

# Independent Healthcare Inspection Report (Announced)

The Beauty Room at the Nibblers,  
Barry

Inspection date: 05 February 2024

Publication date: 07 May 2024



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Digital ISBN 978-1-83577-995-8

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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.



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# 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 the Beauty Room at the Nibblers on 05 February 2024.

The inspection was conducted by a HIW Healthcare Inspector.

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 12 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 centred on individual patients.

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

It was evident that staff at The Beauty Room at the Nibblers were committed to providing a high standard of care for patients, in a welcoming and well-maintained environment. Patients provided positive feedback about the service and treatments that they had received. All except one patient who completed HIW questionnaires rated the service as 'very good'. The remaining patient did not provide a response to this question.

This is what the service did well:

- The setting was clean, tidy, and maintained to a high standard
- Staff were committed to providing a professional service and positive experience for their clients
- Patients had access to extensive and up-to-date information about the services provided, both via the setting's website and the patient information leaflet.

### Delivery of Safe and Effective Care

Overall summary:

It was evident that the service provided patients with safe and effective care. Suitable arrangements were in place for the maintenance and on-going safety of the IPL/laser equipment. We saw comprehensive risk assessments in place for infection control and fire safety. Patient records were stored securely and well maintained.

This is what the service did well:

- The treatment room was clean, well equipped and fit for purpose
- Patient records were stored securely and maintained to a good standard.

### Quality of Management and Leadership

Overall summary:

It was clear that all laser operators at The Beauty Room at the Nibblers had the appropriate skills and relevant knowledge to deliver safe treatment to patients. We saw evidence of all having completed relevant training to be able to deliver laser

treatments safely and effectively. The setting also had a comprehensive register of policies and procedures in place which was up-to-date and annually reviewed.

This is what the service did well:

- Both the registered manager and the staff member working at the setting were up to date with mandatory training
- An up-to-date complaints policy was in place and included HIW contact details.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 12 completed questionnaires. The majority of the completed questionnaires were from patients who had visited the practice within the last two months.

Some of the comments provided by patients on the questionnaires included:

*“Excellent service, well informed, knowledgeable staff. Treated compassionately with dignity and respect.”*

*“Staff members were extremely knowledgeable, professional and informative for my treatment. I felt safe, respected and well advised of after care. I'd thoroughly recommend The Beauty Rooms for this type of treatment.”*

#### Health protection and improvement

We saw evidence of patients completing a comprehensive medical history form during their initial consultation. Staff confirmed that the medical history form is reviewed with the patients at the start of each appointment. We were told that any changes are recorded in patient records and the forms updated accordingly.

The majority of patients who completed questionnaires said that their medical history was checked before undertaking treatment (11/12). They also confirmed that they were given a patch test before receiving new treatment. In both cases, one patient disagreed, however gave no further information regarding their response.

#### Dignity and respect

All laser treatments were provided on the lower level of the building, in a designated room, providing patients with complete privacy during their treatment. This room has clear signage on the door, informing when laser treatments are taking place. The registered manager informed us that they would leave the room prior to treatments if a patient needed to get undressed. They would then do the same to allow them to redress after their treatment.

We were informed that, should a patient require a chaperone, they would be able to attend the appointment and suitable eye wear would be provided.

### **Communicating effectively**

We saw evidence of extensive information available for patients regarding the treatments provided at the setting. This was found on the setting website, in the patient information leaflet and the statement of purpose.

Appointments at The Beauty Room at the Nibblers could be obtained online, via social media, over the phone and in person at the setting.

The registered manager informed us that there are currently no patients who prefer to communicate in Welsh. However, we were told that staff would have documentation translated if requested.

### **Patient information and consent**

The registered manager confirmed that patients are provided with all relevant information during their consultation. All patient files reviewed contained completed consultation forms and we saw evidence of patients signing to confirm consent to treatment. We also confirmed that consent was taken prior to the initial treatment and at subsequent appointments.

The majority of questionnaire respondents (11/12) informed us that they had received enough information to understand the treatment options available to them, as well as the risks and benefits. 10 patients who completed questionnaires confirmed that they were given adequate aftercare instructions to aid healing. One patient disagreed and the remaining patient did not respond. No comments were made by the patient who disagreed with the statement.

### **Care planning and provision**

We saw evidence of a treatment register in place, which was well maintained and up to date. Our review of a sample of patient records also confirmed that these were maintained to a good standard.

### **Equality, diversity and human rights**

The room in which laser treatments were taking place was situated on the lower level of the building. Any patients requiring disabled access could enter the setting via the back door, providing level access to the laser treatment room. The practice manager informed us that, so far, no patients have needed to access the building this way.

The registered manager informed us that, when treating transgender patients, preferred pro nouns and names are always used during consultations and appointments.

### **Citizen engagement and feedback**

The registered manager informed us that feedback could be provided in person at the setting, via google reviews and paper questionnaires. We confirmed that the patient guide encourages individuals to provide feedback following treatments received.

# Delivery of Safe and Effective Care

## **Managing risk and health and safety**

We saw evidence of annual portable appliance testing (PAT) being carried out at the setting. The practice manager also provided us with evidence of a five yearly wiring check having been completed.

The practice manager provided documentation evidencing that a comprehensive risk assessment of hazards had been conducted by the laser protection advisor (LPA). This was subject to annual reviews.

We reviewed the arrangements for fire safety. The fire exit was clearly sign posted and the setting had smoke detectors installed throughout. All fire extinguishers were subject to annual servicing and the practice manager told us that fire drills and smoke detector tests were carried out monthly.

Our review of training records confirmed that all staff were up to date with fire safety training.

There was an emergency first aid kit available, however the bandages in the kit had expired. During our visit we saw confirmation of new bandages having been ordered and have since received confirmation that these have been delivered and included in the first aid kit.

During our inspection, we saw evidence that two of the laser operators were up to date with first aid training. However, from conversations with practice manager, it was clear that, going forward, there would be times when neither first aider was in work due to maternity leave and childcare commitments. Since our inspection, we have seen certificates for two additional first aiders at the practice, ensuring there is always a first aider on site.

## **Infection prevention and control (IPC) and decontamination**

The setting was visibly clean and tidy. The practice had a comprehensive infection prevention and control (IPC) policy in place which covered hand hygiene, decontamination of equipment and cleaning of the environment.

All patients who completed questionnaires felt that infection and prevention control measures were being followed and that the setting was 'very clean'. The 12 respondents also agreed that infection and prevention control measures are always followed.

### **Safeguarding children and safeguarding vulnerable adults**

The setting had a comprehensive safeguarding policy in place, which was up to date and contained details of the local safeguarding team. The document also clearly outlined the procedures to follow in the event of a safeguarding concern.

All members of staff were up to date with adult and child safeguarding training.

### **Medical devices, equipment and diagnostic systems**

We reviewed documentation that confirmed that the laser machine had an annual service and calibration certificate in place, both of which were in date.

We viewed the contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the machines. The local rules had been regularly reviewed by the LPA and signed by the laser operator.

### **Safe and clinically effective care**

We inspected the protective eyewear provided for clients during appointments. All pairs were in good condition and consistent with the local rules.

There was one room used for laser treatments at the setting. The room had appropriate signage on the door and was lockable from the inside. Also, when laser treatments are not being provided, a key is removed from the machine, preventing use. We saw this key being kept in a locked till within the reception area of the setting.

The registered manager informed us of the pre- treatment checks carried out with each client. A patch test is carried during patient consultations prior to treatment, and results are recorded appropriately in patient records.

### **Participating in quality improvement activities**

The registered manager informed us that they regularly discuss feedback received with the other staff member working at the practice. We were told that staff are keen to take on board any feedback and act on it if necessary.

### **Records management**

Patient records were kept both electronically, in a password protected folder. We examined five samples of patient records and found that these were maintained to an adequate standard. We also reviewed the patient register, which was kept in paper format and locked in a secure cabinet.

# Quality of Management and Leadership

## **Governance and accountability framework**

The Beauty Room at the Nibblers is overseen by a registered manager and a team of additional staff members. We confirmed that all laser operators offering treatments are registered to do so at the setting.

We saw evidence of a comprehensive policies and procedures register in place. At the time of inspection, practice policies did not contain relevant review dates, however since our visit we have seen evidence of review dates being included on all policies.

## **Dealing with concerns and managing incidents**

The registered manager confirmed that no complaints had been received since the practice has been registered with HIW.

There was a comprehensive complaints procedure in place. This was clearly displayed in the patient information leaflet, in the reception area of the practice and on their website. The procedure was up-to-date and included contact details for HIW.

## **Workforce planning, training and organisational development**

We saw evidence that all laser operators working at setting had completed Core of Knowledge training and manufacturer training in the use of the laser machines.

During our inspection, the registered manager confirmed that appraisals were not carried out at the setting. However, since our visit, we have seen evidence that appraisals have been scheduled with all staff for when the registered manager returns from maternity leave. The manager also confirmed that these will be scheduled annually going forward.

## **Workforce recruitment and employment practices**

We reviewed the disclosure and barring service (DBS) certificates for all laser operators at The Beauty Room at the Nibblers. All staff members up to date DBS certificates, except one who was currently on maternity leave. The registered manager explained that the application had been started to renew this DBS and would be completed once the individual had returned to work.

## 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
No concerns identified			

## Appendix B - Immediate improvement plan

**Service:** The Beauty Room at the Nibblers

**Date of inspection:** 05/02/2024

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 identified				

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:** The Beauty Room at the Nibblers

**Date of inspection:** 05/02/2024

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 Improvements required				

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: