

## **Independent Healthcare Inspection (announced)**

Beauty Oasis Salon & Day Spa

Inspection date: 21 August 2018

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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 Beauty Oasis Salon and Day Spa on the 21 August 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, we found that Beauty Oasis Salon and Day Spa was committed to providing an effective service to its patients in an environment that was conducive to providing intense pulse light (IPL) 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, regularly seeking feedback to improve services where applicable
- The premises were modern, clean, tidy and well maintained. Paperwork relating to the safety of the building and equipment was well Organised and dates for follow up clearly evidenced
- The service had a range of quality improvement activities in place to monitor and identify areas that may require development
- We saw patient records were stored securely
- Staff had up to date training on how to use the IPL equipment safely.

This is what we recommend the service could improve:

- The patient guide and statement of purpose<sup>1</sup> need to be updated to reflect HIW's new email address

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<sup>1</sup> 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](http://hiw.org.uk)

- Staff need to complete safeguarding training
- A system needs to be implemented to evidence that staff have read the service's policies and procedures and therefore understand their roles and responsibilities.

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

## 3. What we found

### **Background of the service**

Beauty Oasis Salon and Day Spa is registered to provide an independent hospital at 70 The Highway, New Inn, Pontypool, NP4 0PL.

The service was first registered on 2 August 2017.

The service employs a staff team of 11 which includes four IPL operators.

A range of services are provided which include:

- Hair removal
- Vascular treatment
- Skin rejuvenation
- Benign pigmented skin blemish removal
- Acne treatment

## 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 their views on the services provided. A total of 19 questionnaires were completed. Patient comments included the following:

*"All staff are excellent, they provide a really good service no matter what treatment your having; it's a pleasure to come here"*

*"Always so friendly and made me feel comfortable as I was a little scared. Can't believe how good the results are so quickly and I'm considering having more areas done. Girls are always very welcoming and I love the salon!"*

*"Very professional and very efficient"*

*"Service, treatment and aftercare are always up to high standard in Beauty Oasis. Always feel safe when come for treatment here"*

## 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 IPL operator.

Patients' medical history/condition/s were checked at each appointment to ensure that treatment was provided in a safe way and recorded on the patient record.

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

### **Dignity and respect**

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

Staff told us that where applicable, dignity towels are provided for clients and the room is closed when treatments are being carried out.

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

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

### **Patient information and consent**

All patients received a consultation before starting any treatment so the process and outcome/s could 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 agreement to treatment. We saw evidence of completed consent forms, ensuring all areas were covered and signatures of patients and staff were present.

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 an IPL 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 We also saw examples of written information provided to patients.

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 all the areas required by the regulations.

A statement of purpose was provided during our visit. On reviewing the document we found it contained the information required by the regulations.

For both documents, we recommended that HIW's email address is updated to reflect its new email address.

We saw that both documents were available in the waiting area and copies provided to patients where applicable.

Not all patients that completed a questionnaire said that they have been asked for their views about the service provided at the salon, for example, through patient questionnaires. We discussed this at the time of our visit and staff told us that they ask patients to complete a feedback form after the second or third treatment. We suggested the registered manager consider implementing a system for patients to submit generic feedback as well as completing the salon's own feedback forms.

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.

All patients that completed a HIW 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 patient guide and statement of purpose needs to be updated to reflect HIW's new email address.

## 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 the patients that completed a HIW questionnaire said that they had been given a patch test to determine a safe and effective setting of the IPL 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 found the service maintained an overall treatment register specific to the IPL machine. The records were detailed and thorough as required by the regulations.

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

Access to Beauty Oasis was via a step, the IPL room being located downstairs. Staff said they would inform patients verbally about this prior to an appointment. However, there was also a back entrance that had less steps which was used as an alternative for patients if requested.

### **Citizen engagement and feedback**

Beauty Oasis had a system in place to obtain patient feedback. We saw samples of some completed patient questionnaires, each of which provided positive feedback about the service and treatments provided.

The registered manager told us that results of their feedback forms are regularly analysed to ensure comments are reviewed and where applicable, suitable action taken.

As the service had not been operating for a long period of time, there were not a substantial number of feedback forms available, but staff said it was their intention to review all feedback and ensure comments are reviewed and where applicable, suitable action taken.

In line with the salon's statement of purpose the registered manager told us that a report of the key findings of patient feedback will be produced and made available.

## 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 IPL machine was maintained in accordance with the manufacturer's guidelines and staff had up to date training on the use of the machine.

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 gas safety and 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 2018 and the recommendations made as a result of the assessment had been actioned by the registered manager. Staff had completed fire training in January 2018 and the registered manager was in the process of communicating the fire plan to all staff, which will include regular, documented fire drills. Fire extinguishers had been serviced and fire exits were clearly signposted.

All staff had been trained in first aid and we saw certificates that validated their training. A first aid kit was available and staff were undertaking checks to ensure the kit remained appropriately stocked. We asked the registered

manager to ensure that items within the first aid kit are also checked to make sure items with expiry dates are replaced.

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

We found the premises to be visibly clean, tidy and well maintained. Staff described in detail, the infection prevention and control arrangements at the service and the policy also reflected these arrangements described to us. Cleaning schedules were maintained on a daily basis and were signed by the staff member responsible for each action. These were reviewed by the registered manager to ensure compliance.

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.

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

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

A policy for the safeguarding of adults and children was in place which contained a clear procedure for staff to follow in the event of any safeguarding concerns. We did recommend that details of the local safeguarding team were added to the policy so that any concerns could be appropriately reported.

The staff had not completed training in the protection of vulnerable adults and children, which we recommended is undertaken.

#### **Improvement needed**

All staff must have up to date training in the protection of vulnerable adults and children and evidence of completed training kept on their staff file.

## Medical devices, equipment and diagnostic systems

We saw evidence that the IPL machine had been calibrated<sup>2</sup> and serviced in line with the manufacturer's guidelines.

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

We saw that there was a contract in place with a Laser Protection Adviser<sup>3</sup> (LPA) and there were local rules<sup>4</sup> 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 IPL machine which indicated their awareness and agreement to follow these rules.

## Safe and clinically effective care

We saw certificates to evidence that the IPL operators had completed Core of Knowledge<sup>5</sup> training for the use of IPL treatments. In addition, all staff had received training on how to use the IPL machine via the manufacturer.

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

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<sup>2</sup> Regular calibration can help insure the laser machine's performance stays consistent over time, ensuring top performance and output quality.

<sup>3</sup> 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.

<sup>4</sup> 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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf)

<sup>5</sup> 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.

There was a sign outside of the treatment room which indicated when the IPL machine was in use. In addition, staff would lock the room from within during treatments, to prevent any unauthorised access. We were told that the machine was kept secure at all times and could only be operated by individuals with their own password.

We reviewed the documentation relating to the last Laser Protection Advisor's (LPA) visit. The report had no improvements identified.

### **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 to 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.*

We found Beauty Oasis had an effective team in place which were supported by a management structure within which staff were supported and had up to date training to deliver IPL treatments.

Systems were in place to ensure policies and procedures were updated and communicated to staff on a regular basis. We advised that staff sign the policies and procedures to confirm they have read them and understand their roles and responsibilities.

There were established systems in place to undertake pre-employment checks and support staff to remain up to date with their skills and knowledge. We recommended safeguarding training is undertaken for all staff to ensure any safeguarding concerns can be dealt with appropriately.

### Governance and accountability framework

Beauty Oasis is run by the registered manager who is responsible for the day to day management of the service and is one of the four IPL operators.

We saw the service had a number of policies in place which were updated regularly and accessible. Documents had review and issue dates. We advised during the visit, that the registered manager may want to consider implementing a system that evidenced when the staff had read and understood the policies and procedures. This will provide evidence to confirm that staff understand their roles and responsibilities. Any updates to policies and procedures are communicated to staff via memos and meetings.

We were told that full team staff meetings take place twice a year. Small group meetings also take place on a regular basis but neither were documented. We advised that minutes are kept of the meetings to ensure key messages can be communicated to anyone unable to attend a meeting and that they record issues discussed and decisions made.

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 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 IPL service had not received any complaints since the service was registered.

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

We saw certificates showing that all authorised users who operated the IPL machine had completed the Core of Knowledge training and all staff were first aid trained.

We recommended (see Safeguarding in the previous section) that staff undertake safeguarding training. This will ensure staff have the skills and knowledge to be able to approach safeguarding issues appropriately.

### **Workforce recruitment and employment practices**

We were told about the recruitment and employment practices in place to ensure appropriate employment checks are undertaken in respect of new staff. This included a disclosure and barring service (DBS) check<sup>6</sup> which we were told will be renewed every three years for all staff. We recognised this as good

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<sup>6</sup> 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).

practice because it enables the service to make, and maintain, safer recruitment choices.

A training log was completed for all new staff which included induction, training and fire safety information.

Annual appraisals are also conducted for all staff which covers performance and development.

## 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.

<b>Immediate concerns identified</b>	<b>Impact/potential impact on patient care and treatment</b>	<b>How HIW escalated the concern</b>	<b>How the concern was resolved</b>
No immediate concerns were identified on this inspection.			

## Appendix B – Improvement plan

**Service:** Beauty Oasis Salon & Day Spa

**Date of inspection:** 21 August 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
<b>Quality of the patient experience</b>				
The patient guide and statement of purpose needs to be updated to reflect HIW's new email address.	Regulation 7 (1) (f)	Updated email is now complete on both documents.	Sarah Henson	Immediately
<b>Delivery of safe and effective care</b>				
All staff must have up to date training in the protection of vulnerable adults and children and evidence of completed training kept on their staff file.	Regulation 20 (1) (a) & (2) (a)	Course added to training plan due for completion Q4 2018.	Sarah Henson	Completion by 31st December 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of management and leadership</b>				
No recommendations identified				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative**

**Name (print): Sarah Henson**

**Job role: Responsible Officer**

**Date: 16th September 2018**