run by the registered manager who is responsible for the day to day management of the service and is one of two laser/IPL operators.

We found that the service had a number of policies in place which were accessible. These were reviewed yearly or sooner if updates are essential. We identified some policies that required updates and also recommended that staff sign policies to evidence they had read them and understand their roles and responsibilities.

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 saw that the service had an up to date liability insurance certificate in place to protect the clinic against compensation claims and associated legal costs.

Improvement needed

The registered manager must review their policies to ensure they are up to date in line with their review timescales. All staff should sign to confirm they have read and understood the policies.

Dealing with concerns and managing incidents

The service had an appropriate complaints procedure, but we recommended that HIW contact details are included, in line with regulatory requirements. A summary of the complaints procedure was included within the statement of purpose but needs to also be included in the patients' guide.

We saw that suitable systems were in place to record and manage any formal complaints and concerns received by the clinic. We asked the registered manager to consider reviewing this information to identify any emerging themes.

Improvement needed

The registered manager needs to update the complaints policy to include HIW details and also add complaints information in the patients' guide

Workforce planning, training and organisational development

As mentioned earlier within the report, we saw certificates showing that the operators of the laser/IPL machine, had completed the Core of Knowledge training within the last five years and had also completed training on how to use the laser/IPL machine.

We advise that in order to ensure that the laser operators are regularly kept up to date, and to support continual professional development, staff should undertake Core of Knowledge training every three years.

Workforce recruitment and employment practices

We saw evidence that the registered manager had an appropriate Disclosure and Barring Service (DBS) certificate in place to satisfy Regulation 19, which requires that patients must be protected against the risks of inappropriate or unsafe care and treatment. One member of staff was waiting for her DBS certificate.

4. What next?

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 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.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- 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.

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.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our 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 – Improvement plan

Service: Cardiff Beauty Clinic

Date of inspection: 7 January 2020

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	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The registered manager needs to update the patient guide and send the updated version to HIW. The patients guide needs to include a summary of the complaints procedure; a summary of the views of patients; HIW's address and contact number and the most recent inspection report.	18. Communicatin g effectively 1 Governance and accountability framework	Patient Guide has been sent over. I have included the complaint procedure, summary of views and HIW information.	Manager	
Delivery of safe and effective care				
The registered manager should update the	22. Managing risk and health	Fire emergency procedure updated and	Manager	

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
emergency procedure policy to include the localised arrangements staff need to follow	and safety 4. Emergency Planning Arrangements	sent over. Updated risk and health and safety policy.		
The registered manager should update the infection control policy to clearly reflect the procedures staff are expected to undertake regarding infection control activities at the clinic	13. Infection prevention and control (IPC) and decontamination	Updated infection control sent over.	Manager	
The registered manager should ensure that all laser/IPL operators complete safeguarding training	11. Safeguarding children and safeguarding vulnerable adults	Safeguarding courses arranged with High Speed training	Manager	
The registered manager must confirm how the laser/IPL device is calibrated. Calibration information needs to be obtained to evidence the accuracy and output of the device to ensure the safety of the treatments being provided.	16 Medical Devices, Equipment & Diagnostic Systems	Simon Cheney sent proof of calibration and servicing	Manager	
The registered manager must obtain the risk assessment completed by the LPA and keep a	22. Managing risk and health and safety	Simon wharmby sent a copy of this	Manager	

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
copy on file. A copy of the risk assessment should be forwarded to HIW				
The registered manager must implement a patient treatment register and record information to include the date, patient name/identifier, area treated, shot count, details of any adverse effects and signature of laser/IPL operator	16 Medical Devices, Equipment & Diagnostic Systems	A register has been created for IPL proof of this has been sent over	Manager	
Quality of management and leadership				
The registered manager must review their policies to ensure they are up to date in line with their review timescales. All staff should sign to confirm they have read and understood the policies.	1 Governance and accountability framework	All policies now has an index and all staff has signed it.	Manager	
The registered manager needs to update the complaints policy to include HIW details and also add complaints information in the patients guide	23 Dealing with concerns and managing incidents	HIW details put on complaints procedure and patient guide	Manager	

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): Charlotte Mcneill

Job role: manager

Date: 17/02/2020