

Independent Healthcare Inspection (Announced)

Beauty Within Medi Spa

Inspection date: 1 October 2018

Publication date: 2 January 2019

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	12
	Quality of management and leadership	16
4.	What next?	18
5.	How we inspect independent services	19
	Appendix A – Summary of concerns resolved during the inspection	20
	Appendix B – Improvement plan	21

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

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 Beauty Within Medi Spa on the 1 October 2018.

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

Overall Beauty Within Medi Spa was committed to providing an effective service to its patients in an environment that was conducive to providing laser treatments.

The environment was clean and well maintained and processes were in place to ensure the privacy and dignity of patients.

We recommended that one of the laser/IPL machine operators undertake the necessary safeguarding training.

This is what we found the service did well:

- Patients were provided with detailed information to help them make an informed decision about their treatment.
- The service was committed to providing a positive experience for patients.
- Patient records were completed to a high standard.

This is what we recommend the service could improve:

- Hard copies of the patients' guide should be readily available to visitors to the service.
- All operators to undertake appropriate safeguarding training.
- The service to install a feminine hygiene bin in the first floor toilet.

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

3. What we found

Background of the service

Beauty Within Medi Spa is registered as an independent hospital at 10 High Street, Cowbridge CF71 7AG.

The service was first registered on 11 January 2001.

The service employs a staff team of seven which includes the registered manager, who is also a laser/IPL machine operator, two other laser/IPL machine operators, three staff members who are not involved in the laser aspect of the clinic and one receptionist.

A range of services are provided which include:

- Photo-rejuvenation
- Vascular thread vein removal
- Hair removal.
- Wrinkle reduction
- Acne and acne scarring
- Pigmentation
- Open pore reduction
- Skin tightening
- Tattoo removal.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found that patients were very happy with the service provided and the registered manager and staff were committed to providing a positive experience for patients.

The service ensures that patients are provided with detailed information to help them make an informed decision about their treatment and after care.

The service had appropriate processes in place to ensure that consultations with patients were held in a dignified and private manner.

We recommended the service make its patients' guide readily available for patients and potential patients to take away.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of 21 questionnaires were completed. Overall, patient feedback was very positive, and patients rated the care and treatment that they were provided with as 'excellent' or 'very good'. Patient comments included the following:

Has been very professional and informative about treatments that would specifically help me to achieve what I want

I've only received 2 treatments, my first visit was very thorough and everything was clearly explained to me

The service has been friendly and professional. I have recommended it to family and friends. I've been a very happy customer for almost a year.

I have always received excellent care here. The equipment is cleaned regularly before every treatment I have received. Staff are very friendly and informative.

Health promotion, protection and improvement

We saw that patients were asked to complete a medical history form prior to initial treatment, and this was checked for changes at each subsequent appointment to help ensure treatment was provided in a safe way.

All the patients that completed a questionnaire confirmed that they always complete a medical history form, or have their medical history checked, before undertaking any treatment.

Dignity and respect

We were told that the door to the treatment room was locked during treatment and patients were left alone to undress if necessary. There was also a changing area on the first floor with lockers for personal belongings and robes. This was done in order to maintain patients' dignity prior to, during and post treatment. Each patient that completed the questionnaire agreed that they had been treated with dignity and respect by staff at the clinic and felt that they were always able to maintain their own privacy, dignity and modesty during their appointments at the clinic.

Consultations with patients were carried out in the treatment room to ensure that confidential and personal information could be discussed without being overheard.

Patient information and consent

We found that patients were provided with enough information to make an informed decision about their treatment. This is because all patients were provided with a face-to-face consultation prior to laser treatment. This discussion included the risks, benefits and likely outcome of the treatment offered. All patients that completed a questionnaire agreed that they had been given enough information to help them understand the treatment options available to them, and the risks and benefits associated with each treatment option; patients also told us that the cost of any treatment was always made clear to them before they received the treatment. We were told that patients were provided with aftercare advice following treatment. Each patient that completed a questionnaire told us that they had been given aftercare instructions about how to prevent infection and aid healing following treatment.

For patients between the ages of 16 and 18 a parent or guardian will be present during the initial consultation. The service also has consent forms that require the signature of the parent or guardian.

We saw examples of detailed written information provided to patients. Where applicable all but one of the patients that completed a questionnaire said they always signed a consent form before receiving any new treatment.

Communicating effectively

A patients' guide was available in a folder, in the waiting area, together with copies of previous HIW inspection reports. There was just one copy of the guide available and we recommend additional copies are made available for patients and visitors to take away without the need to ask. We found the guide contained the essential information as required by the regulations.

A statement of purpose was available, and we found it contained all the required information as directed by the regulations.

All but one patient that completed a questionnaire said that they were always able to speak to staff in their preferred language.

All patients that completed a questionnaire also said 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

Improvement needed

The service to have hard copies of its patients' guide available to patients.

Care planning and provision

All patients received a consultation appointment prior to treatment being started. These were documented on paper forms which were signed and dated and included a skin type assessment and discussion of the risks and benefits of treatment. We saw examples of information and aftercare documents, which included the risks and benefits of treatment.

We noted from the records that patients were given a patch test to determine a safe and effective setting of the laser for their skin type and hair type before receiving treatment. All patients that completed questionnaire said that they had been given a patch test to determine a safe and effective setting of the laser for their skin and hair type before they received treatment.

Equality, diversity and human rights

The service was located on two floors but all laser treatment rooms were located on the ground floor and could easily be accessed. Patients in wheelchairs could access the service directly from the car park sited at the rear of the premises. The patient toilet on the ground floor was also accessible to patients with mobility issues. Patients who would not be able to access the changing facilities on the first floor would be afforded privacy to change in the treatment rooms prior to treatment.

Citizen engagement and feedback

Just over half of the 21 patients who completed a questionnaire said that they have been asked for their views about the service provided at the clinic, for example, through patient questionnaires. We were told that the service undertakes an ongoing patient survey and we noted the forms located in the waiting area. Patients are also invited to submit reviews via social media. We were told that all feedback is reviewed and we noted that results are included in the patient guide. We suggested this information is also added to the website and social media pages.

Delivery of safe and effective care

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

There were systems in place which ensured that patients were being treated as safely as possible. We found the laser/IPL machines were maintained in accordance with the manufacturer's guidelines and staff had up to date training on the use of the machines and had undertaken Core of Knowledge training.

We recommended that all laser/IPL machine operators undertake appropriate safeguarding training.

The service undertook regular activities to monitor the quality of the service provided, and were committed to providing a high standard of care.

Managing risk and health and safety

We found arrangements were in place to protect the safety and well being of the registered manager, staff and people visiting the premises.

We looked at a selection of maintenance arrangements for the premises. We saw evidence that Portable Appliance Testing (PAT) was up to date, to help ensure that small electrical appliances were fit for purpose and safe to use.

Certification was provided to show that both the five yearly electrical wiring and annual gas safety checks for the building were up to date.

We also looked at the arrangements in place with regard to fire safety. The registered manager undertakes regular tests of the fire alarms. He also undertakes regular fire safety training and conducts regular fire drills. We noted that fire exits were signposted and saw evidence that fire extinguishers were tested annually.

We saw that the service had access to a first aid kit and we found the contents to be within their expiry dates and fit for purpose. We saw a certificate to show that one member of staff had received first aid training.

We noted that there were no facilities to dispose of feminine hygiene products in the toilet on the first floor and recommend that feminine hygiene bins are sited in all toilets

Improvement needed

The service to install feminine hygiene bins in the first floor toilet.

Infection prevention and control (IPC) and decontamination

We found the premises to be visibly clean and tidy. There were no concerns raised by patients over the cleanliness of the setting; all of the patients who completed a questionnaire agreed that the environment was very clean or fairly clean.

The registered manager described in detail the infection control arrangements and we saw an infection control policy was in place. A cleaning schedule was also in place.

We noted there were suitable arrangements in place for the storage and collection of clinical and non-clinical waste.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients over the age of 16 years only. The registered manager confirmed that this was complied with.

Policies for the protection of vulnerable adults and protection of children were in place and both contained the contact details for the relevant local safeguarding agencies.

The registered manager described how he would handle any issues of consent and deal with any safeguarding issues. We noted that two laser/IPL machine operators had received training in the protection of vulnerable adults and protection of children. We recommend that the third laser/IPL machine operator undertakes all relevant safeguarding training. We also advise that the receptionist and first aider also undertake safeguarding training as they will come in to contact with patients.

Improvement needed

The service must ensure that all laser and IPL operators undertake training in the protection of vulnerable adults and protection of children.

Medical devices, equipment and diagnostic systems

We saw evidence that all the laser machines had been regularly calibrated¹ and serviced in line with the manufacturer's guidelines.

We saw that there was a treatment protocol in place for each laser machine that had been overseen by an expert medical practitioner.

We saw that there was a contract in place with a Laser Protection Adviser (LPA) and there were local rules² detailing the safe operation of the machine. The rules had been reviewed by the LPA and we saw they had also been signed by those who operated the laser machines, indicating their awareness and agreement to follow these rules.

Safe and clinically effective care

We saw the certificate to evidence that all laser operators had completed the Core of Knowledge³ training.

We saw that eye protection was available for patients and the operator of the laser machine. The registered manager confirmed that the glasses were

¹ Regular calibration can help insure the laser machine's performance stays consistent over time, ensuring top performance and output quality.

² Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

³ Core of Knowledge training is intended for operators using lasers and IPL systems for various skin treatments. The training includes information and guidance on the safe use of lasers and IPL systems.

checked regularly for any damage. We noted that one set of glasses had a crack on its arm and another showed some scratching. The registered manager told us that the LPA was aware of the damage and was content. We advised the registered manager to consider replacing both sets of glasses. The service also had additional glasses if required by a chaperone.

We noted when the machine was in use a light on the outside of each treatment room would come on. We were told that the machines were kept secure at all times. When the machines were not in use the activation keys were stored securely in a key safe.

We reviewed the documentation relating to the environmental risk assessment and noted that the LPA had completed an updated risk assessment.

Participating in quality improvement activities

We found evidence that the service had suitable systems in place to regularly assess and monitor the quality of service provided. For example, the service regularly sought the view of patients as a way of informing care and assessed risks in relation to health and safety matters; it also undertakes adverse incidents analyses and reviews performance indicators.

Records management

Patient information was kept securely with all paper records being stored in a lockable cabinet. We examined a sample of patient records and found evidence that patient notes were maintained to a high standard. We noted that the treatment register for each machine contained all the relevant information.

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.

Beauty Within Medi Spa is owned and run by the responsible individual and registered manager.

We found that there was a clear management structure in place.

At the time of the inspection we saw a wide range of policies and procedures and evidence that they had been read by all staff.

The service had a complaints procedure in place but we recommend that it ensure all complaints and responses are kept together for ease of reference.

Governance and accountability framework

Beauty Within Medi Spa is owned and run by the registered manager, who is also a laser/IPL machine operators. There are seven members of staff, including two laser/IPL machine operators. The service had a number of policies in place and we noted they were dated and had version numbers. There was also a checklist on the front of the file that staff had signed, indicating that they had read and understood the policies.

We saw that the service had an appropriate and up to date liability insurance certificate that was displayed in the reception area.

Dealing with concerns and managing incidents

The service had a complaints procedure which included the correct contact details of HIW in line with the regulatory requirements. Details of the complaints procedure had been included within the statement of purpose and in the patient guide.

There was a system to log any formal complaints and concerns but complaints and outcomes were filed separately, for example, a written complaint was kept

on file but the response was filed electronically. We recommend that these are filed together for ease of reference. The service also had a notebook on reception to record any informal comments and feedback.

Improvement needed

The registered manager to ensure each complaint, action taken and outcome are filed together.

Workforce planning, training and organisational development

As mentioned earlier within the report, we saw certificates showing that the authorised users who operated the laser machines had completed the Core of Knowledge training and had also completed the training on how to use the laser machines via the manufacturer's guidelines.

We also noted that there was a training programme in place for all staff that was signed once each course had been completed.

Workforce recruitment and employment practices

We saw disclosure barring (DBS) certificates⁴ for the registered manager and for the two additional laser/IPL machine operators. We were told that when recruiting new members of staff the registered manager would request a DBS certificate and both verbal and written references.

We saw evidence that a programme of formal and documented staff appraisals was in place.

⁴ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

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, measureable, 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: Beauty Within Medi Spa

Date of inspection: 1 October 2018

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				
The service to have hard copies of its patients' guide available to patients.	Communicating effectively The Independent Health Care (Wales) Regulations 2011 Regulation 7	As well as the single presented hard copy patients guide already available in reception for patients to read, a number of additional patient guides have now been printed and placed in the reception area	Neil Moaksom	Completed
Delivery of safe and effective care				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The service to install feminine hygiene bins in the first floor toilet.	Managing risk and health and safety HSE guidance – Health and Safety at Work Regulations	A suitable feminine hygiene bin has been sourced and placed in the first floor toilet	Neil Moaksom	Completed
The service must ensure that all laser and IPL operators undertake training in the protection of vulnerable adults and protection of children.	Safeguarding children and safeguarding vulnerable adults The Independent Health Care (Wales) Regulations 2011 Regulation 16 (1) (a)	We are in the process of training.	Neil Moaksom	Completed by 5/12/2018
Quality of management and leadership				
The registered manager to ensure each complaint, action taken and outcome are filed	Dealing with concerns and managing	Complaint, action taken and outcome are now filed together	Neil Moaksom	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
together.	incidents The Independent Health Care (Wales) Regulations 2011 Regulation 24			

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): NEIL MOAKSOM

Job role: REGISTERED MANAGER

Date: 15/11/2018