

Independent Healthcare Inspection Report (Announced)

Allure Aesthetics, Pontllanfraith

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

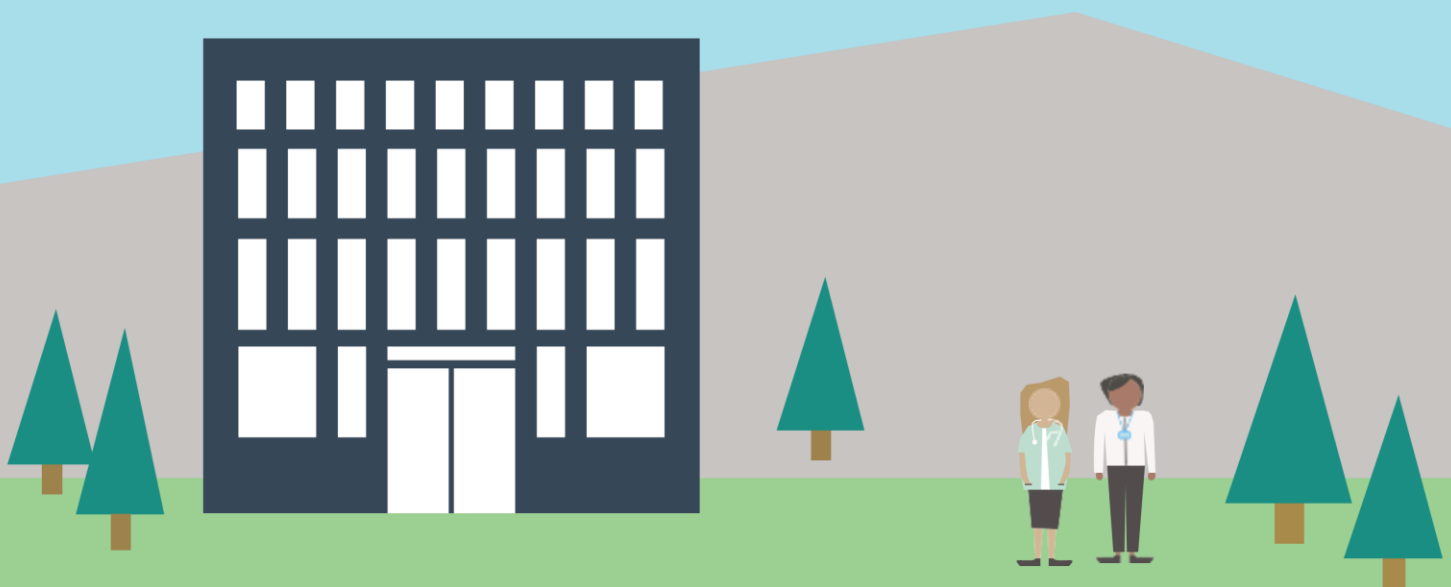
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

| | |
|--|----|
| 1. What we did..... | 5 |
| 2. Summary of inspection | 6 |
| 3. What we found | 9 |
| • Quality of Patient Experience..... | 9 |
| • Delivery of Safe and Effective Care | 12 |
| • Quality of Management and Leadership | 15 |
| 4. Next steps | 17 |
| Appendix A - Summary of concerns resolved during the inspection..... | 18 |
| Appendix B - Immediate improvement plan | 19 |
| Appendix C - Improvement plan..... | 20 |

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Allure Aesthetics on 25 May 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of fourteen were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centered on individual patients.

A summary version of the report, which is designed for members of the public can be found on our website.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Allure Aesthetics was committed to providing a positive experience to patients in a modern and welcoming environment. We found there were systems and processes in place to ensure patients were being treated with dignity and respect.

The registered manager ensured patients were provided with detailed information pre and post treatment so they could make informed decisions about their treatment.

The patient's guide and the statement of purpose provided to us by the registered manager was as required by regulations and patient feedback in the questionnaires was very positive.

This is what the service did well:

- The setting had arrangements in place to protect patient privacy and dignity
- Modern and welcoming environment
- Supportive staff when treatment planning
- Positive patient feedback.

Delivery of Safe and Effective Care

Overall summary:

We found that there were suitable arrangements in place to ensure patients were provided safe and effective care. Treatments were carried out across three floors and all rooms protected the dignity and privacy of the patients.

There was appropriate first aid equipment on site and there were suitably trained staff. There was evidence of annual servicing of the fire extinguishers and fire risk assessments were in place for the premises. There was a dedicated fire warden, and all staff were trained in fire safety.

Summary of concerns resolved during the inspection:

HIW found that the provider was using two lasers on site that were not detailed on the setting's registration certificate schedule these were the 3D Vjuve and 3D Nanosure lasers. We informed the registered manager that using these lasers amounted to a breach of the registration for the setting. The service agreed to immediately cease the use of the lasers and this would remain until such time that a minor variation was submitted to HIW and an updated notice of decision issued.

Details can be found in the Summary of concerns resolved during the inspection at [Appendix A](#).

This is what the service did well:

- Patient information was being stored securely
- Treatment rooms were very clean and well equipped
- The laser machine in use at the setting was serviced and maintained appropriately to ensure safe treatment.

Quality of Management and Leadership

Overall summary:

We found the registered manager and her team were patient focused and had the appropriate skills and knowledge to deliver safe treatments to patients.

There were various policies and procedures in place and these were reviewed in line with specified timeframes. The registered manager also had processes in place to assess and monitor the quality of the services provided and reported on the findings.

This is what the service did well:

- Policies and procedures were reviewed in a timely manner
- Annual reports as set out in regulation 19 of the Independent Health Care (Wales) Regulations 2011 were completed
- Concerns and feedback information was documented and acted on to drive improvement.

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the service to hand out HIW questionnaires to patients to obtain their views on the care and treatments provided. In total, we received fourteen completed questionnaires. All respondents indicated that they had visited the setting within the last two months. Some of the comments provided by patients on the questionnaires included:

“Service is second to none, very professional.”

“One of the main reasons I chose Allure was the level of attention to detail. The cleanliness and friendly staff are top tier.”

“All the staff that I have met have been incredibly professional and knowledgeable with regards to the treatments. On the rare occasion they didn't know the answer they sought help. There was a lengthy consultation process and details checked at every appointment before treatment starts.”

“Always really clean and professional. Staff are always very friendly and knowledgeable.”

Dignity and respect

We were assured by staff that patient dignity could be preserved. There were blinds on each window and all treatment room doors were fitted with locks which were used when the rooms were in use. The registered manager confirmed that patients were able to change, if necessary, in the treatment room. Towels were available to preserve dignity where required. We were told by all staff that patients were always treated in a dignified and respectful manner.

All patients who completed a HIW questionnaire ‘strongly’ agreed that measures were taken to protect their privacy and that they were treated with dignity and respect.

Communicating effectively

The patient information leaflet and price lists for patients were available in each treatment room and on the services website. Both the patient’s guide and the statement of purpose complied with the relevant regulations. There was a complaints process in place and this included details of HIW as required. All

patients that completed the relevant section of the questionnaire answered that they felt listened to during their appointment and felt that they had been involved as much as they wanted to be in decisions about their treatment.

Most bookings for treatments were done online, however there was also an option to phone the setting or book in person at the setting, for example where patients were unable to access the internet.

Patient information and consent

We were assured that patients were able to make an informed decision about their treatment. In most cases, patients were provided with a pre-treatment questionnaire to complete ahead of a face-to-face consultation, which took place prior to treatment. Information around the risks, benefits, and likely outcomes of treatments were discussed at that consultation. To document this, a form was completed on the services iPads, which were populated using the pre-treatment questionnaire. Those unable to complete this form ahead of time were supported to do so by the staff undertaking the consultation. An example was given of a time where the patient was not able to complete the pre-treatment questionnaire ahead of the consultation. The patient was supported by staff to complete the forms and the questions were read back to them to ensure their understanding and confirm they were happy to consent to treatments.

Care planning and provision

The records of five patients were reviewed and were found to be of a good standard. All areas of the patients' treatment journey, including details from the pre-treatment questionnaire, the initial consultation, patch testing, consent to treatment, plus the potential risks, side effects, and likely outcomes of the treatment, were captured.

Patients' medical history was completed thoroughly and recorded on the patient records prior to receiving treatments, for both the first and subsequent treatments. All patients who completed the relevant section of the patient questionnaire agreed they had their medical history checked before undertaking any treatment. We saw evidence that information originally captured was repeated at each treatment session to check for any changes. Feedback was always sought on how the patient felt the previous treatment had been. The patients experience, including side effects/benefits of treatment, were documented in patient records.

Equality, diversity and human rights

The registered manager provided examples of how the setting treated all patients and staff with dignity and respect, whilst always upholding their rights. These included where patients were undergoing gender transition, their choices of pronouns were used. Also, reasonable adjustments included staff who were pregnant or post-partum, they were provided more time in-between patients to

rest. Hours of work had also been adjusted to be more family friendly.

We saw that the setting had an equality and diversity policy in place, which referenced the Equality Act 2010. All patients that answered the patient questionnaire indicated they had not faced any discrimination when accessing or using this service.

Documentation was only available in English. However, we were advised that if a patient sought information in another language arrangements to facilitate this, so far as reasonably practicable, would be made.

Treatment rooms were located across three floors, the ground floor allowed for patients with mobility requirements to be treated easily. However, the laser treatments were accessible on the first floor and basement, meaning these treatments would be limited to those who required a mobility aid.

Citizen engagement and feedback

We saw that the practice had mechanisms in place to obtain the views and feedback of patients after each treatment. The setting also had incentives such as “money off” vouchers redeemable against future treatments to encourage patients to complete online reviews. There were eighty online reviews for this service, all of which were five stars. We were told that the registered manager monitored all forms of feedback, and they used this feedback to review and improve the service as required.

Delivery of Safe and Effective Care

Managing risk and health and safety

There were arrangements in place to protect the safety of visitors to the premises. We found the setting to be very clean and well organised. Treatments took place in several rooms across three floors. Each room maintained the patients' dignity and privacy.

We saw evidence of appropriate first aid equipment and certificates for the completion of first aid training for all staff and a dedicated first aider was in place.

There were fire risk assessments in place for the premise. Weekly fire alarm tests were being carried out and recorded in a fire book kept behind the reception desk. We saw evidence of annual servicing of fire extinguishers and sufficient training in their use. The registered manager was the dedicated fire warden.

Infection prevention and control (IPC) and decontamination

The treatment rooms were visibly clean, orderly, and free from clutter. All patients that completed a questionnaire showed no concerns over the cleanliness of the service, all answered that the premises were 'very clean' and felt IPC measures were being followed.

The registered manager was able to describe the infection control arrangements in place at the service and produced evidence of cleaning schedules to this effect. The arrangements included daily checks with time blocked out morning and evening for this. There were additional weekly infection control measures in communal areas. The IPC policy included information on sanitising the laser machines and hand pieces along with appropriate hand hygiene methods. It also explained arrangements for the sanitising of the patient treatment tables and work surfaces prior to and post use of the treatment room.

Sharps disposal bins were seen in each room and were being stored appropriately. Clinical waste arrangements were also in place through an external provider and general waste was arranged through the local council.

Safeguarding children and safeguarding vulnerable adults

We saw evidence of systems and documentation in place to support the safeguarding of vulnerable adults. Children were not treated at the premises and children were discouraged from attending the setting with their parent/carer. The safeguarding policy in place detailed the appropriate steps to follow in the event of a safeguarding concern. The policy included all necessary information, including

contact details for the local authority safeguarding team. The document was reviewed and updated in line with the All Wales Safeguarding Protocol. There was evidence of appropriate safeguarding training for all staff.

Medical devices, equipment and diagnostic systems

During the inspection we noted that three lasers were in use at the setting. All appropriate arrangements were in place to protect the safety of patients and staff when using the lasers, as described below. However, only one of the laser machines was covered by registration with HIW and therefore the setting was required to immediately cease use of the 3D Vjuve and 3D Nanosure lasers until such time that a variation to the registration had been sought and granted. This was agreed by the registered manager and the necessary action taken to cease their use.

A contract was in place with a new Laser Protection Advisor (LPA) who provided advice and support on the safe use of the laser machines. A book was provided by the LPA to record any machine faults when tested. Local rules had been reviewed by the LPA within the last six months. The registered laser machine had been serviced annually; the other two lasers were purchased in August and September 2022. Appropriate eye protection was available for patients and all trained operators.

There were treatment protocols in place for the use of the laser machines in each room and these had been created and approved by an expert medical practitioner for each machine. The laser machines were key operated, and the keys removed when the machines were not in use. The keys would be placed into a key safe behind reception and the laser machines secured in a locked room.

Safe and clinically effective care

We saw evidence that all laser operators were competent in the use of the laser machines. Core of Knowledge training had been completed for the relevant staff within the last year and we saw certification of training to confirm this. We were advised that training from the manufacturer of the laser machines on how to operate them safely had been completed. Treatment rooms were fitted with a lock to ensure patient dignity and safety during treatments and appropriate signage displayed on the treatment room doors to warn people not to enter when the laser machine was in use. This included a light display warning on the first-floor treatment room.

The registered manager told us that patients received a patch test for their safety prior to any treatments starting. Where relevant, all patients that completed a questionnaire confirmed that they had been given a patch test before they received laser treatment.

Participating in quality improvement activities

Staff demonstrated comprehensive knowledge and understanding of the treatments provided and had recognised qualifications in this area of practice. All staff were keen to continue to develop their learning to improve the quality of services provided. The registered manager discussed the importance of post treatment observations and follow-ups with patients to aid improvements in the care provided throughout the course of planned treatments.

Records management

We saw evidence of good record keeping. The sample of records reviewed were sufficiently detailed and were clear to follow. All elements of the records reflected the patients journey pre and post treatments. Patient treatment logs were being completed alongside the main records on the iPads at the setting. Records were kept in a well organised manner and were kept secure when not in use.

Quality of Management and Leadership

Governance and accountability framework

Allure Aesthetics is overseen by the registered manager and is supported by a team of staff, two of which were qualified laser operators.

The service had several policies in place, which we considered met the needs of the service. The policies had been recently reviewed to ensure their on-going effectiveness.

Evidence was also provided showing that the registered manager had completed an annual report in accordance with regulation 19 (3) of the Independent Health Care (Wales) Regulations 2011. This related to assessing and monitoring the quality of service provision. In addition, the service had an up-to-date public liability insurance certificate displayed.

Dealing with concerns and managing incidents

There were appropriate processes in place for managing concerns and incidents, including a complaints policy and procedure which contained all information required by the regulations. The services' website also detailed the complaints process.

The practice has a system in place to log formal and informal complaints and concerns. At the point of inspection, no complaints had been received by the clinic. We also confirmed with the registered manager that there had been no recent HIW reportable incidents. The registered manager also told us that patients were always contacted to provide feedback following their treatment.

Workforce planning, training and organisational development

The registered manager described the induction process for new staff. This involved a period of theory training, followed by periods of shadowing qualified staff, then further theory and practical work including gridding and skin types for the laser training. Supervision formed part of their induction and training, and competencies would be signed off gradually. All staff would be subject to a three month probationary period and regular supervisions. Once suitably trained or qualified, random checks were also carried out by the registered manager on the care and treatments provided by staff.

All staff were supported within the remit of their roles and formal qualifications were attained by all laser operators. The registered manager confirmed that an annual appraisal was completed for all staff regardless of their role at the setting, which also helped to keep staff motivated and to identify any further training

areas that may be required.

We reviewed a range of training documents and qualification certificates including Core of Knowledge training and training by the manufacturer on how to use the laser machines for all authorised users. These confirmed staff were suitably qualified to operate all the lasers.

Workforce recruitment and employment practices

The registered manager was able to describe the recruitment process for new staff. Appropriate pre-employment checks and evidence of relevant qualifications prior to providing any treatments was provided.

We saw evidence that the registered manager and all staff had appropriate Disclosure and Barring Service (DBS) certificates in place.

There were also logs in place for staff to sign to confirm all staff members had read and understood the services policies and procedures as part of their induction and following any changes.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below 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 |
|--|--|---|--|
| <p>We found that the registered manager of the laser clinic was allowing the use of two unregistered class 3 laser machine (3D Vjuve and 3D Nanosure). This is an offence under the Care Standards Act 2000.</p> | <p>This is an offence under Section 24 of the Care Standards Act 2000 which requires all such laser machines to be registered with HIW prior to first use.</p> | <p>The inspector immediately made the registered manager aware of the requirements under the Care Standards Act 2000 and informed them that they must immediately cease to use the Class 3 (3D Vjuve and 3D nanosure) laser machines until such time as registration had been granted by HIW.</p> | <p>The registered manager removed the two unregistered laser machines from use immediately and cancelled all pre-arranged appointments.</p> <p>All relevant training and protocols were in place for the unregistered lasers, which has enabled the registered manager to submit the appropriate application to register both unregistered laser machines. The machines will not be used until such a time that they are formally registered with HIW.</p> |

Appendix B - Immediate improvement plan

Service: Allure Aesthetics

Date of inspection: 25 May 2023

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|---|----------------------|----------------|---------------------|-----------|
| No immediate improvement plan was required for this inspection. | | | | |

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Allure Aesthetics

Date of inspection: 25 May 2023

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

| Improvement needed | Standard/ Regulation | Service action | Responsible officer | Timescale |
|---|-------------------------|----------------|---------------------|-----------|
| No improvement plan was required for this inspection. | | | | |

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print):

Job role:

Date: