

Independent Healthcare Inspection (Announced)

Broadway Hair, Beauty and
Holistic Centre

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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 Broadway Hair, Beauty and Holistic Centre on the 02 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

We found that Broadway Hair, Beauty and Holistic Centre had suitable arrangements in place to ensure their students provided an effective service to patients in an environment that was conducive to providing IPL treatments.

Patient notes and records were being maintained to a high standard and supported the centre to deliver individualised care to patients.

We identified some improvements that could be made to the course content to help the centre comply with their regulatory responsibilities.

The service must also ensure that they comply with their conditions of registration with HIW at all times.

This is what we found the service did well:

- Patients received relevant information to help them make an informed decision about their treatment
- Processes were in place to ensure the privacy and dignity of patients was maintained
- 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
- The registered manager had the appropriate skills and relevant knowledge for their role and responsibilities.

This is what we recommend the service could improve:

- Patients must sign to confirm at each treatment session that there have or have not been any changes in their medical history
- Begin to collect feedback from patients about their experiences of the treatment and care they have received

- Ensure that students undertake introductory safeguarding training as part of their course
- Introduce an assessment stage to provide evidence that the students are competent users of the IPL machine before they treat patients
- Put a system in place to record and manage any formal or informal complaints and concerns received by the centre

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

3. What we found

Background of the service

Broadway Hair, Beauty and Holistic Centre is registered as an independent hospital to provide Intense Pulsed Light (IPL) services at Gower College Swansea, Tycoch Road, Swansea, SA2 9EB.

The service was first registered on 17 May 2016 and employs one IPL operator who is the nominated registered manager¹. The centre provides part time training courses to students in beauty and holistic treatments, which includes a course covering training and assessment in the theory and practice of laser and IPL.

The centre is registered to provide the following treatments to patients over 18 years of age using an Energist Ultra IPL machine:

- Hair removal
- Skin rejuvenation.

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 centre was providing a positive experience for patients.

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

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

The service needs to do more to collect and act on feedback from patients about their experiences of the treatment and care they have received.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. Only two questionnaires were completed, however both patients rated the care and treatment that they were provided with as excellent.

Health promotion, protection and improvement

Patients are required to complete a medical history form at their initial consultation to help 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.

Any changes in medical history are verbally checked with patients at subsequent appointments by the IPL operator. We recommend that these verbal checks are recorded within patient records and that patients sign to confirm that there have or have not been any changes in their medical history.

Improvement needed

Patients must sign to confirm at each treatment session that there have or have not been any changes in their medical history.

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 towels in order to help maintain their dignity.

Both patients who completed a HIW questionnaire said that they had been treated with dignity and respect by the staff at the centre 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 able to have a family member, friend or a formal chaperone present for support during consultations but not during treatment sessions due to the small treatment room.

Patient information and consent

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 (under supervision from the registered manager) prior to treatment to help them understand the options available to them and the risks and benefits associated with each treatment option.

We saw that patients had signed forms giving their consent to treatment and that these had been countersigned by the IPL operator which we noted as good practice.

Communicating effectively

Both patients who completed a HIW questionnaire 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 had been created by the service that provided information about the service. We recommend that the guide is updated to include a summary of the views of patients about their experiences of care and treatment as required by the regulations. The patients' guide was only available upon request at reception, and we advised the registered manager to consider

making copies of the guide available on the reception desk to make it more accessible to patients.

A statement of purpose² was provided to us by the registered manager which we found contained the essential information as 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 centre.

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, the results of which are documented in their patient records. Both patients who completed a HIW questionnaire confirmed that a patch test had been carried out before they received treatment.

We saw an example of a comprehensive list of aftercare and homecare instructions given to patients to inform them 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 small car park was available for patients outside the centre. The IPL treatment room is located on the first floor and is therefore not accessible for people with mobility difficulties. These accessibility issues are made clear to

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

patients in the statement of purpose but we recommend that this is also made clear in the patients' guide.

Improvement needed

The patients' guide must be updated to inform patients with mobility difficulties of the accessibility issues at the centre.

Citizen engagement and feedback

The registered manager explained that they regularly speak to patients to find out how their treatment has gone. Patients are also asked to provide feedback to the registered manager about the performance of the students which forms part of their overall assessment.

However, in order to further monitor the quality of service effectively we recommend that the centre implements a more structured approach to regularly seek the views of patients such as issuing questionnaires or feedback forms. Best practice would be to enable patients to provide their views anonymously and to inform patients of any changes made to demonstrate that feedback is being listened to and acted upon.

Improvement needed

The service must implement a system to regularly collect feedback from patients on their experiences of the treatment and care they have received.

Delivery of safe and effective care

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

Overall, we were assured that patients received safe and effective individualised care that had been well documented in comprehensive 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 recommended some improvements that could be made to the training course content to help the centre comply with their regulatory responsibilities.

The service must ensure that they comply with their conditions of registration with HIW at all times.

Managing risk and health and safety

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

We saw certification that confirmed an electrical wiring check had been undertaken within the last five years. Portable Appliance Testing (PAT) had also been carried out annually to help ensure small electrical appliances were fit for purpose and safe to use.

A fire risk assessment of the premises had been recently undertaken and actions were being taken to mitigate against the identified potential fire hazards and risks and to help provide adequate protection in the event of a fire. Fire extinguishers throughout the centre had been serviced within the last twelve months to ensure they worked properly and fire exits were appropriately signposted. We were told that weekly fire alarm tests are undertaken and documented by reception staff in line with the college fire policy.

The registered manager described suitable procedures to follow in the event of an emergency such as patient collapse. We saw that a first aid kit was available

within the centre with all of its contents within their expiry date and therefore fit for purpose. The registered manager had not undertaken first aid training but confirmed that suitably trained first aiders were accessible in other parts of the centre. The registered manager may wish to consider undertaking a first aid course in order to provide immediate attention in the event of an incident.

Infection prevention and control (IPC) and decontamination

The building appeared well maintained internally and externally and the treatment room, although small, was clean and clutter free.

The college had a generic infection control policy. We saw that the registered manager had outlined infection control arrangements specific to the IPL service in a checklist that was available on the door of the treatment room. This covered procedures such as ensuring good hand hygiene and the cleaning tasks needed for the treatment room and IPL machine. The registered manager explained that students are made aware of these procedures as part of their learning.

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. Children are not allowed onto the premises for their own safety.

We saw that a safeguarding policy was in place for the protection of vulnerable adults which contained 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.

The registered manager had undertaken safeguarding training to improve their knowledge and awareness relating to the protection of vulnerable adults who may be at risk. The registered manager confirmed that students are always supervised during consultations and treatments and are never left alone with patients. However, we recommend that the students participate in an introductory course equivalent to level 1 safeguarding training to ensure they can understand and recognise the signs of abuse and neglect and know how to appropriately report any concerns.

Improvement needed

The service must ensure that the students participate in an introductory course equivalent to level 1 safeguarding training as part of their learning at the college.

Medical devices, equipment and diagnostic systems

During the inspection we found that arrangements were in place at the centre to protect the safety of patients when receiving treatment. The IPL machine had been serviced and calibrated annually to help ensure it performed consistently and as expected.

A detailed treatment protocol that set out the procedures to follow to ensure treatment is delivered safely to patients was available. However, we couldn't confirm during the inspection whether the protocol had been developed by an expert medical practitioner as required by the regulations. The registered manager must seek clarification on this from the IPL machine manufacturer.

A contract was in place with a Laser Protection Adviser (LPA) to provide expert advice on the safety and day to day operational use of the IPL machine. We saw that the local rules³ in place at the centre had recently been reviewed by the LPA. However, we saw that prior to this, the last set of local rules had been issued in 2016. This is not in keeping with the service's conditions of registration with HIW which require the local rules to be reviewed at least annually by a relevant expert in the field of laser or intense pulsed light [an LPA].

Whilst this has not resulted in the issue of a non-compliance notice, there is an expectation that the registered manager takes meaningful action to comply with the centre's conditions of registration going forward.

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.

We noted that the current local rules had been signed by the registered manager and each student, indicating their awareness and agreement to follow these rules when treating patients.

Improvement needed

The service must ensure that the treatment protocol for the IPL machine has been drawn up by an expert medical practitioner.

The service must ensure that the local rules in place at the centre are reviewed by their LPA at least annually.

Safe and clinically effective care

We saw evidence that the registered manager met Medicines and Healthcare products Regulatory Agency (MHRA) requirements⁴ to be a competent user of the IPL machine having completed both Core of Knowledge⁵ training and training by the IPL machine manufacturer on how to operate it safely.

The students are taught how to use the IPL machine safely by the registered manager through their role as Laser Protection Supervisor. Students cover the topics covered by the Core of Knowledge training as part of their course. We recommend the registered manager implements an assessment stage to evidence that the students are competent users before allowing them to move onto the practical stage of undertaking treatments on patients.

A range of protective eyewear was available for patients and the IPL 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 taken when treatment is in progress; a warning sign on the outside of the treatment room door indicates that the IPL

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 laser machines.

machine is in use and the treatment room is locked to prevent any unauthorised persons from entering during treatments. We saw that a store room was located next to the treatment room that other staff members at the centre could access. The only door to the store room was inside the treatment room. We spoke with the registered manager and suggested they may wish to consider creating another entrance to the store room that is not inside the treatment room to help protect the privacy and dignity of patients during treatment.

We were told that the key to the IPL machine is removed after each appointment to ensure it is kept secure when not in use.

We saw that a risk assessment was undertaken when the service was first registered with HIW to identify and mitigate for any hazards associated with the use of the IPL machine and the environment of the treatment room. We saw evidence that the LPA and the registered manager had recently communicated remotely to confirm that there have been no changes to the environment or layout of the treatment room to ensure it remains safe to provide treatments in.

Improvement needed

The registered manager must implement an assessment stage as part of the course to provide evidence that the students are competent users of the IPL machine before treating patients.

Participating in quality improvement activities

The registered manager told us that they are constantly monitoring and evaluating the performance of their students throughout the duration of their course to ensure they provide individualised safe and effective care to patients.

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 being maintained.

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.

The registered manager had the appropriate skills and relevant knowledge to ensure that students provide safe and effective care to patients.

A range of policies and procedures were available to the registered manager which were updated in line with the regulations.

The complaints procedure would enable patient complaints to be handled effectively and in a timely manner. However, the service could do more to make patients aware of the procedure.

Governance and accountability framework

Broadway Hair, Beauty and Holistic Centre is a part of Gower College Swansea and is used by students to undertake a range of courses in beauty and holistic treatments.

The registered manager is employed as the course tutor for the theory and practice of laser and IPL. A number of policies and procedures were available to the registered manager through the college. We noted that these policies had been reviewed every three years in line with the regulations.

We saw that the centre 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 procedure for patients to raise a complaint or concern with the centre was outlined in the patients' guide. We found that it would enable the registered manager to handle any complaints effectively and in a timely manner and it included the correct contact details for HIW in line with regulatory requirements. As mentioned earlier in the report, it would be good practice for copies of the

patients' guide to be made available on the reception desk so patients are aware of the complaints procedure.

The registered manager told us that they had never received any formal complaints. However, we recommend that a system is put in place to record and manage any formal or informal complaints and concerns received by the centre in future.

Improvement needed

The service must put a system in place to record and manage any formal or informal complaints and concerns received by the centre.

Workforce planning, training and organisational development

We were assured that the registered manager had the appropriate knowledge, skills and experience to be the course tutor and to ensure their students 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 IPL machine, and was committed to keeping their skills and knowledge up to date through continuing professional development⁶ (CPD).

The registered manager told us that they have an annual appraisal with their senior manager to hear feedback about their performance and to identify future training opportunities. The registered manager holds weekly catch ups with each of their students to provide individualised support throughout their course.

Workforce recruitment and employment practices

We saw evidence that the registered manager had a suitable Disclosure and Barring Service (DBS) certificate in place to help comply with the regulatory requirements that staff are of suitable integrity and good character.

We mentioned earlier in the report that students are supervised at all times by the registered manager during consultations and treatments to help protect

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.

patients against the risk of inappropriate, or unsafe, care and treatment as required by the regulations.

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: Broadway Hair, Beauty and Holistic Centre

Date of inspection: 02 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				
Patients must sign to confirm at each treatment session that there have or have not been any changes in their medical history.	National Minimum Standards for Independent Health Care Services in Wales Standard 7	Develop a document to allow clients to sign, to confirm if there have been any changes in their medical history.	Lisa Hopkins	Completed
The patients' guide must be updated to include a summary of the views of patients about their experiences of care and treatment at the centre.	The Independent Health Care (Wales) Regulations 2011 Regulation 7	To be included in Patient's Guide.	Lisa Hopkins	Completed
The patients' guide must be updated to		This will be updated and	Lisa Hopkins	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
inform patients with mobility difficulties of the accessibility issues at the centre.		information entered into Patient's guide.		
The service must implement a system to regularly collect feedback from patients on their experiences of the treatment and care they have received.	The Independent Health Care (Wales) Regulations 2011 Regulation 19(2)(e)	Anonymous feedback form.	Lisa Hopkins	End of June 2020
Delivery of safe and effective care				
The service must ensure that the students participate in an introductory course equivalent to level 1 safeguarding training as part of their learning at the college.	National Minimum Standards for Independent Health Care Services in Wales Standard 11	I have emailed the relevant person to arrange this training. It will be completed by students in house.	Lisa Hopkins	October 2020
The service must ensure that the treatment protocol for the IPL machine has been drawn up by an expert medical practitioner.	The Independent Health Care (Wales) Regulations 2011 Regulation 45(1)	I have contacted Energist and they have advised me that the actual protocol was signed off by a medical practitioner.	Lisa Hopkins	Completed
The service must ensure that the local rules in place at the centre are reviewed by their LPA at least annually.	HIW conditions of registration	This has been set as a reminder for LPA to review the Local Rules next February. Although, I will be contacting our LPA before returning	Lisa Hopkins	Completed/ ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		to work, due to COVID-19.		
The registered manager must implement an assessment stage as part of the course to provide evidence that the students are competent users of the IPL machine before treating patients.	National Minimum Standards for Independent Health Care Services in Wales Standard 24	Students to sit a Core of Knowledge test before performing any treatments on clients.	Lisa Hopkins	August
Quality of management and leadership				
The service must put a system in place to record and manage any formal or informal complaints and concerns received by the centre.	The Independent Health Care (Wales) Regulations 2011 Regulation 24	The complaints procedure is detailed in the Patients Guide. There is also a college complaints procedure in place.	Lisa Hopkins	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): Lisa Hopkins

Job role: Registered Manager

Date: 02 June 2020