

## **Independent Healthcare Inspection (Announced)**

**Aroma Holistic Health and  
Beauty, Cardiff**

1 November 2016

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales<sup>1</sup>.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of patient experience
- Delivery of safe and effective care
- Quality of management and leadership.

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<sup>1</sup> The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

## 2. Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patient's guide and website (where applicable)
- HIW patient questionnaires completed prior to inspection.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice<sup>2</sup>. Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

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<sup>2</sup> As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's compliance process is available upon request.

### 3. Context

Aroma Holistic Health and Beauty is registered as an independent hospital because it provides Class 3B/4 Intense Pulsed Light (IPL) treatments at 1A Field Park Road, Cardiff, CF11 9JP. The service was first registered in 2014.

At the time of inspection, the staff team include the registered manager and three laser operators. The service is registered to provide the following treatments to patients over the age of 16 years:

IPL E-Pulse (Energist) for the following treatments:

- Hair removal
- Skin rejuvenation
- Active acne treatment
- Acne scarring.

## 4. Summary

We looked at how the service complied with the requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment
- The service was committed to providing a positive experience for patients
- Patient feedback was positive regarding the service being provided.

This is what we found the service needed to improve:

- Updates to some policies and procedures were required
- Improvements to the fire safety arrangements were necessary.

Further details of these improvements are provided in Appendix A.

## 5. Findings

### *Quality of patient experience*

#### **Patient information and consent (Standard 9)**

We found evidence to indicate that patients were provided with enough information to make an informed decision about their treatment. This is because patients were provided with a verbal consultation and patient information leaflet prior to treatment. This discussion included the risk and benefits and likely outcome of the treatment offered. We were told that all patients had a patch test<sup>3</sup> prior to treatment starting and were given after care guidance following treatment.

Patients were asked to provide written consent to treatment at the first appointment and we saw records to evidence this. We did not see that a patient signature was obtained for consent to treatment at any subsequent appointments. We were told that verbal agreement was obtained, but not recorded. We recommended that confirmation of ongoing consent is obtained and recorded before every treatment.

We saw that patients were asked to complete medical history forms during the first appointment. Updates or changes were checked verbally at any subsequent appointment. We recommended that the practice should record the outcome of any discussion with patients regarding changes to their medical history prior to every treatment. The registered manager agreed to implement this.

#### ***Improvement needed***

#### ***The service must ensure that it obtains and records patients' ongoing consent and updated medical history at every treatment***

Aroma Holistic Health and Beauty had a treatment register to record and maintain patient information. The service maintained records in both individual patient records and in a separate treatment register. Within the individual patient records we saw appropriate information was recorded. We recommended that the information recorded in the treatment register could be improved to include the area treated, signature authorisation and details of any adverse effects of treatment. The registered manager agreed to implement this.

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<sup>3</sup> A test to detect any adverse reaction to proposed treatment

## **Communicating effectively (Standard 18)**

A patients' guide document was available but updates were required so that it complied with the regulations, including the following:

- Details of how patients can access the latest HIW inspection report
- Full contact details for HIW
- A summary of patient feedback on the services provided and action taken by the provider as a result.

### ***Improvement needed***

#### ***The patients' guide must be updated to comply with the regulations***

We found that a statement of purpose was available, but updates were needed to comply with the regulations, including:

- Complete details for the registered manager and provider
- Details of all laser operators including qualifications
- The arrangements for seeking patients' views about the quality of services provided.

### ***Improvement needed***

#### ***The statement of purpose must be updated to comply with the regulations***

#### ***A copy of the updated statement of purpose must be provided to HIW***

## **Citizen engagement and feedback (Standard 5)**

Prior to the inspection, the service was asked to give out HIW questionnaires to obtain patient views of the services provided. 12 patient questionnaires were completed prior to the date of inspection.

The majority of patients strongly agreed with statements that the service was clean and tidy. Without exception patients strongly agreed that staff were polite, caring, listened and provided enough information about their treatment.

The service had a comments book in the waiting area allowing patients to provide ad-hoc feedback about the service provided. We saw that there was also a suggestions box for patients to make suggestions to the service. We were told that the service does not have a system for obtaining patient feedback on a more formal basis. We recommended that the registered manager consider implementing a

process allowing patients to provide feedback on an annual basis. Any feedback provided should be analysed by the registered manager and the results shared with patients.

## *Delivery of safe and effective care*

### **Safe and clinically effective care (Standard 7) and medical devices, equipment and diagnostic systems (Standard 16)**

All laser operators had received training on how to use the laser machine and certificates were seen to confirm this. We saw certificates to show that all laser operators had received Core of Knowledge<sup>4</sup> training within the last three years.

We saw that Aroma Holistic Health and Beauty had a contract with a Laser Protection Advisor (LPA) and we saw documents to show the LPA had visited on an annual basis since registration. We saw that the LPA had reviewed the local rules detailing the safe operation of the laser machine and had carried out an environmental risk assessment.

A sign was put on the outside of the door prior to treatment to indicate when the laser machine was in use, to prevent unauthorised access to the room whilst the machine was in operation to promote safety.

We were told by the registered manager that the laser machine is turned off in between use and the keys removed and kept securely. Staff using the laser machine were required to sign the key in and out ensuring that the key was secure at all times.

We saw that eye protection was available for both patients and the laser operators. On inspection, the eye protection appeared to be in visibly suitable condition. We were told that on occasions practitioners would use an alternative method for protecting the eyes during treatment, which had been advised by the manufacturer of the machine. We advised the registered manager to obtain assurance from a relevant expert in the field of laser or intense pulsed light with respect to the safety of this practice. The registered manager agreed to do this.

We saw paperwork to confirm that the laser machine had been serviced and calibrated within the last 12 months, to help ensure that it was safe to use.

There were medical protocols in place for the laser machine in use created by the manufacturer; however, they were not signed by an expert medical practitioner. We saw that the Laser Protection Advisor had made the registered manager aware of

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<sup>4</sup> Training in the basics of the safe use of lasers and IPL systems

this requirement during the annual visit in February 2016. We were told by the registered manager that she had been unable to obtain confirmation from the manufacturer who had written the protocols. We recommended that confirmation of the author of the treatment protocols must be obtained.

***Improvement needed***

***The registered manager must ensure that the treatment protocols are agreed and signed by an appropriate expert medical practitioner***

**Safeguarding children and vulnerable adults (Standard 11)**

The service is registered to treat patients over the age of 16 years only.

We saw that the service had a safeguarding policy for staff to refer to in the event of a safeguarding concern. We saw that the policy lacked detailed information about the process to follow in the event of a safeguarding concern. We recommended to the registered manager that the policy should be updated to provide further detail to staff on the steps to take and to include the relevant contact details for the local authority safeguarding teams. The registered manager agreed to update the policy.

***Improvement needed***

***The safeguarding policy should be updated to provide clear guidance for staff to follow in the event of a safeguarding concern***

We were told that training in the protection of vulnerable adults and safeguarding children had not been completed by the registered manager or laser operators. We recommended that the registered manager should undertake training in protection of vulnerable adults and safeguarding children. Training for all laser operators should also be considered. The registered manager agreed to undertake training and consider training for all laser operators.

***Improvement needed***

***The registered manager should undertake appropriate training in protection of vulnerable adults and safeguarding children***

**Infection prevention and control and decontamination (Standard 13)**

We saw the service was visibly clean and tidy. The service had an infection control policy in place detailing the arrangements for routine service cleaning schedules and cleaning equipment and treatment areas between patients. We recommended that the policy could be improved to include more detail regarding the arrangements for some requirements of staff (i.e. define the frequency of towel changes between patients). The registered manager agreed to do this.

There was a contract in place for the safe disposal of clinical waste.

### **Managing risk and health and safety (Standard 22)**

We saw evidence that a gas safety check had been completed within the last year, to help ensure that the premises were safe.

To ensure that small electrical appliances were safe to use, we saw that Portable Appliance Testing (PAT) had been conducted within the last 12 months. We also saw a certificate to evidence that a wiring check had been completed within the last five years.

We looked at some of the arrangements for fire safety. We were not assured that sufficient fire safety arrangements were in place. We did not see evidence that fire extinguishers had been serviced within the last year. We did see that fire exits were signposted, and we were verbally told that the service carried out irregular fire drills; however these were not recorded. The registered manager told us that staff are reminded of their responsibilities with regards to fire safety on a six-monthly basis, however this was not recorded. We saw that a fire risk assessment had been undertaken as part of the general risk assessment process; however, the service did not have a stand alone fire risk assessment. This lacked detail and was very brief. We recommended to the registered manager that improvements were required to the fire safety arrangements to include the following:

- Review at intervals not exceeding 12 months the fire precautions, the suitability of fire equipment and the procedure to be followed in case of fire
- Ensure that fire drills are carried out at suitable intervals and recorded
- Produce an updated written fire safety risk assessment.

### ***Improvement needed***

#### ***The registered manager must ensure that the fire safety arrangements comply with the regulations***

The service had a first aid kit available in the event of need, however, the registered manager informed us the service did not have an individual who was first aid trained. We recommended to the registered manager that advice be sought from the Health

and Safety Executive<sup>5</sup> on the need for first aiders and the appropriate training required. The registered manager agreed to do this.

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<sup>5</sup> <http://www.hse.gov.uk/firstaid/index.htm>

## *Quality of management and leadership*

### **Governance and accountability framework (Standard 1)**

Aroma Holistic Health and Beauty is owned and run by the registered manager who is able to provide laser treatments. There are three additional members of staff who are laser operators.

We saw the service had a number of policies in place and, as detailed within this report, some needed to be implemented and/or updated. We were told the policies were updated on an annual basis, unless there was a need for a review to be carried out earlier. The registered manager was advised to include an index page to the policy file to include staff signatures to show that they had read and understood any changes to their policies and procedures.

### **Dealing with concerns and managing incidents (Standard 23)**

A complaints policy was available for patients to raise a concern should they need to. We saw that it needed to be updated to include contact details for HIW. We recommended that the policy clarify who patients should contact if they had a concern about the registered manager. The registered manager agreed to implement this.

#### ***Improvement needed***

#### ***The complaints policy must be updated to include HIW's contact details***

The registered manager told us that no formal complaints had been received to date regarding laser treatments, but described how they would formally record the information in the event of receiving one. We were told that verbal feedback is not generally recorded. We discussed that both written and verbal complaints, if they are received, should be formally recorded so that any common themes or issues identified could be addressed.

### **Records management (Standard 20)**

We saw that patient records were stored within the treatment room and that the door was locked when not in use. However, the records were not securely locked away within the treatment room on occasions when patients were left in the room alone (i.e. to change), therefore patient records were not secure at all times. We informed the registered manager that patient records must be securely stored at all times. The registered manager agreed to implement secure storage for all patient records.

### ***Improvement needed***

***The registered manager must put in place a system to ensure that patient records are securely stored at all times***

### **Workforce recruitment and employment practices (Standard 24)**

We saw that all laser operators had an enhanced Disclosure Barring Service (DBS) check in place. The registered manager told us there had not been a need to recruit any new members of staff recently, but described a recruitment process which included appropriate pre-employment checks.

The registered manager confirmed that all staff have an annual appraisal and training needs are identified as a result.

Given the findings from this inspection, improvements are needed in the quality assurance and governance arrangements of this service, in accordance with requirements of the regulations and standards. It was also evident that the registered manager needed to improve their knowledge and understanding of these requirements.

The operation of sound quality assurance and governance arrangements and a registered provider's timely response to remedy issues of concern are important indicators of a provider's ability to run their service with sufficient care, competence and skill. There is an expectation, therefore, that the registered provider takes meaningful action to address these matters, as a failure to do so could result in HIW taking action for non-compliance with regulations.

### ***Improvement needed***

***There must be effective management and quality assurance systems in place to ensure compliance with the standards and regulations, as a means to meeting the legal obligations to provide safe and effective laser treatments to patients***

## 6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan in respect of improvements identified within this report. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at Aroma Holistic Health and Beauty will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

## Appendix A

### Improvement Plan

**Service:** Aroma Holistic Health and Beauty

**Date of Inspection:** 1 November 2016

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
<b>Quality of Patient Experience</b>					
page 6	The service must ensure that it obtains and records patients' ongoing consent and updated medical history at every treatment	Regulation 9 Standard 9	The current forms were amended and now include ongoing consent and updated medical history for each treatment	Amanda Taylor Heyward	This was done 1 <sup>st</sup> December 2016
Page 7	The patients' guide must be updated to comply with the regulations	Regulation 7 Standard 18	This is in the process of being completed  We shall contact Matthew Ager to request information regarding relevant regulations and then ensure they are put in place	Amanda Taylor Heyward	This will be completed 1 <sup>st</sup> March 2017

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Page 7	<p>The statement of purpose must be updated in accordance with the regulations</p> <p>A copy of the updated statement of purpose must be provided to HIW</p>	Regulation 6 Schedule 1	<p>The required regulations will be added to the statement of purpose</p> <p>And a copy shall be forwarded to the HIW once completed</p>	Amanda Taylor Heyward	<p>This will be completed by</p> <p>1<sup>st</sup> March 2017</p>
<b>Delivery of safe &amp; effective care</b>					
Page 9	The registered manager must ensure that the treatment protocols are agreed and signed by an appropriate expert medical practitioner	Regulation 45	A copy of an email confirming that protocols are carried out by an appropriate medical practitioner have been emailed over to HIW	Amanda Taylor Heyward	<p>This was emailed over to HIW</p> <p>24<sup>TH</sup> November 2016</p>
Page 9	The safeguarding policy should be updated to provide clear guidance for staff to follow in the event of a	Regulation 16 Standard 11	We are currently in the process of contacting the relevant authority to gain further information to enable us to update the policy appropriately	Amanda Taylor Heyward	<p>This will be completed by 1<sup>st</sup> March 2017</p>

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	safeguarding concern				
Page 9	The registered manager should undertake training in protection of vulnerable adults and safeguarding children	Regulation 16 Standard 11	The registered manager will embark on an online course to gain the relevant training	Amanda Taylor Heyward	This will be completed by 1 <sup>st</sup> March 2017
Page 10	The registered manager must ensure that the fire safety arrangements comply with the regulations	Regulation 26 (4) Standard 22	This is in the process of being completed. We are currently liaising with an independent fire company and in the process of ensuring all regulations are complied to	Amanda Taylor Heyward	This will be completed by 1 <sup>st</sup> March 2017
<b>Quality of staffing, management &amp; leadership</b>					
Page 11	The complaints policy must be updated to include HIW's contact details	Regulation 24	This was completed	Amanda Taylor Heyward	1 <sup>st</sup> December 2016
	The registered manager must put in	Regulation	Client records have been put away	Amanda	This will be

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Page 12	place a system to ensure that patient records are securely stored at all times	23 Standard 20	in a cupboard. We are awaiting a locksmith to attach a locking system	Taylor Heyward	completed by 1 <sup>st</sup> March 2017
Page 12	There must be effective management and quality assurance systems in place to ensure compliance with the standards and regulations, as a means to meeting the legal obligations to provide safe and effective laser treatments to patients	Regulation 19 Standard 1	This is in the process of being adhered to. We are liaising with the relevant governing body and will update accordingly	Amanda Taylor Heyward	This will be completed by 1 <sup>st</sup> March 2017

**Service Representative:**

**Name (print): Donna Ovenstone**

**Title: Health and Safety Manager**

**Date: 8<sup>th</sup> December 2016**