

Independent Healthcare Inspection (Announced)

Claire Price Beauty Clinic,
Abergavenny

Inspection date: 03 March 2020

Publication date: 03 July 2020

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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 Claire Price Beauty Clinic on the 03 March 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

Claire Price Beauty Clinic had suitable arrangements in place to ensure they were providing an effective service to patients in an environment that was conducive to providing Intense Pulsed Light (IPL) treatments.

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

Clinical staff had the required skills to help deliver safe treatment to patients.

We identified some improvements that need to be made to ensure the clinic comply with best practice guidelines and professional standards.

This is what we found the service did well:

- The environment was clean and well maintained
- Patients were provided with detailed information to help them make an informed decision about their treatment
- Patient notes and records were being maintained to a high standard
- The clinic was committed to improving services and actively sought feedback from patients about their experiences
- Arrangements were in place to ensure the premises were safe and fit for purpose
- The IPL machine had been serviced and calibrated in line with manufacturer's guidelines.

This is what we recommend the service could improve:

- The patients' guide needs updating to meet regulatory requirements
- Weekly fire alarm tests to be undertaken instead of monthly

- The register of authorised users needs to be amended to clarify who the IPL operators are
- A recommendation identified in a recent environmental risk assessment need to be actioned.

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

3. What we found

Background of the service

Claire Price Beauty Clinic is registered as an independent hospital to provide IPL treatments at Beechcroft House, Hereford Road, Abergavenny, NP7 6LE.

The clinic is owned by the registered manager¹ who is supported by a large team of 10 staff members, which includes five other IPL operators.

The service was first registered on 08 March 2005 and provides the following treatments to patients over 18 years of age using a Depilex L900 IPL machine:

- Hair reduction
- Thread vein removal
- Pigmentation
- Photo-rejuvenation
- Unevenness of the skin's surface
- Redness and open pores
- Acne
- Rosacea.

¹ A registered manager means a person who is registered under the Independent Health Care (Wales) Regulations 2011 as the manager of an establishment.

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 were assured that the clinic was providing a positive experience for patients.

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

Patients could provide feedback about their experiences of the care and treatment received at the clinic.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 20 questionnaires were completed.

Overall, patient feedback was positive; every patient who completed a questionnaire rated the care and treatment that they were provided with as excellent or very good. Patient comments included the following:

"I am always very happy with the service given at this clinic"

"I feel completely confident having my treatments done here, so professional"

"Very good service and care received"

Health promotion, protection and improvement

Patients must complete a medical history form during their initial consultation and are required to sign to confirm at each subsequent treatment session that there have or have not been any changes in their medical history. This follows best practice guidance and helps to 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. All of the patients who completed a HIW questionnaire also confirmed that they completed a medical history form, or had their medical history checked, before undertaking any treatment.

Dignity and respect

Consultations with patients take place in private to ensure that confidential and personal information can be disclosed without being overheard. The registered manager told us that patients are able to change in the empty treatment room if necessary and are provided with dressing gowns in order to help maintain their dignity. Each patient who completed a HIW questionnaire agreed that they had been treated with dignity and respect by the staff at the clinic and felt that they were always able to maintain their own privacy, dignity and modesty during their appointments.

The registered manager told us that patients are made aware that they are able to have a family member, friend or a formal chaperone present for support during consultations but not during treatment sessions.

Patient information and consent

The registered manager described how they would assess the capacity of patients to consent to treatment and we were assured that patients would be able to make their own informed decision to consent to treatment. Patients receive a face-to-face consultation with an IPL operator prior to treatment to help them understand the options available to them and the risks and benefits associated with each treatment option. Each patient that completed a questionnaire agreed that they had been given enough information by the clinic and that the cost of any treatment was always made clear to them before they received the treatment.

All of the patients who completed a HIW questionnaire said that they had to sign a consent form before receiving any new treatment. We saw evidence of consent forms within patient records that had been signed by the patient to confirm this approach.

Communicating effectively

All but one of the patients who completed a HIW questionnaire said that they were always able to speak to staff in their preferred language. Patients also told us that 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 patients' guide was available for patients in the waiting area. We noted that it needed updating to bring it line with regulatory requirements. A summary of the views of patients about their experiences of care and treatment at the clinic and a summary of the complaints procedure needs to be included within the guide.

A statement of purpose² was provided to us by the registered manager which we found contained all the information required by the regulations.

Improvement needed

The patients' guide must be updated to include a summary of the views of patients about their experiences of care and treatment at the clinic and a summary of the complaints procedure.

Care planning and provision

The registered manager described suitable pre-treatment checks that are performed on patients to help determine a safe and effective setting of the IPL machine for their skin and hair type. Patients are required to undergo a patch test on a small area of their skin before receiving treatment; all of the patients who completed a HIW questionnaire said that they had been given a patch test before they received treatment to confirm this approach.

Patients are provided with an aftercare advice leaflet to ensure they understand how to prevent infection and aid healing after their treatment.

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

Equality, diversity and human rights

A car park was available for patients outside the clinic and a ramp was available to the front entrance to ensure all patients could access the premises.

Although some facilities were located on the ground floor, the IPL treatment room is located on the first floor and is therefore not easily accessible for people with mobility difficulties. The registered manager told us that patients are informed of this when they contact the clinic but we recommend that the accessibility issues are also made clear to patients in the patients' guide.

² A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

Improvement needed

The patients' guide must be updated to inform patients with mobility difficulties of the accessibility issues 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. Comment cards were available in the waiting area and patients are provided with a questionnaire at the end of each course of treatment. Feedback can be provided anonymously which we noted as good practice. Patients can also complete an online review about their experience at the clinic.

We were told that patient feedback is reviewed regularly and any learning points are discussed during staff meetings.

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 evidence that patients were receiving focussed individualised care that was documented in well maintained patient records.

Clinical facilities were in good condition and the IPL machine had been regularly serviced to help ensure patients were being treated as safely as possible.

We identified some improvements that need to be made to ensure the clinic comply with best practice guidelines and professional standards.

Managing risk and health and safety

Overall, we found suitable maintenance arrangements were in place to protect the safety and well-being of staff and people visiting the premises.

We saw certification that confirmed electrical wiring and gas safety checks had recently been undertaken. Portable Appliance Testing (PAT) had also been carried out annually to help ensure small electrical appliances were fit for purpose and safe to use.

Regular fire risk assessments of the premises had been undertaken by a professional fire safety expert to provide ongoing assurance that arrangements were in place at the clinic to provide adequate protection in the event of a fire. Fire extinguishers throughout the clinic had been serviced within the last twelve months to ensure they worked properly and fire exits were appropriately signposted.

We saw evidence that fire alarm tests had been undertaken and documented each month. However, the clinic needs to begin undertaking and documenting weekly fire alarm tests to comply with the Regulatory Reform (Fire Safety) Order 2005.

The registered manager described suitable procedures to follow in the event of an emergency such as patient collapse and we saw that staff had been trained

in first aid to treat minor injuries. A first aid kit was available with all of its contents within their expiry date and therefore fit for purpose.

Improvement needed

Weekly fire alarm tests need to be undertaken and documented.

Infection prevention and control (IPC) and decontamination

We found the premises to be in good condition and the treatment room was clean and clutter free. There were no concerns given by patients regarding cleanliness; all of the patients who completed a HIW questionnaire felt that, in their opinion, the premises were very clean.

The registered manager described suitable infection control arrangements at the clinic which included ensuring good hand hygiene and the completion of cleaning schedule checklists to document the cleaning undertaken of the treatment room and IPL equipment. However, we did not see these arrangements detailed within the clinic's infection control policy. We recommend the policy is reviewed and updated to reflect the current arrangements to ensure staff members are aware of their infection control responsibilities, especially in relation to the IPL machine and treatment room.

A contract was in place with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste.

Improvement needed

The infection control policy must be reviewed and updated to outline all the infection control arrangements in place at the clinic.

Safeguarding children and safeguarding vulnerable adults

The registered manager confirmed that the service complies with their condition of registration to only treat patients over the age of 18 years old. Any children accompanying adults at appointments are not permitted into the treatment room when treatment is taking place for their safety.

We saw that a safeguarding of vulnerable adults policy was in place which outlined the procedures to follow in the event of any safeguarding concerns. The policy included the contact details of relevant local adult safeguarding agencies to ensure any concerns can be reported appropriately and in a timely manner.

We saw certification that all staff at the clinic had undertaken safeguarding training to improve their knowledge and awareness relating to the protection of vulnerable adults who may be at risk.

Medical devices, equipment and diagnostic systems

During the inspection we found that arrangements were in place at the clinic to protect the safety of patients when receiving treatment. The IPL machine had been regularly serviced and calibrated to help ensure they perform consistently and as expected. A medical treatment protocol that set out the procedures to follow to ensure treatment is delivered safely to patients was also in place which had been overseen by an expert medical practitioner as required by the regulations.

The clinic had recently taken out a contract with a new Laser Protection Adviser (LPA) to provide expert safety advice on the day to day operational use of the IPL machine. We saw that comprehensive local rules³ were in place which had been reviewed by the new LPA in keeping with the clinic's conditions of registration with HIW.

We saw that all staff working at the clinic had signed the register of authorised users contained within the local rules to show their awareness and understanding of the rules. However, only the IPL operators need to sign the register of authorised users to evidence their agreement to follow the local rules when undertaking treatments. We recommend the register is amended to clarify who the IPL operators are.

Improvement needed

The register of authorised users needs to be amended within the local rules to only include those IPL operators undertaking treatments on patients.

³ 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.

Safe and clinically effective care

During the inspection we looked at whether each IPL operator met the Medicines and Healthcare products Regulatory Agency (MHRA) requirements⁴ to be a competent user of the IPL machine. Each IPL operator had received training by the IPL machine manufacturer on how to use the equipment safely. The registered manager had recently undertaken a Core of Knowledge⁵ training course. The other IPL operators had been acknowledged as competent users by a previous LPA after undertaking an assessment in the topics typically covered by the Core of Knowledge course. We discussed this with the registered manager who agreed that they would arrange for the other IPL operators to undertake a Core of Knowledge training course, similar to the one they did, to provide extra assurance that everyone has the same knowledge and awareness levels at the clinic.

A range of protective eyewear was available for patients and the IPL operators. We saw that the glasses and goggles had been kept in good condition and the registered manager confirmed that they were checked daily for any damage.

We saw that the new LPA had visited the clinic recently to complete an environmental risk assessment to identify and mitigate any hazards associated with the use of the IPL machine and the environment of the treatment room. We noted that one of the actions advised by the LPA was to remove a duplicate warning sign from the door of the IPL treatment room that indicated that the IPL machine is in use and that people should not enter. The duplicate sign was still on the door of the treatment room on the day of our inspection and we recommend it is removed as advised by the LPA.

The registered manager told us that the key to the IPL machine is taken away after every appointment and stored separately to ensure the machine is kept secure and cannot be used by any unauthorised persons.

⁴ [Lasers, intense light source systems and LEDs – guidance for safe use in medical, surgical, dental and aesthetic practices](#)

⁵ Training in the basics of the safe use of IPL/laser machines.

Improvement needed

The IPL operators to undertake a Core of Knowledge training course such as the one undertaken by the registered manager.

One of the two warning signs on the door of the IPL treatment room needs to be removed as recommended by the LPA in their recent environmental risk assessment.

Participating in quality improvement activities

We found evidence that the clinic had systems in place to regularly assess and monitor the quality of service provided. For example, we noted earlier in the report that patients had the opportunity to provide feedback about their experiences at the clinic. The registered manager also explained the importance of post treatment observations and discussions with patients to help provide improved individualised care throughout a course of treatment.

We were told that an annual audit of patient records and notes is also undertaken by the registered manager to ensure they are being completed in line with best practice guidelines. Any lessons learned and improvements identified are communicated back to all IPL operators to ensure consistency.

Records management

We saw evidence that patient records were being maintained in line with best practice and professional guidelines and supported the service to deliver good quality patient care. Patient notes were detailed and of good quality and a comprehensive patient treatment register was in place for the IPL machine. An adverse incidents log was being maintained separately to help identify any common issues which we noted as good practice.

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

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.

Suitable governance arrangements had been established at the clinic to support staff in their roles.

The complaints procedure in place at the clinic would enable patient complaints to be handled effectively and in a timely manner.

A range of policies and procedures had been produced for the safety of staff and patients which had all been reviewed on a regular basis. However, these need to be more accessible to staff.

Governance and accountability framework

We found a wide range of policies and procedures were in place that had been reviewed in line with the regulations; staff had to sign to evidence that they had read and understood each policy. The registered manager told us that any updates are communicated to all staff members during team meetings.

However, we noted that not all policies were easily accessible to staff. The registered manager informed us that they were currently in the process of creating a staff handbook that would include an overview of the key policies in place at the clinic. We supported this idea and encouraged it to be made available soon to help ensure all staff had a clear understanding of their roles and responsibilities and what was expected of them while employed at the clinic.

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

Dealing with concerns and managing incidents

The service had a clear complaints procedure which included the correct contact details of HIW in line with regulatory requirements. We found that it would enable staff to handle any complaints effectively and in a timely manner.

A summary of the complaints procedure was included within the statement of purpose and we recommended earlier in the report that a summary should also be included within the patients' guide.

We saw that suitable systems were in place to record and manage any formal or informal complaints and concerns received by the clinic from patients.

Workforce planning, training and organisational development

We saw evidence that the IPL operators were supported by the clinic to keep their skills and knowledge up to date by undertaking training in a number of areas relevant to their roles as part of their continuing professional development⁶ (CPD).

The registered manager told us that regular staff meetings are held to discuss any potential issues, identify lessons learned and provide an opportunity for staff to raise any issues they may have.

Workforce recruitment and employment practices

We found that all clinical staff had Disclosure and Barring Service⁷ (DBS) checks in place to help comply with the regulatory requirements that staff are of suitable integrity and good character and to help protect patients against the risk of inappropriate, or unsafe, care and treatment.

The registered manager described an appropriate process for the recruitment and induction of any new members of staff. This included pre-employment checks to ensure they are fit to work and a period of mentoring and supervision to ensure they had the skills and knowledge to undertake the role. We suggested the registered manager may wish to consider documenting this procedure by creating an induction checklist that sets out the tasks or

⁶ Continuing professional development (CPD) is the process of documenting skills, knowledge and experience gained formally and informally to help improve the safety and quality of care provided to patients.

⁷ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

procedures to follow to help new staff gain an effective understanding of clinic and their role.

The clinic had a whistleblowing policy which provided a mechanism for staff to raise any concerns about working practices which may affect patient care. We recommend the policy is updated to list HIW as an organisation that staff can contact in the event of any concerns they may have.

Improvement needed

The clinic must update their whistleblowing policy to include the contact details for HIW.

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: Claire Price Beauty Clinic

Date of inspection: 03 March 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 patients' guide must be updated to include a summary of the views of patients about their experiences of care and treatment at the clinic and a summary of the complaints procedure.	The Independent Health Care (Wales) Regulations 2011 Regulation 7	Completed	Claire Price	Completed
The patients' guide must be updated to inform patients with mobility difficulties of the accessibility issues at the clinic.		Completed	Claire Price	Completed
Delivery of safe and effective care				
Weekly fire alarm tests need to be	Regulatory Reform	Completed	Claire Price	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
undertaken and documented.	(Fire Safety) Order 2005			
The infection control policy must be reviewed and updated to outline all the infection control arrangements in place at the clinic.	The Independent Health Care (Wales) Regulations 2011 Regulation 9(1n)	Completed	Claire Price	Completed
The register of authorised users needs to be amended within the local rules to only include those IPL operators undertaking treatments on patients.	National Minimum Standards for Independent Health Care Services in Wales Standard 16	Completed	Claire Price	Completed
The IPL operators to undertake a Core of Knowledge training course such as the one undertaken by the registered manager. One of the two warning signs on the door of the IPL treatment room needs to be removed as recommended by the LPA in their recent environmental risk assessment.	National Minimum Standards for Independent Health Care Services in Wales Standard 24	Completed	Claire Price	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
The clinic must update their whistleblowing policy to include the contact details for HIW.	National Minimum Standards for Independent Health Care Services in Wales Standard 25	Completed	Claire Price	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): Claire Price
Job role: Registered Manager
Date: 10 June 2020