

Independent Healthcare Inspection (Announced)

Bodywise Beauty Salon

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2019

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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 Bodywise Beauty Salon on the 18 November 2019.

Our team, for the inspection comprised of two HIW Healthcare 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 found that Bodywise Beauty Salon was committed to providing an effective service to patients in an environment that was conducive to providing laser treatments.

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

The registered manager had the appropriate skills and relevant knowledge to deliver safe treatment to patients.

This is what we found the service did well:

- Patients were able to make informed decisions about their treatment
- Patient notes and records were maintained to a good standard
- The clinic was committed to improving services and actively sought feedback from patients about their experiences
- Documentation was available to show that the laser machine had been serviced and maintained in line with manufacturer's guidelines.

This is what we recommend the service could improve:

- Undertake weekly documented fire alarms tested to ensure the fire alarm system remains operational
- Create safeguarding policies that detail the arrangements in place at the clinic to adequately protect children and vulnerable adults
- More detailed policies need to be put in place in line with regulatory requirements.

There were no areas of non compliance identified at this inspection.

3. What we found

Background of the service

Bodywise Beauty Salon is registered to provide an independent hospital at 54 Holton Road, Barry, CF63 4HE.

The service employs a staff team of four, which includes one laser operator.

The service was first registered on 30 August 2018 and provides hair removal services to patients over the age of 12 years.

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 patients were happy with the service provided by the clinic and we were assured that the registered manager was committed to providing a positive experience for patients.

Patients received detailed information pre and post treatment to help them make an informed decision about their treatment.

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

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

Overall, patient feedback was positive; all of the patients rated the care and treatment that they were provided with as excellent or very good.

Patient comments included the following:

"Excellent service always. Staff friendly and welcoming"

"Excellent service"

Health promotion, protection and improvement

Patients must individually complete an electronic medical history form at their initial consultation prior to receiving treatment. Any changes in medical history are checked with the patient by the laser operator at each subsequent treatment session and documented in the electronic patient record. This follows best practice guidance and helps to ensure treatment is safe and suitable for each patient.

We saw evidence of completed medical history forms within electronic patient records to confirm this approach. Every patient who completed a HIW questionnaire also confirmed that they had to complete a medical history form, or have their medical history checked, before undertaking any treatment.

Dignity and respect

Every patient who completed a HIW questionnaire told us 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. Patients are able to change in the treatment room if necessary and are provided with towels in order to help maintain their dignity.

Consultations with patients take place in private to ensure that confidential and personal information can be disclosed without being overheard. The registered manager confirmed that patients are able to have a family member, friend or a formal chaperone present for support during consultations and treatment sessions.

Patient information and consent

We were assured that patients were able to make an informed decision about their treatment. This is because patients receive a face-to-face consultation prior to any treatment and all patients who completed a HIW 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.

Patients are required to give their consent electronically before receiving any treatment. During the inspection we looked at a sample of patient records and saw that consent forms were being completed and stored appropriately.

Patients who completed a HIW questionnaire told us that they had been given aftercare instructions about how to prevent infection and aid healing after their treatment.

Communicating effectively

Every patient 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 and a statement of purpose¹ were provided to us by the registered manager. We noted that both documents contained the information required by the regulations, such as the aims and objectives of the clinic and the arrangements for dealing with complaints.

A summary of the information included in the patients' guide and statement of purpose was contained in a patient information folder that was available for patients in the reception area.

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 laser for their skin and hair type. All of the patients who completed a HIW questionnaire confirmed that a patch test had been carried out on a small area of their skin before they received treatment.

We were told that the electronic software used by the clinic to record patient details, such as medical history, skin type, hair colour and any other details that might affect the laser settings, had a range of risk assessment built in. This helped ensure that the laser operator undertakes all necessary checks and that the information provided by the patient can be used to provide individualised care.

The sample of patient records we examined were being maintained to a good standard and helped the clinic to plan and deliver care with patients' safety and wellbeing in mind.

Equality, diversity and human rights

The clinic is located on the main high street and no parking is available for patients at the premises. The reception, waiting area and laser treatment room are all located on the ground floor and therefore the clinic is accessible for all patients, including patients with mobility difficulties. We noted that no patient toilets were available at the clinic.

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

Citizen engagement and feedback

We found that the clinic had systems in place for seeking patient feedback as a way of monitoring the quality of service provided. Questionnaires are issued automatically to patients after their first treatment and after their tenth treatment thereafter. Patients can also complete an online review about their experience at the clinic all year round.

The registered manager also explained the importance of speaking to patients to identify any adverse effects of the treatment to monitor the care being delivered to patients.

We were told that all patient feedback is reviewed and summarised to identify any themes. A summary of patient feedback was included in the patient information folder available in the reception area which helped to inform current and prospective patients about the quality of care being delivered by the clinic.

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 that the clinic had systems in place to meet the relevant standards and regulations to ensure the health, safety and welfare of patients and people visiting the clinic.

The laser machine had been regularly serviced to help ensure patients were being treated as safely as possible.

We saw evidence of good record keeping processes which supported the clinic to deliver quality patient care.

Managing risk and health and safety

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

Regular fire risk assessments of the premises had been undertaken 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. However, we recommend that the fire alarms are tested once a week as required by the Regulatory Reform (Fire Safety) Order 2005 and documented in a logbook.

We saw that a first aid kit was available with all of its contents within their expiry date and therefore fit for purpose. The registered manager described suitable procedures to follow in the event of an emergency such as patient collapse and confirmed that they had undertaken first aid training. However, as the first aid training was not recent, we advise the registered manager to consider undertaking a first aid refresher course.

Improvement needed

The service must ensure that any fire alarms are tested once a week to ensure the fire alarm system is operational and documented in a logbook.

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 clinic; all of the patients that completed a questionnaire felt that, in their opinion, the premises were very clean.

The registered manager described suitable infection control arrangements which included cleaning of the premises and laser equipment. We saw that a brief infection control policy was available; we recommend the policy is updated to include more details about the infection control arrangements in place at the clinic as described to us by the registered manager.

Improvement needed

The infection control policy must be updated to include more details about the infection control arrangements in place at the clinic.

Safeguarding children and safeguarding vulnerable adults

We were told that the clinic requires parental consent to undertake treatment on patients aged under 16 years old. Parents are also required to attend the initial consultation and each treatment session to help safeguard children.

Any children accompanying adults at appointments are not permitted into the treatment room when treatment is taking place for their safety.

We were told that the registered manager had undertaken training in the protection of children and vulnerable adults. However, the clinic did not have any safeguarding policies in place for the protection of children and vulnerable adults. Safeguarding policies must be created by the registered manager to outline the procedures for staff to follow in the event of any safeguarding concerns, including the contact details of local children and adult safeguarding agencies.

Improvement needed

Safeguarding policies that detail the arrangements in place at the clinic to adequately protect children and vulnerable adults must be created.

Medical devices, equipment and diagnostic systems

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

- The laser machine had been regularly serviced and calibrated in line with the manufacturer's guidelines to help ensure it performs consistently and as expected
- A treatment protocol setting out the procedures to follow to ensure treatment is delivered safely to patients was in place which had been overseen by an expert medical practitioner as required by the regulations
- 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 machine were in place and had been signed by the registered manager to evidence their awareness and agreement to follow these rules.

Safe and clinically effective care

We saw evidence that the laser operator met Medicines and Healthcare products Regulatory Agency (MHRA) requirements³ to be a competent user of

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.

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

the laser machine having completed Core of Knowledge⁴ training and training by the laser machine manufacturer on how to operate it safely.

Protective eyewear was available for patients, chaperones and the laser operator. We saw that the glasses and goggles had been kept in good condition and the registered manager confirmed that they were checked regularly for any damage.

No patients received treatment on the day of the inspection, but the registered manager described the safety precautions in place during treatment sessions. As set out in the local rules, a warning sign on the outside of each treatment room door indicates that the laser machine is in use and that people should not enter. The key to the laser 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.

We saw evidence that the registered manager had undertaken an environmental risk assessment to identify any hazards associated with the use of the laser machine and the environment of the treatment room. We noted that actions had been taken by the registered manager to mitigate the identified hazards.

Participating in quality improvement activities

We found evidence that the service had suitable systems in place to regularly assess and monitor the quality of service provided. For example, we noted earlier in the report that the clinic provided the opportunity for patients to provide feedback about their experiences. 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 also saw certificates of various relevant training courses undertaken by the laser operator to develop their skills and knowledge to help provide improved patient care.

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

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

Records management

We were provided with evidence of good record keeping processes which supported the clinic to deliver quality patient care. The clinic maintained electronic patient records that were kept in accordance with professional standards and guidance.

We were told that copies of the electronic patient records are made and stored by the software company so that the clinic would have access to the original data should something happen to the computer system and staff could no longer access it.

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 registered manager had the appropriate skills and relevant knowledge to deliver safe treatment to patients.

A complaints procedure was in place to ensure any complaints are responded to efficiently and effectively.

We found that the policies at the clinic need to be updated to provide more detail about the specific local arrangements in place in relation to each of the matters specified in the regulations.

Governance and accountability framework

Bodywise Beauty Salon is run by the registered manager who is responsible for the day to day management of the service and is the only laser operator.

We found that a range of policies were in place which had been reviewed regularly by the registered manager. However, we noted that the policies were brief. We recommend that the policies are reviewed again and updated to include more details about the local arrangements in place, and procedures to be followed, in relation to each of the matters specified in section 9 of the Independent Health Care (Wales) Regulations 2011.

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

Improvement needed

The service must update their current policies to include more details about the local arrangements in place, and procedures to be followed, in each of the matters specified in the regulations.

Dealing with concerns and managing incidents

The clinic had an appropriate complaints procedure which included the correct contact details for HIW in line with regulatory requirements. The complaints procedure was contained within a patient information folder that was available for patients in the reception area. A summary of the complaints procedure was also included within the statement of purpose and in the patients' guide as required by the regulations.

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

Workforce planning, training and organisational development

We were assured that the registered manager, as the only authorised operator of the laser machine, had the appropriate knowledge, skills and experience to provide safe and effective care to patients. As mentioned earlier within the report, the registered manager had completed the Core of Knowledge training and training on how to use the laser machine, and was committed to keeping their skills and knowledge up to date through continuing professional development⁵ (CPD).

Workforce recruitment and employment practices

We saw evidence that the registered manager had an appropriate Disclosure and Barring Service (DBS) certificate to help the service comply with the regulatory requirements that all staff are of good character.

The registered manager described the pre-employment checks that would be undertaken before any new laser operators joined the practice and explained the induction process in place to help them gain an effective understanding of their new role.

⁵ 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.

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: Bodywise Beauty Salon

Date of inspection: 18 November 2019

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				
No recommendations made.				
Delivery of safe and effective care				
The service must ensure that any fire alarms are tested once a week to ensure the fire alarm system is operational and documented in a logbook.	Independent Health Care (Wales) Regulations 2011 Regulation 26(4a)			
Safeguarding policies that detail the arrangements in place at the clinic to adequately protect children	National Minimum Standards for			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
and vulnerable adults must be created.	Independent Health Care Services in Wales Standard 11			
Quality of management and leadership				
The service must update their current policies to include more details about the local arrangements in place, and procedures to be followed, in each of the matters specified in the regulations.	Independent Health Care (Wales) Regulations 2011 Regulation 11			

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: