



Independent Healthcare Inspection (Announced)

Allure Aesthetics Limited

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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 Allure Aesthetics Limited on the 11 May 2018.

Our team, for the inspection comprised of two HIW inspectors, one of whom was the inspection lead.

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, we found that Allure Aesthetics was committed to providing an effective service to its patients in an environment that was conducive to providing laser treatments.

This is what we found the service did well:

- Patients were provided with sufficient information pre and post treatment
- The service is committed to providing a positive experience for patients, seeking feedback to improve services where applicable
- The premises was modern, clean, tidy and well maintained
- The service had a range of quality improvement activities in place to monitor and identify areas that may require development
- We saw patient records being stored securely.

This is what we recommend the service could improve:

- Some updates to the patient guide and statement of purpose are required to ensure full compliance with the regulations
- Updated Core of Knowledge¹, protection of vulnerable adults and first aid training are required

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

¹ 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.

3. What we found

Background of the service

Allure Aesthetics Limited is registered as an independent hospital to provide laser services at 1 Stable Mews, Lewis Lane, Abergavenny, NP7 5BA.

The service was first registered with HIW on 5 September 2017.

The service employs a staff team which includes one laser operator.

A range of services are provided which include:

- Hair removal
- Skin rejuvenation
- Vascular lesions
- Pigmentation

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 the staff were committed to providing a positive experience for patients.

The service ensured that patients were provided with detailed information pre and post treatment to help them make an informed decision about their treatment.

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

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. A total of five questionnaires were completed.

Overall, patient feedback was very positive, and all patients that completed a questionnaire rated the care and treatment that they were provided with as excellent. Patient comments praising the service provided at the clinic included the following:

“Staff member is always impeccable & highly professional”

“Staff member is a lovely kind woman”

“They are very professional! Nothing I feel needs improving”

Health promotion, protection and improvement

We saw that patients were asked to complete a medical history form prior to initial treatment, which was signed by both the patient and laser operator. Patients' medical history/condition/s were checked at each appointment to ensure that treatment was provided in a safe way and written on the patient record. Some records we reviewed highlighted that some patients were not dating their entries and we asked the provider to ensure this was completed.

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

Improvement needed

The provider must ensure that patients sign and date all applicable paperwork at each visit to evidence that they consent to treatment and/or the information provided by them is accurate.

Dignity and respect

Prior to any treatment, discussions with patients took place to ensure they understood how treatment would be performed.

The treatment room had a coded key pad door which prevented unauthorised access. Where applicable, patients were provided with dignity towels.

The premises had sufficient space for conversations to be conducted in private and personal information discussed without being overheard.

Every patient that completed a questionnaire agreed that they had been treated with dignity and respect by the staff at the clinic and felt that they were always able to maintain their own privacy, dignity and modesty during their appointments.

Patient information and consent

All patients receive a consultation before starting any treatment so the process and outcome/s can be fully explained. Risks and aftercare advice is also discussed at the consultation before a patient is asked to sign the consent form confirming their understanding and providing agreement to treatment. 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 saw evidence of completed consent forms, ensuring all areas were covered and signatures of patients and staff were present. All patients that completed a questionnaire confirmed that they always sign a consent form before receiving any new treatment.

We found that patients were provided with sufficient information to make an informed decision about their treatment. This is because patients were provided with a face to face consultation prior to any treatment with the laser operator. Discussions with patients included the risks, benefits and likely outcome of the treatment offered. We were told that patients were given a patch test prior to treatment as well as provided with after care advice following treatment. This meant that the service was taking steps to ensure patients' safety.

Each patient also told us that they had been given aftercare instructions about how to prevent infection and aid healing after their treatment.

Communicating effectively

A patients' guide was available providing information about the service and included the areas required by the regulations. However, we recommended the patients guide be updated to reflect HIW's new email address. In addition, following the inspection visit, the patient guide will need to reflect how patients can access the latest report.

A statement of purpose² was provided during our visit. On reviewing the document, we found it contained the information required by the regulations. However, as the document is due to be reviewed in June 2018, consideration should be given to using the HIW statement of purpose template so that patient feedback is not included in the complaints procedure.

The patients guide needs to be updated to reflect HIW's email address and ways which patients can access the latest inspection report. A copy of the updated patients guide should be sent to HIW.

All patients that completed a questionnaire said that they have been asked for their views about the service provided at the clinic, for example, through patient questionnaires. In addition, all patients that completed a questionnaire told us that their preferred language was English and said that they were always able to speak to staff in their preferred language.

² Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used. For more information visit hiw.org.uk

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 patients guide needs to be updated to reflect HIW's email address and ways which patients can access the latest inspection report. A copy of the updated patients guide should be sent to HIW.

Care planning and provision

All patients received a consultation appointment prior to treatment, which included a skin type assessment and patch test. We saw that the outcome of this assessment was documented and used to assist with treatments. We saw examples of information and aftercare documents, which included the risks and benefits of treatment. All five 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.

We saw examples of patient records, which were detailed and updated by the patient and practitioner at each appointment. We identified some records in which the patient had not dated the consent section. We therefore asked the registered manager to ensure this was completed by the patient, on every occasion.

We found the service maintained an overall treatment register specific to the laser machine. The records were detailed and thorough as required by the regulations.

Equality, diversity and human rights

Allure Aesthetics has a reception area on the ground floor, making the premises accessible to anyone with a mobility difficulty. However, the laser room was located down a few steps. Staff said they would inform patients verbally about this prior to an appointment.

Citizen engagement and feedback

Allure Aesthetics had a feedback box in the waiting area for patients to submit any comments. A client questionnaire would also be provided to those who

have received treatment at Allure, but staff said social media was their main source of obtaining patient feedback.

Any feedback would be reviewed and where applicable, suitable action taken.

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 machine was maintained in accordance with the manufacturer's guidelines.

The treatment room was visibly clean and tidy and staff were aware of the cleaning tasks required on a daily basis to ensure standards remained high.

We found the service had taken steps to protect the health, safety and welfare of staff and patients.

Managing risk and health and safety

We found arrangements were in place to protect the safety and well being of staff working at, and people visiting, 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 seen to show that the electrical wiring checks for the building were up to date.

Arrangements for fire safety were in place. We saw that a fire risk assessment had been completed in 2017 and new fire extinguishers had been obtained. The fire exit was signposted and fire drills take place. However, these were not documented and we recommended they were. The registered manager had not received fire training since a previous role and we recommended this was reviewed in line with guidance issued by the Health and Safety Executive.

Improvement needed

Staff need to receive appropriate training on the procedures they need to follow in case of a fire

There was an emergency first aid kit available and the manager told us she was trained in first aid. However, there were no certificates available at the time of the inspection. The registered manager confirmed that a refresher course was booked for 7 June 2018.

Infection prevention and control (IPC) and decontamination

We found the premises to be visibly clean and tidy. Staff described in detail, the infection control arrangements at the service, however we recommended that the policy is updated to reflect the arrangements described to us.

We found that suitable arrangements were in place for the storage and collection of waste.

There were no concerns given by patients over the cleanliness of the setting; all of the patients that completed a questionnaire felt that, in their opinion, the premises were very clean.

Improvement needed

The infection control policy is to be updated to reflect the localised arrangements for cleaning the treatment room and equipment.

Safeguarding children and safeguarding vulnerable adults

The service is registered to treat patients over the age of 18 years only and staff confirmed that this was complied with.

The registered manager described how they would deal with any adult safeguarding issues. A safeguarding policy was in place which contained clear written procedures to follow in the event of any safeguarding concerns. The registered manager told us they had been trained in safeguarding, however there were no certificates available to evidence this. We therefore recommended that training is undertaken in the protection of vulnerable adults.

Improvement needed

All staff operating the laser machine must have up to date training in the protection of vulnerable adults and evidence of completed training submitted to HIW.

Medical devices, equipment and diagnostic systems

The laser machine was new to the service and installed in July 2017. We saw evidence that the laser machine was due to be serviced in July 2018, in line with the manufacturer's guidelines. The laser machine was self calibrating³.

We saw that there were treatment protocols in place for the laser machine and these had been overseen by an expert medical practitioner.

We saw that there was a contract in place with a Laser Protection Adviser⁴ (LPA) and there were local rules⁵ detailing the safe operation of the machine. These rules had been reviewed by the LPA and we saw that they had been signed by staff who operated the laser machine which indicated their awareness and agreement to follow these rules.

Safe and clinically effective care

We were told that the laser operator had completed Core of Knowledge training; however, the certificate was not available at the time of our visit. The certificate was provided after the inspection. The training had been completed in January 2015 and we recommend that this is renewed every three years to evidence competence in using the equipment.

Staff had received training on how to use the laser machine via the manufacturer. The certificate to evidence this was not available at the time of the visit, however, a copy was submitted after the inspection.

³ Regular calibration can help insure the laser machine's performance stays consistent over time, ensuring top performance and output quality.

⁴ The Laser Protection Adviser is someone having sufficient skill in, and knowledge and experience of, relevant matters of laser safety, and able to provide appropriate professional assistance in determining hazards, in assessing risks, and in proposing any necessary protective controls and procedures. Many Laser Protection Advisers also provide training in laser safety.

⁵ 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

We saw that eye protection was available for patients and the operator of the laser machine. Staff confirmed that glasses were checked regularly for any damage.

There were signs and a light outside of the treatment room which indicated when the laser machine was in use. We were told that the machine was kept secure at all times and the activation key for the machine was stored securely.

We reviewed the documentation relating to the last Laser Protection Advisor's (LPA) visit. The registered manager had actioned the recommendations made.

Improvement needed

Updated Core of Knowledge training must be undertaken for all laser operators and a copy of the certificate sent to HIW.

Participating in quality improvement activities

We found evidence that there were 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 conducted audits of records to ensure consistency of information. First aid equipment was regularly checked and weekly infection control checklists were completed.

Records management

We found that patient information was kept securely. Paper records were kept in a locked cabinet and only accessible by authorised staff.

We examined a sample of patient records and found evidence that patient notes were maintained to a high standard.

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.

The day to day management of the service and operation of the laser machine was the responsibility of the registered provider.

Systems were in place to ensure policies and procedures were updated on a regular basis. The service also had systems in place to ensure any complaints and/or compliments were logged, and responded to, in a timely way.

Governance and accountability framework

Allure Aesthetics is run by the registered manager who is responsible for the day to day management of the service and is the laser operator.

We saw the service had a number of policies in place which were updated regularly and accessible. Documents had review and issue dates.

We saw that the service had an up to date liability insurance certificate in place.

Dealing with concerns and managing incidents

We found that the service had a complaints and compliments procedure in place. Staff told us that the service had a suitable process in place for dealing with, and recording complaints appropriately and this demonstrated learning from any concerns or complaints raised.

The laser service had not received any complaints since the service was registered.

Workforce planning, training and organisational development

Certificates need to be submitted to HIW to evidence that staff had received updated Core of Knowledge training, first aid and fire training which were unavailable at the time of the inspection.

Workforce recruitment and employment practices

The provider told us about the recruitment and employment practices that would be carried out for new staff. This included appropriate employment checks, an induction and annual appraisal.

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: Allure Aesthetics Limited

Date of inspection: 11 May 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 provider must ensure that patients sign and date all applicable paperwork at each visit to evidence that they consent to treatment and/or the information provided by them is accurate	Regulation 23 (1) (a) (i)	I will ensure that I check all paperwork once a client has signed them and ensure that the date has always been documented.	Sophia Roisin Hopkins	Immediate and ongoing
The patients guide needs to be updated to reflect HIW's email address and ways which patients can access the latest inspection report. A copy of the updated patients guide should be sent to HIW	Regulation 7 (1) (f) (g) & (2)	The patient guide has been updated with the new email address and ways which patients can access the latest inspection. Please see attached as requested.	Sophia Roisin Hopkins	Completed 25/07/2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
Staff need to receive appropriate training on the procedures they need to follow in case of a fire	Regulation 26 (4) (c)	I have completed fire safety training online via high speed training. Certificate available if required.	Sophia Roisin Hopkins	Completed 25/07/2018
The infection control policy is to be updated to reflect the localised arrangements for cleaning the treatment room and equipment	Regulation 9 (1) (n)	The infection control policy has been updated to show when rooms and equipment is cleansed in order to maintain cleanliness.	Sophia Roisin Hopkins	Completed 25/07/2018
All staff operating the laser machine must have up to date training in the protection of vulnerable adults and evidence of completed training submitted to HIW	Regulation 20 (1) (a)	SOVA training completed online via high speed training. Please see certificate attached as requested.	Sophia Roisin Hopkins	Completed 25/07/2018
Updated Core of Knowledge training must be undertaken for all laser operators and a copy of the certificate sent to HIW	Regulation 45 (3) (a)-(e)	I was under the impression it was every 5 years. I have contacted Kelly Harding the clinical training manager at cynosure to ask for training dates.	Sophia Roisin Hopkins	Contacted 25/07/2018 awaiting reply in order to be carried out as soon as possible.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
No recommendations made				

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): Sophia Roisin Hopkins

Job role: Manager, director, independent nurse prescriber

Date: 26/07/2018