

# Independent Healthcare Inspection Report (Announced)

## Beauty Within Medi-Spa, Cowbridge

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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:

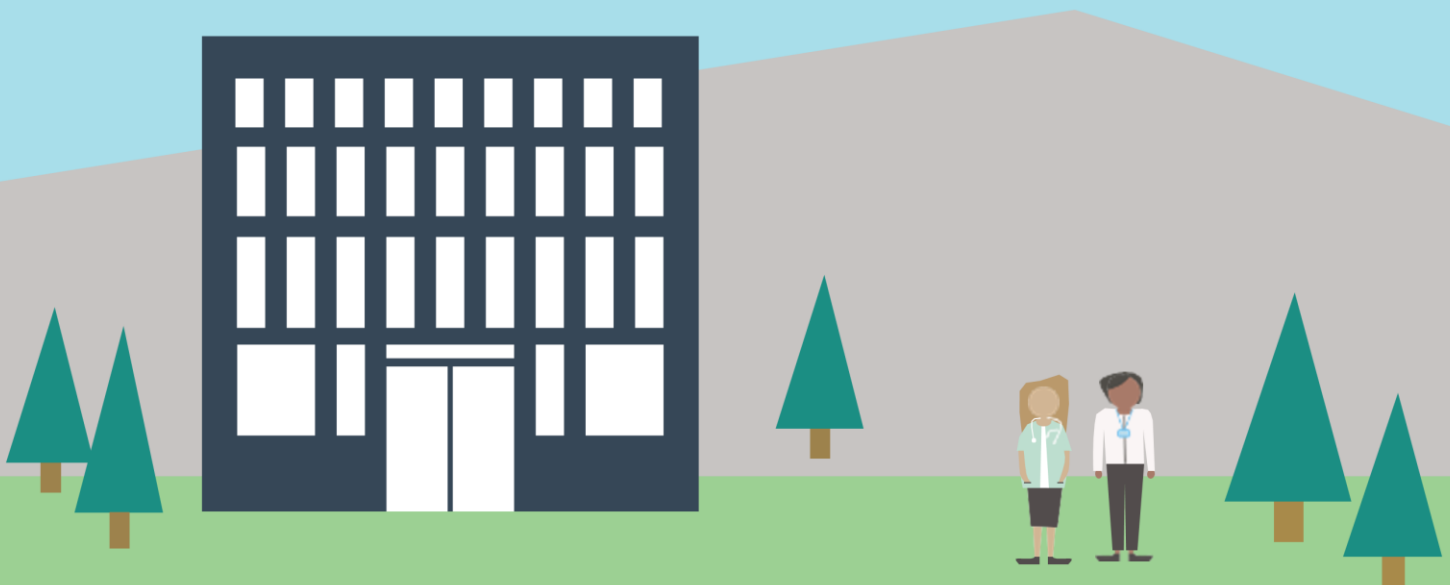
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Beauty Within Medi-Spa on 5 February 2025.

The inspection was conducted by 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 44 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.

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found patients experienced a good quality of care at Beauty Within Medi-Spa. There were robust arrangements in place to fully support the privacy and dignity of patients, giving due regard to their equality and rights. Patients were treated in a dignified manner throughout their patient journey by respectful and polite staff. Clear information was provided to patients prior to and following their treatments to ensure their health was prioritised. The systems in place to record informed patient consent were comprehensive and we saw patient feedback was recorded and responded to in a timely manner.

This is what the service did well:

- Medical histories and changes in circumstances were discussed prior to every treatment with patients
- All patient rated the service as 'very good'.

### Delivery of Safe and Effective Care

Overall summary:

We found a clean, tidy and well-maintained setting which promoted the safe and effective care for patients. Risk assessments were suitable and infection control procedures were appropriate. We saw the arrangements in place to safeguard vulnerable adults were clearly outlined in the setting's procedures. The laser machines used at this setting were kept clean and serviced on a routine basis.

Overall, the patient records we reviewed were comprehensive and included a satisfactory level of information. Records contained full accounts of patient medical histories, patch testing and skin typing along with robust consent records. However, we did find one record which was not noted in the setting treatment register which requires improvement.

This is what we recommend the service can improve:

- The registered manager must ensure a robust procedure is in place to capture all laser treatments within the register.

This is what the service did well:

- Treatments at the setting were being delivered safely and effectively
- Calibration checks and the cleaning of laser machines were both routine.

## Quality of Management and Leadership

Overall summary:

The leadership and management arrangements in place were suitable for the service being provided. The process in place for managing concerns, complaints or incidents were appropriate and met the needs of the service and patients. The procedure for the collection of references, employment checks and the certification checks required prior to employment was satisfactory.

This is what the service did well:

- All policies and procedures were clear and comprehensive.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

Before our inspection we invited the service to hand out questionnaires to patients to obtain their views on the care and treatments provided. In total, we received 44 completed questionnaires. Most of the respondents indicated they had visited the service within the last two months. All of the respondents rated the service they received as 'very good'. Some of the comments provided by patients on the questionnaires included:

*"Staff at Beauty Within [Medi-Spa] are highly professional. I feel confident that any treatment I receive will be carried out to a very high standard."*

*"Friendly and informative service. Was able to have initial consultation on day of walk-in enquiry."*

*"[staff are] extremely friendly and welcoming both on the phone and face to face. Instantly puts you at ease. I feel like I have a personal service. Nothing is too much trouble. Highly recommend Beauty Within [Medi-Spa]!"*

*"Incredibly friendly and professional service from all of the staff! Excellent!"*

*"I was very happy with the service they provide. I felt extremely happy with my treatment and care I received. I will be coming back."*

*"The setting provides a very professional but relaxing environment for treatment. I felt fully at ease."*

*"Everything is first class. All staff extremely helpful and courteous."*

#### Dignity and respect

We heard staff speaking with patients in a considerate and kind manner. The reception desk and waiting area were joined, however, patients were always offered the option to discuss private matters away from the reception area.

Consultations and treatments were undertaken in a private room at the setting. The solid door for this room was locked during appointments to ensure patient privacy. Patients were allowed to change in private prior to treatments and signage indicated when patients were being treated to prevent unauthorised entry.



Chaperones were permitted in the treatment room, where requested. An additional set of protective eyewear was available to ensure their safety.

Patients who responded to the HIW questionnaire all said they were treated with dignity and respect and that staff listened to them/answered their questions. Patients also said measures were taken to protect their privacy. Patients told us:

*“The treatment is always carried out diligently and with respect”*

*“Very polite”*

*“Very professional, calm and friendly”*

*Very friendly”*

#### **Patient information and consent**

The patient consent policy was up to date and suitable for the service provided. We reviewed five patient records during our inspection. All of the records contained comprehensive consultation forms and the details of the treatments administered. The records we reviewed evidenced consent and medical history checks were recorded for every follow-up treatment. The risks and benefits of each treatment were provided to patients to sign and agree they had read them. Post-laser treatment care advice was also provided to each patient and evidenced within the records we reviewed.

All questionnaire respondents informed us they had received enough information to understand the treatment options available to them. Patients also confirmed staff explained what they were doing throughout the treatment and they were involved as much as they wanted to be in decisions about their healthcare. One patient said:

*“Very informative and personal service.”*

All patients also said they were given aftercare instructions and all except one patient said they were given clear guidance on what to do in the event of infection or emergency.

#### **Communicating effectively**

The statement of purpose for the setting was up-to-date and appropriate. The patient guide outlined all relevant information relating to the treatment options, costs, means of raising a concern and emergency care. We saw both documents were available for patients at reception.

We found suitable information was provided to patients at every stage of their patient journey, including the costs and different treatment options. The provision of this information was governed by an appropriate policy. Staff utilised online translation tools, where needed, so that patients were able to communicate with staff in the language most comfortable for them. Patients made appointments over the telephone or in person. Two respondents to the HIW questionnaire indicated their preferred language was Welsh. They stated they were actively offered the opportunity to speak Welsh and felt comfortable using their preferred language. The staff we spoke with confirmed that documents required in the medium of Welsh would be provided upon request.

### **Care planning and provision**

All five patient records we reviewed during the inspection included details from the initial consultation, patch tests and patient consent to treatments. We saw on every follow-up appointment in our sample, patients signed to consent to treatment and confirm their medical history information was still accurate.

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

During our discussions with staff, we noted satisfactory examples of how they treated patients equally and upheld their rights. These examples included a recent introduction of motorised treatment chairs to assist patients with limited mobility. The setting had suitable equality and diversity policies in place to prevent harassment and discrimination. The rights of patients were further upheld by allowing patients to choose their preferred pronouns and names on their records.

Most respondents to the HIW patient questionnaire (40/41) indicated they had not faced any discrimination when accessing or using this service. Most patients also told us (39/42) they could access the right healthcare at the right time with due respect for their protected characteristics.

### **Citizen engagement and feedback**

We found a robust system in place for the collection and response to patient feedback. Patients were provided with written feedback forms to complete following their appointment and forms available at reception. The setting reviewed patient feedback on a routine basis and feedback was discussed at staff meetings. The scores collected during the feedback process were publicised in the patient guide and statement of purpose.

# Delivery of Safe and Effective Care

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

We found suitable arrangements in place to manage and minimise the risks to patients and to ensure their safety. The setting was kept to a good standard to deliver safe care to patients. Certifications for electrical wiring, gas safety and portable appliance testing were all in place.

Fire safety precautions were all robust and outlined within a dedicated policy. The records we reviewed showed testing and safety checks were all routine. Appropriate safety signage appeared throughout the setting and the staff we spoke with demonstrated a good understanding of what to do in the event of an emergency.

We reviewed the health and safety and Laser Protection Advisor (LPA) risk assessments in place, all of which were suitable. We saw these risk assessments were reviewed annually and were correctly dated.

The first aid kit was complete, with staff trained to the correct level in first aid.

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

Satisfactory processes were in place to enable the effective cleaning and decontamination of treatment areas and the equipment, outlined in the infection control policy for the setting. We were informed gloves were worn during treatments and routine hand washing took place pre-and-post treatment. Clinical waste was handled correctly and disposed of through a waste handling contract. We saw audits took place of cleaning schedules and compliance with infection control (IPC) procedures were overseen by a medical director.

All patients said the setting was 'very clean' and that IPC measures were being followed.

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

The setting had up to date and suitable safeguarding and whistleblowing policies in place. The safeguarding procedures contained details of the local safeguarding team and a flow chart of what actions for staff to complete in the event of a safeguarding concern. Procedures were kept up to date through the training attended by the setting laser operator. While not initially available, the safeguarding training certificate for the laser operator was made available to HIW immediately prior to the inspection. Individuals under the age of 18 were not allowed on site.

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

We found the devices at the setting were being used safely and in line with manufacturer guidelines.

A contract was in place with a certified Laser Protection Advisor (LPA). We saw records of annual reviews of the setting by the LPA and a suitable report was produced, which included an appropriate risk assessment. The LPA report for the most recent inspection was being produced and was not available for review on the day of inspection. However, this was issued to HIW immediately following the inspection. There were individualised treatment protocols in place for the use of each laser machine, which had been approved by a medical practitioner.

The local rules for the setting were satisfactory and immediately available for staff, when needed. The local rules had been signed by the single laser operator.

The designated room for laser treatments was locked when not in use, and the key was stored securely by the laser operator for the setting. Daily checks took place on the laser machine, with calibration checks prior to each treatment. Servicing records were all in place and had been conducted in May 2024. Protective eyewear was readily available, in a suitable condition and checked prior to every use; consistent with the local rules.

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

We found treatments at the setting were being delivered safely and effectively. The sole laser operator had received manufacturer training on all machines, and their core of knowledge training was also up to date.

There was one room used for laser treatments at the setting. This room was lockable and displayed appropriate signage on the door indicating that laser treatments took place within the room.

We saw evidence in patient records of every patient in our sample receiving patch-testing and skin typing prior to their course of treatments.

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

Cleaning and hygiene audits took place at the setting. Professional discussions were routine between the medical director and laser operator, as well as with the laser machine manufacturers. Patient feedback was also reviewed and discussed within the setting. All these activities were designed to drive continuous improvement for the care delivered to patients.

### **Records management**

Patient records were a mixture of paper and digital, with hard copies securely stored in a locked cabinet and digital copies held in secure system. We saw all records were disposed of in line with practice retention policies.

We reviewed a sample of five patient records at Beauty Within Medi-Spa. Overall, we found good evidence of record keeping. However, when cross referencing one patient record with the treatment register, we saw one treatment cycle was omitted from the register. We brought this to the attention of the practice manager who confirmed it was an oversight on this occasion and updated the register. We advised the setting to review their procedure to ensure records are always comprehensively completed.

**The registered manager must ensure a robust procedure is in place to capture all laser treatments within the register.**

Patients who completed a HIW questionnaire confirmed they were given a patch test before receiving a new treatment. Respondents also stated they signed a consent form prior to treatment and their medical history was also checked prior to any treatments.

# Quality of Management and Leadership

## **Governance and accountability framework**

The laser was operated by one individual who was also the registered manager. The governance and accountability frameworks in place were suitable for the size and staffing of the setting.

We saw all policies and procedures were clear and comprehensive. The Public Liability Insurance and HIW registration certificates were on display in the laser room. The Statement of Purpose and patient information leaflets were both up to date and available for patients.

We found Enhanced Disclosure and Barring Service checks were in place for the sole laser operator.

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

Patient complaints were overseen by the individual staff member managing the service. If the complaints related directly to the manager, these would be reviewed by the setting medical director. Patients were also encouraged to bring their concerns to the attention of HIW. The complaints procedure was appropriate, up to date and referenced HIW as a means to raise concerns. There were no complaints for us to review during the inspection and we were assured by the complaints process in place. We were told that any verbal complaints would be noted within the complaints book.

## **Workforce planning, recruitment, training and employment practices**

We saw an appropriate recruitment policy in place. The policy confirmed the robust procedure for the collection of references, employment checks and the certification checks required prior to employment.

The sole laser operator had undertaken all mandatory training to remain competent in their role. We saw core of knowledge training and manufacturer-specific training were in place. Training certificates for infection prevention and control as well as fire safety were available for us to review but were sent to HIW immediately following the inspection.

## 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 summarises 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 - Immediate improvement plan

**Service:** Beauty Within Medi-Spa

**Date of inspection:** 5 February 2025

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No immediate concerns were identified on this inspection.					

# Appendix C - Improvement plan

**Service:** Beauty Within Medi-Spa

**Date of inspection:** 5 February 2025

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
<p>1. When cross referencing one patient record with the treatment register, we saw one treatment cycle was omitted from the register. We brought this to the attention of the practice manager who confirmed it was an oversight on this occasion and updated the register. We advised the setting to review their procedure</p>	<p>The registered manager must ensure a robust procedure is in place to capture all laser treatments within the register.</p>	<p>Section 23 (3) (a) of the Independent Health Care Regulation (Wales) 2011</p>	<p>Whilst there was a genuine oversight in recording treatment parameters in the written treatment record file we do on all occasions record treatments parameters in the written treatment patient notes record file, as well as a digital record within ACT of all of our patient treatment parameters. In all there are actually 3</p>	<p>Neil Moaksom</p>	<p>Immediate</p>

to ensure records are always comprehensively completed.			records of treatment parameters in separate locations. We have since reviewed the process to ensure this system is streamlined avoiding any future oversights and a robust record to be maintained.		
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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.

**Name (print):** NEIL MOAKSOM  
**Job role:** RESPONSIBLE INDIVIDUAL  
**Date:** 20/03/2025